

Voyage 1 Limited

# Five Penny House

## 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

Five Penny House is a purpose built house, providing support to people living with a learning disability and physical disabilities. It was registered to support up to six people. Six people were using the service at the time of inspection. Staff supporting people did not wear a uniform or any identifying clothing that suggested they were care staff when coming and going with people, and people were supported to have access to local community facilities and services.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There was a new registered manager at the home who had just completed their application process with the Care Quality Commission. They had a clear vision and values and had already made positive changes at the service.

Medicines were stored safely and staff were trained to administer them correctly. We found records relating to 'as and when required' medicines needed to be improved and the registered manager actioned this immediately.

Staff knew people well and supported people in line with the person's preferences and wishes.

There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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 supported to access healthcare services if needed. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs.

Interactions we saw between people and the staff team were positive. We saw people given immediate

reassurance when they became anxious or distressed.

Care plans were person centred and people were involved in their reviews where they were able. The service actively supported people to engage with advocacy services if this was needed.

People were supported to engage in activities they enjoyed, and we saw the service promoted people accessing local community facilities and supporting them to go on trips and holidays.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed. This was via team meetings, phone calls and emails. People had good links to the local community through regular access to local services.

Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required.

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 (published July 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.

# Five Penny House

## 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

The inspection team consisted of one inspector.

#### Service and service type

Five Penny House 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. The registered manager was very newly registered with CQC.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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. The PIR was completed some time ago but still provided relevant details. This information helps support our inspections. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. Not everyone who used the service was able speak with us during the inspection. We spoke with seven members of staff including the registered manager, senior care worker and five support staff.

We reviewed a range of records. This included two people's care records and their medication records. We looked at one staff file in relation to recruitment and staff records relating to training and supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We sought additional information from the service regarding training and quality assurance 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. People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Two people did not have clear guidance on 'as and when required' medicines. The registered manager addressed this with the local GP straight away.
- Medicines were safely received, stored and destroyed.
- Checks on the competency of staff to administer medicines was undertaken regularly.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse and had received appropriate training.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- Staff understood where people required support to reduce the risk of avoidable harm. Staff used de-escalation plans when people became anxious or distressed.
- The environment and equipment were safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire.

### Staffing and recruitment

- The provider ensured safe recruitment procedures were followed.
- People received care and support from the right amount of suitably skilled and experienced staff.

### Preventing and controlling infection.

- Staff followed good infection control practices and used gloves and aprons to help prevent the spread of healthcare related infections.
- A check carried out by an external infection control nurse showed the home adhered to high standards of cleanliness and staff training.

### Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence.
- Accidents and incidents were recorded and investigated thoroughly.

# 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 building was a two-storey dwelling that had good access to all areas including a garden.
- When required, staff reported faults with actions taken to ensure the service was safe and comfortable.
- Bedrooms were personalised and decorated to each person's individual choice with the support of their keyworker.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before anyone moved into the service their needs were assessed and introductory visits arranged to ensure compatibility with all other people living at the service.

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.

- Staff understood their responsibilities regarding MCA and best interest decisions. Staff continuously sought people's permission whilst supporting them.
- There were clear records relating to DoLS applications and where best interest decisions were needed.
- Staff had a good understanding of people's communication needs and supported people to make day to day decisions and choices.

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

- Staff promoted a healthy, balanced diet for people and all meals were made at the service.
- Care plans outlined people's preferences and the support they required with their food and drinks.



- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.

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

- People had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.

- All people regularly attended a dentist and opticians. The service had carried out oral health assessments but were yet to develop these into specific plans. The registered manager told us they would raise this with their regional manager to see if this could be facilitated.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to effectively and safely support them.
- Staff said they felt supported by management and peers. Staff had received regular training. One staff member said, "I did my MAPA (Management of Actual and Potential Aggression) last Friday. It was a good refresher and I enjoyed it."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection we rated this key question as good. At this inspection this key question has remained the same. 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

- We observed staff treating people with warmth, compassion and kindness. One staff member said, "We want the people here to have the best care we can give."
- Staff had created a relaxed and friendly service. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

Respecting and promoting people's privacy, dignity and independence

- We observed one occasion of staff not considering someone's dignity when talking in front of others about someone's toileting needs. The registered manager said they would remind staff about ensuring their language was respectful.
- People's equality, diversity and human rights were respected. People were supported to live their lives the way they wanted to.
- Families were made to feel welcome. Relatives could visit at any time and the service supported people to maintain relationships that were important to them.
- Staff supported people to maintain their independence. Support plans were clear about the tasks people could manage themselves and what support or encouragement was needed from the staff team.

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

- People and their relatives had been included when care and support was being planned and reviewed.
- Staff understood how people communicated. Support plans set out how staff should offer people choices in a way they would understand so they could make decisions about their care and support.
- People had been supported to access an advocate. Advocates are independent and can help people to make complex decisions.

# 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.

- Plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs should be met to ensure people received the care and support they wanted and needed.

- We found that identified goals and outcomes weren't always consistently highlighted. The registered manager stated they would address this issue.

- We discussed the high volume of checks recorded by staff in relation to people. Staff were recording twice daily on a separate sheet whether they thought someone was in pain. The person did not generally experience pain. Staff we spoke with felt the number of recordings they had to make was excessive and interfered with the time they could spend with people. The registered manager said they would review the volume of recording needed.

- Care and support plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

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 access activities they enjoyed. People accessed the community regularly to join activities such as trips to the seaside and shopping.

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.

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. When staff spoke with people we saw them adapting their voice and language to support someone with a hearing impairment.

- Staff showed us the signs one person used to communicate with them as they were particular to them. They also told us how they shared this knowledge with new staff.

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy. There had been no formal complaints raised within the previous 12 months.

#### End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.
- As appropriate, information about people's last wishes or funeral plans was maintained in people's support plans.

# Is the service well-led?

## Our findings

Well-Led – this means 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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A local authority commissioner told us, "The home is open to taking advice and are happy to ask if they are not sure about anything."
- The registered manager shared information with relevant parties appropriately.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding events and serious incidents as required by law.
- Regular checks were carried out by staff and the management team to ensure people were safe and happy with the service they received.
- A quality assurance system was in place to review the service and drive improvement. We discussed the omissions we found in medicine records and the registered manager was putting measures in place to address these by the end of our visit.

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

- The service had undergone recent change and a new registered manager had come into post. Staff we spoke with were positive about the atmosphere at the home.
- Staff spoke enthusiastically about trying to deliver care that was person centred. The registered manager wanted to ensure people's experience of care was positive and that they could live the best life they were able.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.

Continuous learning and improving care

- The provider, registered manager and staff demonstrated they learnt from the findings of external monitoring and inspections and implemented immediate changes to improve the service.
- The registered manager was open and receptive about feedback at the service.

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

- The service involved people and their families in day to day discussions about their care and support.
- Staff told us they felt listened to and that the registered manager was approachable. Staff told us, "We are a good team here and things are improving all the time."

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 and provider were aware of their obligations under the duty of candour. There had not been any recent incidents at the home that required the provider to act on this duty.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.