

Voyage 1 Limited

Belchford

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Belchford is a residential care home providing personal to up to 7 people. The service provides support to people living with a learning disability and/or autism. At the time of our inspection there were 7 people using the service.

People's experience of using this service and what we found

Right Support:

Staff had supported people for a significant amount of time and knew their needs well. Staff supported people to engage in activities and to access the community. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff supported people to make daily living choices. People had developed positive relationships with staff supporting them. Staff treated people with dignity and respect.

Right Culture:

The registered manager knew the service and people well. The registered manager and staff aimed to instill a person-centred culture which focused on the needs of people using the service. The registered manager was committed to on-going improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good, published on 28 November 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belchford on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Belchford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector carried out this inspection.

Service and service type

Belchford is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belchford is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to

speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

People were unable to provide feedback about their care. We spoke with 3 staff; the registered manager and two support workers. We spoke with 2 relatives by phone and received email feedback from a further relative. We reviewed a range of documents relating to the safety and management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help keep people safe from abuse. When required, safeguarding concerns were referred to the local authority, investigated and recommendations implemented.
- Relatives and staff told us they felt the service was safe. One relative said, "Oh, yes, [family member] is definitely safe."
- Staff understood whistle blowing procedures and were confident to raise concerns, if needed. One staff member told us, "I have not used the whistle blowing procedure, but I know about it. I would definitely raise concerns if needed."

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks. Where potential risks were identified, risk assessments had been completed and measures identified to help keep people safe.
- When people displayed behaviours that challenged, staff acted sensitively to support people. Restraint was not used in the service.
- Health and safety checks were completed regularly to help keep the premises safe. There were procedures to support people in emergency situations, should this be needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. This included having enough staff to meet people's social needs. One relative commented, "They take [family member] all over."
- Staff confirmed staffing levels were appropriate. One staff member commented, "Staffing levels are alright, we are always out [with people in the community]."

- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. Medicines administration records showed which medicines people received. The registered manager checked regularly to ensure people had the required medicines.
- Support workers were trained in how to safely administer medicines and had their competency, to give people medicines safely, assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider Government guidance regarding visiting the home, there were currently no restrictions.

Learning lessons when things go wrong

- The provider operated systems which enabled incidents to be reviewed and identify learning. Individual incidents and accidents were logged and investigated.
- Senior management representatives reviewed incidents and accidents to check suitable action had been taken.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a person-centred culture and staff worked to provide personalised care. The registered manager and some staff had supported the people living at the service for a long time and knew their needs well. One relative commented, "I can tell [family member] is happy there, they are always keen to go back after they visit us."
- Staff gave positive feedback about the culture in the home. One staff member told us, "I like the interaction we have with people, it is encouraged."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were aware of their responsibilities under the duty of candour. The registered manager and staff were clear about their role in ensuring people received good care.
- Relatives and staff described the registered manager as supportive and approachable. One staff member told us, "I am very supported. If there is a problem [registered manager] and [deputy manager] are very approachable. You are listened to and get feedback."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for relatives and staff to provide feedback about the service. People and relatives had been involved in 6 monthly reviews to discuss the care provided. One relative said, "I am kept informed, [registered manager] is very approachable."
- Staff meetings took place regularly and staff felt able to share their views. One staff member said, "We are listened to. If you have something to say, you can say it."
- The provider consulted with people, relatives and staff each year. Feedback from the last satisfaction survey was positive.

Continuous learning and improving care; Working in partnership with others

- The provider had a structured approach to quality assurance. The registered manager completed regular checks on the quality and safety of the service. The provider's quality team also completed checks on the service. These were effective in identifying areas for improvement.
- The registered manager maintained an action plan for the service which was updated regularly. This was

updated regularly when actions were completed or new actions identified.