

Voyage 1 Limited

Hemlington Hall

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 

Overall summary

We inspected Hemlington Hall on 27 February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Hemlington Hall is a large detached house set in its own grounds. It has en suite accommodation for six people in the main building. There is further accommodation for two people within a separate annexe. Hemlington Hall provides support for up to eight people who have a learning disability.

The home had a registered manager in place who commenced working at the home in February 2014. 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 living at the home required staff to provide support to manage their day-to-day care needs; to

Summary of findings

develop impulse control; as well as to manage their behaviour and reactions to their emotional experiences. We found that the registered manager had taken appropriate steps to ensure staff reviewed their behaviour; analysed what worked or what didn't; and provided consistent responses when people's needs changed to ensure that staff could continue to meet the individual's needs.

We observed that staff had developed very positive relationships with the people who used the service. We saw that the staff effectively assisted people to manage their anxiety. Interactions between people and staff were warm and supportive. Staff were kind and respectful. People told us that they made decisions about what they did throughout the day.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and understood the requirements of the Act. Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate. This meant staff worked within the law to support people who may lack capacity to make their own decisions.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health

checks and were accompanied by staff or relatives to hospital appointments. We found that staff worked well with people's healthcare professionals such as consultants and community nurses.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. People told us they found the staff worked very hard and were always busy supporting people. The registered manager, a deputy manager, a senior care staff and five care staff were on duty during the day and a senior care staff member on sleep over and two staff were on duty overnight. We found information about people's needs had been used to determine that this number of staff could meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as basic food hygiene as well as condition specific training such as working with people who lived with Autistic Spectrum Disorders. We found that the provider not only ensured staff received refresher training on all training on an annual basis but offered staff regular access to a wide range of course and educational material.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. All relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and but did not have any concerns about the service.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these across the service. This had enabled the manager to identify areas for improvement and make the necessary changes. We found that the registered manager constantly critically reviewed the service and

Summary of findings

looked at what more could be done to make sure people lived fulfilling lives and assist them to reach their full potential. The systems being used were extremely effective and the service was well-led.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. Staff were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive.

People's needs were continuously assessed and care plans were produced, which identified the support each person needed. These plans were tailored to meet each individual requirements and regularly checked to make sure they were still effective.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities both in the home and the local community.

Good



Summary of findings

The people we spoke with knew how to make a complaint. They told us they had no concerns. Staff understood the complaint process and were strong advocates for the people who used the service.

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered a good service. We found that the manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Hemlington Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspector completed this unannounced inspection of Hemlington Hall on 27 February 2015.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the inspection we met six people who used the service. People had varying communication skills and some people had very limited verbal communication skills but all could express their views. We also spoke with the registered manager, a senior support worker and five support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, three recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

The people who used the service that we met had varying abilities to verbally communicate what they thought about the home and staff. Therefore we both spoke with people and spent time observing how the staff interacted with people and work with each individual.

People said, “I’m happy.” And, “I like the staff very much.” And, “It is great here.”

Staff could clearly outline each person’s needs and the risks such as what they needed to do if a particular person became distressed; how to de-escalate behaviours that challenge and what support people needed when in the community.

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff at each supervision session and during staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training in 2014. The registered manager closely monitored access to training and had ensured refresher training sessions for all the staff were in place for 2015. The registered manager also routinely checked staffs’ understanding of the safeguarding procedures during meetings and via questionnaires. The registered manager had proactively addressed concerns that were raised last year and ensured that action was taken to reduce the potential for similar issues to occur again.

The home had a safeguarding policy that had been reviewed in October 2014 and we saw this was regularly checked to make sure it remained accurate. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. We found that there were

sufficient staff who were qualified first aiders to cover the home throughout each and every shift. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with these scenarios. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Individual risk assessment plans were included in care plans for people where appropriate. These included falls risk assessments. For example staff had noted that one person was having an increasing number of falls recently which had led to staff reviewing the care plan, updating it and contacting the falls team for advice.

Care plans also included risk assessments to assess if someone could be at risk of developing pressure sores; experienced respiratory disorders, diabetes, mobility problems; and problems associated with incontinence. People who were identified to be at risk had appropriate plans of care in place such as plans requiring that they used airflow mattresses and positional changes were made every one to two hours. Charts used to document change of position were clearly and accurately maintained and reflected the care that we observed being given.

We observed all areas within the service were very clean and had a pleasant odour.

Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines. Staff told us that hand washing audits were completed each month and these were used by the registered manager to make sure they were using the appropriate technique and followed infection control guidance.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff told us they were able to get all the cleaning equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it

Is the service safe?

was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The seven staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The registered manager, a deputy manager, a senior care staff and five care staff were on duty during the day and a senior care staff member on sleep over and two staff were on duty overnight. The records we reviewed such as the rotas and training files

confirmed this was case. We found information about people's needs had been used to determine that this number could meet people's needs. The registered manager told us that if people's needs changed and more support was needed the number of staff would be increased straight away. The rotas we reviewed showed there was this flexibility in staffing complement.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service about the home. People were able to share their views about day-to-day life at the home. People told us they liked living at Hemlington Hall; the staff were good and kind; and they felt the staff cared about by them.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We found that all the staff had completed mandatory training and condition specific training such as working with people who displayed behaviours which may challenge. We found that the provider completed regular refresher training for a wide range of courses such as health and safety, safeguarding vulnerable adults, physical interventions, and various conditions such as epilepsy. We found that the service manager and operations manager both closely monitored uptake of training and ensured all of the staff completed courses.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and the senior staff carried out supervision with all staff at least six times a year but also completed regular competency checks. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We confirmed that all of the staff had completed annual appraisals.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had a solid understanding of the MCA and how to apply the legislation.

The registered manager had ensured that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are

looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity and was deprived of their liberty, as were staff.

Staff we spoke with had a good understanding of DoLS. Staff that we spoke with understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed. We saw that, where appropriate, capacity assessments had been undertaken and 'best interest' decisions were recorded. The staff we spoke with had an excellent knowledge and understanding of people's care and support needs.

We observed the care and support given to people over lunch in different dining rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes.

The majority of the food was home cooked and we tried the broth, which was extremely tasty. People told us the food was good and there was always plenty.

People said, "I like the food." And, "The staff make good food."

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that in general people were all within healthy ranges for their weight, no one was malnourished and if people were overweight staff supported them to taken action to ensure this was not adversely affecting their health.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their treating team and when concerns arose staff made contact with relevant healthcare professionals such a community nurses and psychiatrists. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. They told us staff were helpful and kind. People said, “They are like my family and really kind.” And “We always have a good time.”

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people. We found the staff were warm, friendly and dedicated to delivering good, supportive care. Staff said, “We are like family and I would not want anything to upset these people, as they feel like one of my own.” And, “If we can’t treat people with respect we shouldn’t be in the job.”

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. We saw that staff gave explanations in a way that people easily understood. They were attentive, showed compassion, were patient and interacted well with the people who used the service.

We saw that staff treated people with dignity and respect. We saw that when people became anxious staff intervened in very supportive ways and used techniques such as distraction and going to quieter areas of the home. The techniques the staff used effectively reassured people. We found staff sensitively and discreetly deployed these measures, which reduced it becoming evident to others that someone was becoming upset.

We found that the registered manager reviewed current guidance around supporting people with learning disabilities and took action to ensure staff used the latest guidance. The registered manager critically evaluated the success of any changes and could show us how they had taken action to ensure the needs of the people were met. For instance, from their review of people’s needs they identified that one person responded more positively to male staff so had provided them with a dedicated male team. The registered manager had evaluated the success of the team and found that the person displayed considerably less behaviour that challenged and appeared happier.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff discussed how they encouraged people to be as independent as possible and, to maintain a person’s dignity would leave individuals to bathe independently, if this was at all possible. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

The people who used the service needed support to manage their emotional responses to everyday activities and stress. We saw that the staff were very effective at supporting people to manage their impulse control and emotions. We saw that staff intervened and de-escalated situations as people became anxious and before it caused a major issue for the person.

People also told us that they were involved in a wide range of activities both inside and outside the home. People said, "I'm going to the coffee shop today." And, "I've just bought tickets for a show." And, "I like going places."

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go to concerts and to start to plan their holidays. Staff we spoke with told us that since the registered manager had come into post they had been encouraged to support people to engage in meaningful occupation. We heard that everyday people went out to activities such as bowling or educational trips and this had greatly enhanced people's lives. The staff were extremely positive about the way they were encouraged to put people first.

We found that as people's needs changed their assessments were updated as were the support plans and risk assessments. We saw that risk assessments had also been completed for a number of areas including health, behaviour that challenges and going out.

The registered manager discussed how they had worked with people who used the service to make sure the

placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

We reviewed the care records of three people and found that each person had a very detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. We saw that interactive care planning sessions took place using accessible formats, which allowed the person to communicate their wishes. During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We found that the registered manager was a strong advocate of people's rights and also took action to make sure people had independent advocates.

We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

Is the service well-led?

Our findings

From the information the people shared with us around how staff treated them we gained the impression that they thought the home was well run and completely met their needs.

We found that the registered manager was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that both the registered manager and operational manager we spoke with clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that they actively monitored the service and used the information they gathered to make improvements. We saw that the registered manager had supported staff to review their practices and constantly looked for improvements that they could make to the service.

For instance they had reviewed the day-to-day lives of the people and identified that people had not been given opportunities to enjoy everyday activities like seeing a band. In light of this they had instructed staff to work with people and identify what activities they wanted to do. Since then people were out most days. People who used the service were very eager to tell us all about the activities and holidays they now enjoyed. Whilst we were at the home staff went out with people to purchase tickets for a forthcoming concert and to local café.

The staff we spoke with described how the registered manager since coming into post had made a lot of positive changes and all of them were aimed at giving people the best quality of care. Staff discussed how the manager worked with them to review the service to see if they could do anything better. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes.

Staff told us, "The manager is fantastic and has really made a difference." And, "I think the manager has really helped us to think about how to make a real difference for the people here. It is such a better place for people to live now." And, "We now work as a team making sure people get the absolute best possible care."

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

We found that the manager was the driving force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

We found that the registered manager was skilled and knowledgeable and this combination had led them to take appropriate action to ensure the home was compliant with the regulations. For example the manager had identified the gap around staff appropriately implementing the MCA. They had taken action to produce relevant templates and ensure the staff gained the skills needed to make and record 'best interest decisions.

We found that the provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed weekly and monthly audits of all aspects of the service, such as medication and took these audits seriously thus routinely identified areas they could improve. Twice a year the provider commissioned an independent assessor to review practices at the home. Strong governance arrangements were in place.