

# Voyage 1 Limited

# The Knowls

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Knowls is a residential care home registered to provide accommodation and personal care to up to 13 people. Accommodation is provided in two separate areas. The main area of the home provides communal space and bedrooms for 11 people. Another area provides self-contained accommodation for two people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. 13 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

People lived in a home where there were adequate numbers of staff to meet their needs and to assist them with activities and accessing the community. Risk assessments were carried out to make sure people received their care safely and had opportunities to take part in activities which interested them and promoted their independence.

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. People were treated as individuals and were able to make choices about their day to day lives.

People were able to follow their own routines according to their preferences and abilities. Staff respected people's routines and choices.

People were cared for by staff who were kind and caring. People looked very comfortable with the staff who supported them. When people became anxious or distressed staff remained calm and professional. Staff used verbal reassurance to help people to relax and told us physical restraint was not used at the home.

People had access to a range of professionals to meet their physical and emotional health needs. The staff

had good relationships with other professionals which enabled them to seek advice and support for people.

People had support plans which gave staff clear information about how people wanted to be cared for. Staff knew people well and understood people's different communication. This helped to make sure people received care and support in accordance with their wishes and preferences.

People lived in a home which was well led. The provider and registered manager monitored standards and were committed to making on-going improvements to people's support and quality of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (Report published 17 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Knowls

## **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 Care Act 2014.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

The Knowls is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We looked at all the information we had received from and about the home since the last inspection. We sought feedback from professionals who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We met 12 people who used the service. Some people were not able to verbalise their views to us, but five people told us about their experience of the care provided. We spent time in communal areas of the home observing the interactions between people and staff. We spoke with five members of care staff. The registered manager was available throughout the day and the operations manager also met with us during the inspection.

We reviewed a range of records. This included three people's support plans and multiple medication records. We looked at records of staff meetings and at health and safety records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People looked comfortable and relaxed with the staff who supported them. People said staff were always kind and friendly. One person told us, "I like it here because the staff are nice to you."
- The provider had systems which helped to minimise the risks of abuse to people. This included a robust recruitment system and training for staff on how to recognise and report abuse. Staff said they had not been able to begin work at the home until relevant checks had been carried out and references received.
- All staff were confident that if any concerns were raised they would be fully investigated to make sure people remained safe. The registered manager was clear about their responsibility to safeguard people from abuse and had worked with relevant organisations to make sure thorough investigations were carried out.
- There were adequate numbers of staff to meet people's needs and to keep them safe. During the inspection we saw people received support when needed and staff had time to assist people with activities and accessing the community.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system and water temperatures and quality.
- Risks to people were minimised because the staff carried out risk assessments to make sure they received care as safely as possible. During the inspection one person was completing a risk assessment with the registered manager. The person told us, "We've agreed things together."
- People who demonstrated behaviour which could place themselves, or others, at risk had clear support plans to minimise these risks. This made sure staff had guidelines to follow which provided consistency and understanding to the person.
- Any incidents or accidents which occurred at the home were recorded and seen by the registered manager to enable them to put measures in place to avoid re-occurrence. This included seeking advice and support from other professionals to look at how changes to practice could be made to better support people.

Using medicines safely

- People received their medicines safely from competent staff. All staff who administered medicines completed training and had their competency assessed annually by a more senior member of staff.
- People received their medicines in accordance with their preferences. Each person had an information

sheet which gave staff details of how people liked to take their medicines. One person said, "They do my tablets for me. They know how I want to be helped."

- The provider had worked in partnership with other healthcare professionals to reduce the medication people received. This was in accordance with the STOMP agenda (stop over medication of people with learning disabilities, autism or both with psychotropic medicines.)

#### Preventing and controlling infection

- People were supported by staff to keep the home clean and free from infection. One person said, "I clean my room every day. The staff help me."

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to a domestic household.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home was located in a residential street and was in keeping with other houses nearby. It was within easy reach of shops and other community facilities. People told us about the shops they liked to walk to for their shopping.
- The Knowls was a large older style house which had been divided into two parts. One part was arranged as a self-contained flat for two people who wanted to live a more independent lifestyle.
- People had their own en-suite rooms which they could personalise to their own tastes and needs. One person showed us their bedroom and said they had chosen everything in there.
- Where people required specialist equipment to support them, such as specialist beds or equipment to help them to move, this was provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had their needs assessed and met. Each person had a support plan which was very detailed and gave staff clear guidance to show how people's needs should be met. Staff signed to state they had read and understood each person's support plan.
- People's support plans were reviewed with them and/or their representatives to make sure they continued to reflect their needs and aspirations. One person said, "They talk to you and write it down." Where appropriate people had signed their support plans to show they understood and agreed with the content.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. Support plans contained information about the help people needed with eating and drinking. For example, one person liked to eat on their own as they preferred a quieter environment. We saw this was facilitated for the person during the inspection. Another person required a member of staff to be with them and again we saw this was in place.
- People were able to make choices about the food they ate. There was always a choice of main meal and people were asked each day what they wanted for lunch. One person said, "It's nice food they ask you in the

morning."

- People were happy with the food provided. One person said, "They [staff] cook good food." Another person told us, "I help to cook sometimes. We have nice meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of professionals to meet their individual needs. Staff monitored people's health and behaviour and contacted professionals for advice and support when needed. For example, one person's behaviour had changed, and the staff had sought advice from the local learning disability team and psychiatrist.
- Staff worked with other professionals to make sure people received the medical treatment they needed in a timely way. Support plans contained information to show people had been seen by healthcare professionals such as doctors, psychologists, opticians and dentists.
- People had hospital passports which gave information about the support they required and the things they liked. This helped to make sure people would receive consistent care and support if they were admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were able to make day to day decisions about the support they required, and staff respected people's choices.
- Staff worked in accordance with the Mental Capacity Act. Where there were concerns about a person's capacity to make a specific decision they carried out assessments and, if required, made best interests decisions.
- People's legal rights were protected because staff involved family members and other professionals, such as independent advocates and doctors, to make best interests decisions. For example, one person required a medical procedure and a best interests meeting had been held. This had resulted in a best interests decision being made and additional training for staff to support the person.
- Staff respected the rights of people who had capacity to make what may be considered unwise decisions. Where people made decisions against professional advice, risk assessments were completed and followed.
- The registered manager had made applications for people to be legally deprived of their liberty where

they required this level of protection to keep them safe.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager led by example to create a happy and caring atmosphere. People looked comfortable in their environment. Staff spoke very affectionately about the people they supported. One person said, "All the staff are kind."
- Staff respected people's individuality and lifestyle choices and supported them in a way that promoted their choices and was non-judgemental.
- People who expressed distressed or anxious behaviour were supported by staff who were professional and calm. Staff followed people's individual guidelines to help them to relax. They talked with people to diffuse situations and distract them. Staff did not use physical restraint.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that was respectful and promoted their independence. One person told us they needed lots of help with personal care and said staff always helped them. They said, "They [staff] are good. They don't rush you." Another person said, "My goal is more independence. I do things for myself."
- People with poor mobility received support to help them to move about. One person needed staff to walk with them and staff gently supported them at their own pace to ensure their independence. Another person used an electric wheelchair and some doors were automated to enable them to move around independently.
- People had individual rooms where they could spend time alone if they chose to. Some people had keys to their room and could lock them if they wanted to. This helped to promote people's privacy.
- The staff told us changes had been made in the home to make sure people had more opportunities to be independent. One member of staff said, "We're promoting more independence than we were. It's really positive and people seem to be enjoying more things."

Supporting people to express their views and be involved in making decisions about their care

- People had opportunities to express their views and make decisions about the care they received. One person said they had written their support plan and risk assessments with staff.
- Some people were unable to fully express themselves verbally. However, staff knew people well and how they communicated their wishes. One member of staff said, "We know people well and they have ways of communicating with us. It may be that they don't want to get up in the morning, or they take you by the hand to what they want."

- People made choices on a day to day basis. For example, on the morning of the inspection one person had chosen to stay in their room and not be disturbed. They later joined other people for lunch and told us staff always respected their choices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in touch with friends and family. The staff helped some people with transport to help them to meet with family members. Other people went to stay with family for short breaks.
- People who were able, travelled independently to see friends and family. One person was away at the time of the inspection but rang to tell the registered manager how they were. Another person said they were staying away overnight later in the week. They told us, "You have to tell someone if you're staying out."
- Staff supported people to maintain personal relationships and friends and partners were welcomed to the home. Measures were put in place to make sure guests did not have a negative impact on other people who lived at the home.
- People were supported to follow their interests and hobbies. The registered manager said they tried to match people to staff who shared their interests. For example, we were told about one person who liked to go fishing, a member of staff who also enjoyed fishing supported them to maintain their hobby.
- People took part in activities at the home and in the community. During the inspection some people took part in an art session and other people went out shopping. One person said, "I like to go out most days. Just two of us, I like that." Another person said they were looking forward to going Christmas shopping.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who were able, told us they made choices about their lives. One person said, "You can do what you like. You choose what you wear and go shopping for your clothes." Another person told us, "It's mainly me making decisions."
- People received personalised care and support because each person had an individual support plan. Support plans were very comprehensive which made sure staff had all the information they required to meet the person's needs in accordance with their preferences.
- Staff knew people well and how they liked to be supported. New staff shadowed more experienced staff to enable them to get to know each person before they supported them. Staff said they were never asked to work with anyone until they were confident in how to support them.
- People were able to follow their own routines and staff respected these. One person said, "I pretty much do what I want. I like that it's close to town, so I can go out and do what I want. I have a key to get in." Where people followed strict routines because of their autism, staff respected these to make sure people felt safe and secure.
- People were able to refuse support and monitoring. For example, most people were weighed regularly to

help to monitor their well-being, but where people refused, this was respected and recorded in their support plan.

- The provider was in the process of implementing 'Active support programmes' for everyone. The registered manager told us this would formalise helping people to set goals and achieve their aspirations.

#### End of life care and support

- The provider had policies and procedures regarding end of life care and dealing with a sudden death, but we were told no individual support plans had been written. The registered manager said if anyone required this support they would create a support plan with them and their representatives.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Everyone had their communication needs assessed and support plans showed how they communicated. The registered manager said everyone at the home had an understanding of verbal information and they used simple language to help people. They also used pictures and symbols if needed.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. Where a complaint had been made appropriate action had been taken to make sure the concern was fully investigated and responded to.
- Staff told us they did not think most people would be able to raise a formal complaint, but they would recognise if someone was unhappy. One member of staff said, "We know people well. If they weren't happy we would know and make sure we found out what was bugging them." We asked one person what they would do if they were worried or unhappy and they said, "Tell [registered manager's name.]"

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- The registered manager led by example to promote a culture that treated each person as an individual and encouraged and promoted personal choice. Staff we spoke with told us they made sure people always had choices. One member of staff said, "There is nothing institutional here. Everyone does their own thing."
- The registered manager worked alongside other staff to make sure their ethos was put into practice. Staff commented on how much they appreciated the 'hands on' approach of the registered manager. One member of staff said, "The standard is set at the top and filters through the whole team."
- Staff were well motivated and happy in their jobs which helped to create a happy atmosphere for people to live in. All staff said they thought there was good teamwork at the home and everyone worked together to support each individual.
- The registered manager and provider were open and approachable. One member of staff said, "The manager is really approachable and encouraging." A person told us, "[Registered manager's name] is lovely."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was a clear management and staffing structure. There was always senior staff on duty or on call which meant people's care was consistently monitored. Senior staff told us their role was to make sure high standards were maintained.
- People benefited from a provider who had clear systems to monitor quality and plan on-going improvements. There was a series of audits which were completed regularly in house and an annual quality and compliance audit completed by the provider. Following the audit an action plan was put in place and monitored by the operations manager. This helped to ensure that improvements were made in a timely way.
- Risks to people's safety were minimised because the provider ensured regular health and safety checks were carried out, and equipment was inspected and serviced by outside contractors.
- The registered manager was very visible in the home which enabled them to constantly monitor the standard of care received by people and address any shortfalls. For example, following an incident in the home the registered manager was arranging additional training and competency checks for all staff.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had an excellent knowledge of the people who lived at the home and their preferred routines. They worked alongside other staff which enabled them to constantly seek people's views, and ensure the staff worked in accordance with people's preferences and lifestyle choices. The home worked with independent advocates to make sure everyone's views were listened to.
- People were supported by a staff team who had opportunities to discuss their practice and highlight any training needs. There were formal team meetings and all staff received regular supervision and had an annual appraisal. Staff said they could make suggestions and ask for additional training and always felt listened to. One member of staff said, "This is the best place I've ever worked. The team are lovely, and the manager is brilliant. The manager listens to everyone's views."
- People received a good standard of care and support because staff worked with other professionals to make sure people's needs were met. Staff told us they had excellent relationships with local healthcare professionals which enabled them to seek advice and support for people.