

Voyage 1 Limited

Bridge Court Bungalow

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

Bridge Court Bungalow accommodates up to six people with learning disabilities in a purpose-built building. Six people were using the service at the time of the inspection.

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

The service was safe and risks were well managed. The registered manager and staff understood their responsibilities about safeguarding and had been appropriately trained. Arrangements were in place for the safe administration and storage of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and promoted independence where possible.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from social isolation and supported to take part in activities and events.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People, family members, advocates and staff were regularly consulted about the quality of the service.

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

Rating at last inspection

The last rating for this service was good (published 26 April 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.

Bridge Court Bungalow

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

One inspector carried out this inspection.

Service and service type

Bridge Court Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection and people would be available to speak with.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted 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 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 spoke with two people who used the service, three family members and one advocate about their experience of the care provided. We spoke with three members of staff including the registered manager and two care staff.

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

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

- The registered manager and staff understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.

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

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The home was clean and checks were carried out to ensure people lived in a safe environment. A family member commented the premises were "very good".

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. A family member commented there was "good stability" with regard to staffing.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines and were regularly audited.

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.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- Staff were appropriately trained and their training was up to date. A staff member told us, "If you identify any additional training, they [provider] are good at supporting it."
- New staff completed an induction to the service. They were supported in their role and received regular supervisions and an annual appraisal.

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

- People were supported with their dietary needs.
- Guidance from healthcare specialists, such as speech and language therapists, was documented and followed by staff.
- One person told us how they helped plan the grocery shopping and made their own meals with support from staff.

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

- People were supported with their healthcare needs. A family member told us, "They [staff] are very proactive in getting [name] to do their exercises."
- The service worked well with healthcare professionals. One person was apprehensive about visiting the GP and previously had to receive home visits. Staff worked with the GP to identify ways to calm and reassure the person so they could attend the GP's practice. The person visited the practice for the first time so they could have a blood sample taken. Staff calmed the person during the visit by singing to them and talking about the person's favourite things. The visit was a success and the person and staff were very proud of what they had achieved.

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

- The premises were appropriately designed for the people who lived there. All the accommodation was on one floor and bedrooms were individually decorated in consultation with people.

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.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

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

- People and family members told us staff were kind and considerate. Comments included, "We are very happy with the care. [Name] has got a really good relationship with the staff" and "It's a nice place...the care is very good."
- Staff demonstrated empathy and compassion. For example, one person was upset following the death of a family member so staff designed a memory tree that was put on the wall. People and staff added messages to the tree to remember their family members by.
- None of the people using the service at the time of the inspection had specific religious or spiritual needs.
- People were treated as individuals and staff supported them to live their lives how they wanted.

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

- People's preferences and choices were clearly documented in their care records.
- People told us they were involved in making decisions. For example, what they would like to do, where they would like to go and how they wanted their bedroom decorated.
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. For example, we observed staff knocking on the bathroom door to check on a person who was using the shower. They talked to the person through the door rather than going inside.
- People were supported to be independent where possible. One person told us they did their own washing and ironing and enjoyed growing their own vegetables in the garden.
- Care records described what people could do for themselves and what they required support with.

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 ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed, they included important information about the person and were person-centred.
- People's individual goals were recorded. These described what the person wanted from their care and support and how staff could support them to achieve it.

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.

- People were given information in a way they could understand.
- Support plans described the level of support people required with their communication needs. Visual aids were used to support people with communication.

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 live full and active lives and take part in activities that were of interest to them. One person showed us and told us about the Christmas wreaths and cards they were making to sell. Another person enjoyed going to concerts and the theatre.
- There were numerous examples of how staff had improved the confidence of people who had previously been socially isolated. For example, it was identified one person had never been on holiday as it made them anxious. Staff built up the person's confidence over a period of time and eventually agreed with them to go away in a caravan overnight. They took some of the person's favourite things with them, including bedding, to help ease the transition. The short trip was such a success that the caravan was booked for the following year.

End of life care and support

- People's end of life care needs had been considered and some people had support plans in place. These recorded their wishes and decisions about their end of life care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People, family members and advocates told us they did not have any complaints but were aware of how to make a complaint.

- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

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

- The service was open, inclusive and welcoming. Family members and advocates told us, "The management and staff are very approachable. They all know what is going on" and "We are 100% happy. We wouldn't change anything."
- Staff told us they were comfortable raising any concerns and the registered manager was approachable. Comments included, "You can ring [registered manager] any time" and "[Registered manager] and the seniors have been so supportive."
- The service employed an apprentice who had recently won the provider's learner of the year award.

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 acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

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

- The registered manager and staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care. Action plans were put in place for any identified issues so improvements could be made.

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

- People, family members, visitors and staff were kept up to date and were able to feedback on the quality of the service via surveys, newsletters and regular meetings.
- Feedback from surveys and meetings was collated, analysed and responded to.
- People and staff were invited to bi-annual meetings with the provider's senior management so they could provide feedback and discuss any issues.

Working in partnership with others

- The service worked closely with health and social care professionals to ensure people received the support they needed.

- The service had good links with the local community. These included, pubs, clubs, shops, cafés and activity groups.