

Voyage 1 Limited

Ling Crescent

Inspection report

2-4 Ling Crescent
Headley Down
Hampshire
GU35 8AY

Tel: 01428713014

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05 June 2023
06 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ling Crescent is a residential care home providing personal care to up to 6 people. The service provides support to people who live with learning disabilities and autistic people in 1 adapted building. At the time of our inspection there were 4 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions safe, effective, caring, responsive, and well-led, the provider was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: 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. However, mental capacity assessments and best interest meetings had not always been documented fully. The manager had identified this and was in the process of making improvements at the time of our inspection. We were assured the provider had a robust plan in place and found no negative impact on people.

Right Care: People were supported safely with their medicines. Staff were recruited safely and had the correct training. People's support plans were person centred and reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People took part in activities and pursued interests that were tailored to them. People had privacy for themselves and their visitors in their bedrooms.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity.

The provider was reviewing people's care plans and risk assessments to ensure information was up to date.

The provider sought feedback on the service it provided, this information and outcomes were used to drive improvement.

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 29 November 2018).

Why we inspected

The inspection was prompted in part by notification of an incident in which a person using the service died following a fall from height. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

Following this incident, the provider completed a full review of safety for all people living in the service.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ling Crescent on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always 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.

Ling Crescent

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Ling Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ling Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post however they were not currently at work. A manager registered to another of the provider's services was working in the service to support the team. We refer to this person as the manager throughout the report.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 May 2023 and ended on 19 June 2023. We visited the location's service on 31 May 2023, 5 June 2023, and 6 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time in shared spaces with 4 people; getting feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to effectively communicate with. We received feedback from 1 relative about their experience of the care provided. We looked at 3 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 also reviewed. We spoke with 6 members of staff including the operations manager, the manager, another member of the management team and 3 care workers.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Prior to the inspection a person died following a fall from height. The provider completed a full review of safety for all people living in the service. A person who was also identified as being at risk of falls moved to a bungalow under the same provider to mitigate the risk to them. Support plans and risk assessments were in the process of being reviewed and updated to ensure all risks to people were considered and guidelines in place to guide staff how to best support people safely.
- People's risks were identified, and risk assessments were in place to reduce risks for people. For example, risk assessments were in place for health conditions, accessing local amenities and medicines management.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments contained explanations of the control measures for staff to follow to keep people safe. People's records were checked to ensure the information was accurate and up to date. Reviews had not always happened in a timely manner. The provider had identified this, and they were in the process of reviewing all documentation.
- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible.

Systems and processes to safeguard people from the risk of abuse

- A relative told us they felt their family member was safe from abuse. They told us, "[Person's name] has been there for quite a while, we have no concerns."
- The provider had effective systems in place to safeguard people from abuse. Staff had a good understanding of what to do to safeguard people from harm.
- The manager told us of their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated this occurred.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "Our manager is really good in supporting us. We can also call our operations manager [name], he always says we can call him. Staff told us, and records confirmed that they had safeguarding training, and this was repeated yearly."

Staffing and recruitment

- Recruitment policies and procedures were in place to ensure staff were recruited safely. All appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff employment histories were collated, and dates checked.
- New staff were introduced to people prior to providing any support and worked alongside more

experienced staff to learn about people's needs.

- There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.

Using medicines safely

- People's medicines were, stored, administered, and disposed of safely. Staff received medicines training; however, some medicines competency checks were out of date. This had been picked up by the manager and arrangements were in place to ensure all staff received up to date competency assessments to ensure their practice was safe. During the inspection we observed good practice and staff demonstrated they had good knowledge of people's needs.
- We found 'as required' medication protocols contained sufficient detail to guide staff when and how to administer medicines safely.
- Temperature checks were carried out daily where medicines were stored. Temperatures were within the appropriate safe range for storing medicines.

Preventing and controlling infection

- We observed some out-of-date foods and opened sauces which were not labelled in the kitchen. The manager disposed of these items and immediately added food date and label checks to the daily checks for staff to complete.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The manager told us visitors were welcome and a relative told us they could visit when they wanted. Visiting was managed in line with current guidance.

Learning lessons when things go wrong

- We were assured lessons were learnt when things went wrong. Concerns were identified during the audit process and the manager was able to describe the investigation, actions taken and outcomes.
- There were formal procedures in place to record and investigate any incidents, accidents, or complaints. The manager demonstrated robust systems were in place and explained how this helped to identify trends across the service. This information would then be used for ongoing learning.
- The manager knew how to access support from external professionals when additional guidance was required.
- When lessons were learnt, they were shared with staff. When staff meetings took place, they enabled open communication. One staff member told us, "We talk about what's going on here, infection control, the people we support and if they need something. If we have a problem with each other, we could raise it. We can give our opinion to the manager. Our training is discussed. We are all asked individually how we are."

This supported continued learning on how to improve care to people.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA.
- People had some mental capacity assessments in place; however, these did not always contain the detail required to demonstrate how people had been involved and supported to understand the decisions to be made.
- The provider acknowledged this shortfall and demonstrated they were aware and had put processes in place to address this prior to our inspection. We were shown an action plan and work had begun to ensure capacity was formally assessed for each person and best interest meetings were planned to be undertaken.
- Staff understood people's rights to make decisions. One staff member told us, "We have key client review meetings weekly. We talk about what they [people] want to do or what they need for the week ahead."
- DoLS authorisations were in place for people who required them, or renewals had been applied for. Any conditions related to DoLS authorisations were being met.

Staff support: induction, training, skills, and experience

- Some staff had not always received supervision 3 monthly in line with the providers policy, although, all staff spoken with told us they felt supported by the management team.
- The manager was aware supervisions had not always taken place within the time frames specified. This was added to the service improvement plan and work had started to ensure all staff received regular supervision.

- Staff had not had an appraisal in the last year in line with the providers policy. The manager had identified this and had implemented an appraisal programme to take place following observations of staff.
- There was an established staff team in place who had completed the mandatory training such as basic life support, equality and diversity, fire safety, food safety, health and safety, infection prevention and control and MCA and DoLS. We saw 4 staff still needed to complete MCA training and 2 needed to complete Basic Life Support training.
- Staff had also attended training specific to people's needs, for example, Dysphagia, understanding autism and awareness of mental health, dementia and learning disabilities. Staff did have access to Epilepsy training; however, 7 staff still needed to complete this training. This had been picked up by the provider and training dates had been planned to ensure all staff were up to date with their training.

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

- Care was planned and delivered in line with people's individual assessments, however, these were not reviewed regularly or when needs changed, in line with best practice guidance. The manager was aware of this and had begun reviewing all people's care records and updating them where required. This had also been added to the service improvement plan.
- People's needs were assessed before they moved into the service. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.

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

- The mealtime experience could be improved. We observed there were no table mats or condiments on the table. We discussed this with the manager who told us they would ensure table mats and condiments were available for people going forward.
- People were supported at mealtimes to access food and drink of their choice. A relative told us, "We are very pleased with the food [person's name] gets and big portions. When we have observed we have been very happy with the food."
- The support people received varied depending on their individual needs. There was a menu in place and different methods of establishing people's choices were used. For example, during the mealtime observation we saw some people being verbally asked if they wanted one of two choices for pudding. For others, the two dessert choices were taken to people for them to choose.
- We observed people ate different meals according to their needs and choices. A staff member told us, "We ask people first using pictures for their drinks. We have a menu planner which we use. We know them well, so we know what they like."

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

- We observed some staff information on the wall in the home. We spoke with the manager about this, and they removed the staff information immediately to a staff area.
- At the time of the inspection a programme of works was being carried out. There were maintenance workers at the service on all 3 days of inspection to ensure the home was maintained to a good standard.
- The operations manager pointed out the television was screened off and told us they were unsure of the rationale for this. They were making plans to remove the screening box to assess if it was still required.
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them. Plans were in place to redecorate the bedrooms and work was being done to meaningfully involve people in choosing how they wanted their bedrooms to be redecorated.
- People did not have full access to the garden due to the maintenance work which was being undertaken. We observed one person went into the garden, the maintenance workers were quick to notice and supported the person back inside.

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

- Staff told us people were supported to access services to maintain and improve their health, and records confirmed this.
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary.
- A relative told us their family member sees health professionals they need to and said, "They [staff] keep us informed if [person's name] has been unwell."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 appeared to be happy and a relative spoke positively about the support people received from staff. They told us, "They are very good. I have no qualms."
- We observed staff interactions with people which showed they were treated with kindness, compassion, dignity, and respect. Staff knew people well, and understood their likes, dislikes, and preferences.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion, and sexual orientation are met. The care planning process recorded information divulged by people with regards to some of the protected characteristics, for example their marital status, disability, and religion.
- Support plans demonstrated people were treated with respect and were able to make choices in a variety of ways to ensure their diverse needs were understood and met. For example, the people living at the service had differing ethnic identities, they were all supported to eat foods which were culturally relevant to them.
- People had been supported to integrate with their culture and some people had been supported to go on holiday to their country of origin.

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

- The manager told us, and records confirmed people's likes, dislikes and opinions were considered in the creation of their care plans.
- A relative told us they had attended meetings. They said, "We were attending every 6 months prior to Covid, this has been less frequent recently."
- We observed people being given choices throughout the inspection. We observed staff interacting with people and responding to their body language and vocal sounds. Staff also used pictures to support communication, for example, when making menu choices.

Respecting and promoting people's privacy, dignity, and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. A staff member told us, "We knock before entering a room. When supporting with personal care, doors should be closed. If you are going to talk about something personal about them, you need to make sure it is done confidentially."
- Staff respected and promoted people's independence. For example, we observed a staff member offering verbal support and encouragement to a person that needed it. A relative told us people were treated with dignity and respect.
- Staff understood how to treat people with dignity and respect and were enthusiastic in supporting people

to maintain their dignity and independence. A staff member told us, "If they are able to [for example,] make a cup of tea, we would try to support rather than doing it for them, hand over hand if needed. I always want them [people] to participate in every activity they do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. 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 plans were detailed and contained person centred information.
- Staff had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge. One staff member told us, "Person centred care is asking them [people] and making sure they are always asked about decisions and that they are at the centre of the decisions that are about them."
- A relative told us their family member gets to do the things they want to do.
- We observed people making choices throughout the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager had good knowledge about the AIS, and we saw information was provided in an accessible way for people. For example, meal choices were available as pictures, the complaints policy was in an accessible format using pictures.
- We saw people's records contained accessible information in relation to cervical cancer, having a smear test, and breast cancer where appropriate.
- The hospital passport used pictures. The hospital passport is a document designed to give hospital staff helpful information about the person to help staff know how to support them and make them feel comfortable.
- We saw people being supported using their preferred method of communication and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal 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 provided with a range of activities, both within their home and externally. Activities available to people included walking/rambling, music, art, attending an activity centre which included activities such as boating and archery.

- A relative told us, "Our message has been to get him out and walking and I believe they do."
- A staff member told us, "They do different activities, cooking, art, a lady comes and does a music activity and a man who comes for music entertainment. People go to an activity centre. They all like walking so drives out and rambling." Another staff member told us, "In the evenings people watch TV, do arts, or listen to music."

Improving care quality in response to complaints or concerns

- There had been no complaints received in recent months. Relatives told us they did not have cause to complain but felt confident the manager would deal with any complaints received quickly and efficiently.
- There was a robust complaints policy in place, and this was accessible to people, their relatives, and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them.
- The manager could detail the complaints process and there was a file in place for documenting, monitoring, and learning from complaints.

End of life care and support

- There were no end-of-life care plans in place at the service. The manager told us, "In the event of a person's health deteriorating, we would follow the policy and procedure for palliative care/ end of life, and would work with the relevant health professionals, individual person and the important people to that person, in ensuring we are meeting all needs in a person-centred way."
- This meant in the event of a sudden deterioration of a person's health the staff team may not be aware of the persons wishes for their end-of-life care and choices and preferences surrounding funeral arrangements.
- The manager told us they did have an end-of-life care plan /advance /anticipatory care plan, they were planning to work towards in the future with people and where required, any identified relevant persons.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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; Continuous learning and improving care

- Following the incident where a person died following a fall from height the provider demonstrated systems and processes were in place to ensure appropriate action was taken following incidents. Reviews took place, lessons were learnt, and plans were put in place to mitigate the risk of incidents of this nature occurring again in the future.
- Quality assurance systems were in place to enable the manager to monitor and identify any shortfalls in the quality of the service people received. Audits were undertaken such as health and safety, fire safety, medicines management and environment audits. These enabled the manager and provider to monitor and identify any risks.
- A service improvement plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. Action was taken in response to the findings and feedback and was monitored for completion.
- Documents demonstrated that CQC were notified of all significant events.
- The management team kept themselves up to date with developments by keeping up to date with the CQC website and reading head office emails about changes.
- The manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection.
- There was a clear action plan in place to address concerns found in audits and from feedback and this evidenced continuous improvement.

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

- A relative told us their family member received personalised care and were happy with the service. They told us, "We can tell he is happy there when we go to see him. He is comfortable in his environment."
- Staff said they enjoyed working at and felt supported and respected by the management team and the staff team. One staff member told us, "We are a good team overall and our communication is good."
- The culture of the home was positive, people lived in a homely and friendly environment. Our observations indicated that people were treated equally, with compassion and they were listened to.
- Staff told us they worked well as a team. Staff took part in daily handovers and communicated well with each other to ensure 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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- The previous inspection ratings were displayed in a prominent position as well as on the providers website.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was consistently positive.
- People and their relatives were invited to meetings and attended when they could, although a relative told us this had been less often lately.
- Staff were encouraged to contribute to the development of the service through meetings and supervision when they took place. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported. We observed that people and staff were treated fairly and individually respected. People's relatives and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this.