

# Voyage 1 Limited

# St Helens Down

## Inspection report

46 St Helens Down  
Hastings  
East Sussex  
TN34 2BQ

Tel: 01424432958  
Website: [www.voyagecare.com](http://www.voyagecare.com)

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27 February 2017

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## Ratings

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

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of St Helens Down on 23 April 2015. A breach of legal requirements was found in relation to records and quality assurance systems. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and told us this would be completed by the end of September 2015.

We undertook this focused inspection on 27 February 2017 to check that they had followed their plan and to confirm they now met legal requirements. We found improvements had been made and the provider was now meeting all legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Helens Down on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

St Helens Down provides accommodation and personal care for up to six people with learning disabilities. At the time of our inspection there were six older people living at the home. People had a range of needs and all required some assistance. This included, personal care, mobility, communication and going out.

There is a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were regularly asked for their feedback about the service and what they would like from it. People were listened to and improvements were made based on the feedback they gave. People's care plans reflected their individual needs and choices and other records demonstrated the support people had received.

The registered manager had developed an open and positive culture which focussed on improving the experience for people and staff. There was an effective quality assurance system in place. Audits were analysed to identify where improvements could be made, and these were implemented. There was an on-going action plan for the service to ensure it continued to develop and improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

Good ●

St Helen's Down was well-led.

There was an open and positive culture which focussed on providing high quality support for people.

People's records reflected the support they required and received.

Audits were analysed to identify where improvements could be made. Action was taken to make improvements.

# St Helens Down

## **Detailed findings**

### Background to this inspection

We undertook an announced focused inspection of St Helen's Down on 27 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 23 April 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the home, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included accidents and incidents, quality audits and feedback surveys. We also looked at two people's care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home.

We met with people who lived at St Helen's Down and spoke with three staff which included the registered manager. We observed the interaction between people and staff.

# Is the service well-led?

## Our findings

We carried out a comprehensive inspection of St Helens Down on 23 April 2015 where we found a breach of legal requirements in relation to records and quality assurance systems. The provider sent us an action plan and told us they would address these issues by the end of September 2015. At this inspection we found improvements had been made and the provider was now meeting all legal requirements.

People, staff and relatives had been asked for their feedback in recent surveys. People said they were happy living at St Helen's Down and relative's comments included, "It's a comfortable home for all the resident's," and "It's one big happy family."

At our previous inspection, we found people's care plans contained information that was not relevant to their current needs. At this inspection we found people's records were now up to date and reflected people's needs. The registered manager told us that care plans had been updated to make sure they were accurate. We looked at the care plan for one person who had recently moved into the home. There was information from where they had lived previously, their pre-admission assessment and care plans that had been developed since their admission. The registered manager told us the person's care plan was being developed as staff got to know the person better. All the information in the care plan reflected the person, their needs and choices. There was clear guidance for staff about what they needed to do to support the person, for example, how the person preferred their personal care or if they were distressed. Another person's care plan contained the information needed to support them with their mobility and communication. Daily records were clear and demonstrated what people had done each day. Where records were required to demonstrate how much people ate and drank these had been completed appropriately.

At our previous inspection we found audits had been completed but areas of practice that were identified as needing improvement had not always been addressed. At this inspection, we found there was an action plan in place and identified shortfalls were addressed within a given timeframe. Quarterly audits had been undertaken to assess the service quality. The registered manager told us the action plan was regularly reviewed by the area manager to ensure the action plan was met in a timely way. The registered manager had good oversight of the service and had a clear understanding of improvements and developments required.

Previously, when people had met with staff, the meeting had been recorded but there was no evidence of actions taken following the meeting. At this inspection we saw this had been improved and the proper action had now been taken in relation to people's feedback. This included people going shopping with staff to spend their Christmas money. People had recently completed a satisfaction survey. One person said they would like a person of a different gender to support them. The provider had taken action and had recruited staff of the person's preferred gender.

The registered manager had worked at the home for nine months. He knew people and staff well. He had a good understanding of people's needs and the support they required. He worked at the home most days

and provided direct support to people. He was committed to ensuring people lived the best lives they possibly could. He had developed an open culture, staff told us he was supportive and an agency worker told us they enjoyed working at the home. The registered manager and staff demonstrated a caring attitude when talking about people and in their interactions. One staff member told us they were happy working at the service and said, "It's all about the people."