Care Quality Commission

Voyage 1 Limited

4 Hermitage Lane

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

We inspected 4 Hermitage Lane on 13 December 2017. 4 Hermitage Lane is registered to provide accommodation to six people with learning disabilities who require support with personal care. The home is situated in Swindon.

There was a registered manager in post at the service. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us and their relatives confirmed they continued to feel safe and well cared for at the service. Risks relating to people's care and support had been assessed and were minimised as far as possible. Detailed emotional and behaviour support plans were in place for people whose actions were assessed as posing potential risk to themselves and others. Staff knew how to recognise and report any concerns about people's care and welfare and how to protect people from abuse.

There were enough staff to support people and the provider followed safe recruitment practice to employ suitable staff. People received effective care and support as staff received ongoing training to keep their knowledge and skills up to date. People continued to live in a home that was kept clean and well-maintained. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use. Medicines were safely stored and administered in accordance with best practice. Staff were trained in medicines administration.

Staff received appropriate support to carry out their roles on a day-to-day basis through structured supervisions and appraisals. Staff were well-trained and the service aimed to facilitate their further professional development. People's dietary needs were recognized and met. People told us they enjoyed a balanced and healthy diet of their own choice. The service worked well in cooperation with other professionals to ensure people's needs were met safely.

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 of the service supported this practice. People were encouraged to be independent and staff respected their privacy and dignity. Staff understood the different ways people communicated and used different communication methods in order to involve people in their care.

People enjoyed varied social and leisure opportunities that interested them. Staff worked flexibly to support people with their preferred interests, activities and hobbies. People and relatives were encouraged to share their views and opinions on the service. Arrangements to deal with complaints were in place should such a

need arise.

The leadership within the service was described as very good by staff and relatives. There were effective systems in place to monitor the quality and safety of the service. There was a clear vision of the service and an open culture where people could freely share their views on the service and were listened to.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care Quality Commission

4 Hermitage Lane

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 was planned to check 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.

This inspection took place on 13 December 2017 and was announced.

We gave the registered manager 48 hours' notice of our inspection because people who live in the home are often out during the day. We wanted to make sure people would be available to speak with us on the day of our visit.

The inspection was carried out by one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We also reviewed information we held about the service. This included any safeguarding information, complaints and notifications that the provider had sent to the CQC. Notifications are information about important events which the service is required to tell us about by law.

We were unable to communicate verbally with most of the people due to the complex nature of their needs; however, we observed how staff interacted with the people who lived in the home. We talked to three staff members, the deputy manager and the registered manager. During the inspection we spoke with three relatives of people to obtain their opinion on the service.

We inspected the premises and checked records relating to the management of the service, including quality assurance audits and checks, meeting minutes and health and safety records. We checked recruitment records for four members of staff, and information about staffing levels, training and supervision. We also reviewed records concerning the management of medicines.

Good

Is the service safe?

Our findings

People continued to receive safe care. One person told us, "It's nice and safe here". One person's relative assured us, "I feel she is safe there. There's never been an occasion to think otherwise". Another person's relative said, "We're very happy with him there, he's so safe there".

The registered manager and staff remained aware of their responsibilities to protect people and report suspected abuse. They showed awareness and understanding of the types of abuse people could experience and knew what action to take. A member of staff told us, "If I suspected abuse I would report this to the manager. If she did not act upon my concerns I would go further to the safeguarding team or the Care Quality Commission (CQC)".

People had risk assessments in place to ensure risks associated with their needs could be handled safely. For example, there were risk assessments related to the road safety, ice skating or a person's mobility. Risks to people's well-being were monitored and regularly reviewed to ensure people's safety.

There were sufficient numbers of staff to keep people safe. There were enough staff available to allow people to access the community and to have their personal needs met. One person's relative told us, "Every time we've visited, there's always been enough staff". Another person's relative said, "The service is adequately staffed".

People were supported by staff who had appropriate experience and were of a suitable character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Appropriate arrangements were in place to ensure people's medicines were administered as prescribed. People were given their medicines on time by staff who had been appropriately trained and assessed as competent in the safe management of medicines. Prescribed medicines were suitably stored and accounted for to reduce the risk of inappropriate use. People's medicines administration records had been completed with no gaps or errors.

Accidents and incidents were managed in a way which protected people from the likelihood of them happening again. Staff completed detailed reports and the registered manager recorded any action taken. All accidents and incidents were reported to the provider every month. This was done to check for any themes or trends. Where appropriate, there an action plan was prepared following an accident or incident. For example, a new system of handing over medication keys had been introduced after a medication error.

People lived in a safe environment that was clean and well maintained. Regular health and safety checks were carried out on the condition of the premises and equipment which contributed to people's safety. The equipment was regularly maintained and serviced, which significantly helped to ensure fire, gas and electrical safety.

Procedures reduced the risk of infection. For example, water systems were subject to regular flushing and disinfection to reduce the risk of legionella. Staff were clear about the need to use personal protective equipment when providing personal care.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff who were well trained and effectively supported by the registered manager and provider. People's relatives were confident all staff were well trained and equipped to meet the needs of their family members. One person's relative told us, "I believe they are well trained".

Staff told us and records confirmed they had completed a range of training in how to support people. New staff completed the Care Certificate (a set of recognised standards) as part of their induction. Further training was arranged to help staff support people and meet their assessed needs. This included training in epilepsy, moving and handling, fire awareness, food safety and handling information. Staff told us the training was relevant to their role and they were expected to update the key areas of their training regularly. A member of staff told us, "We get plenty of training. The manager is always pushing for more. I've done a level 5 nationally recognised qualification".

The provider ensured staff put their learning into action and remained competent to do their jobs. Staff continued to receive supervision every month and yearly reviews of their work performance. The records we saw were detailed and included discussions about the needs of the people using the service, day to day issues in the home and personal development needs. The actions following supervisions were aimed to improve the service provided to people. For example, staff were trained in applying topical cream and one of the night staff members was nominated as a fire marshall.

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. The service organised and recorded best interests meeting with relevant health care professionals involved in the process. For example, best interest meetings were organised to provide people with a flu vaccination. Staff were knowledgeable of the MCA. A member of staff told us, "It is assumed that everyone is able to make a decision unless assessed otherwise. When the person is unable to make a decision, we have to organise a best interest meeting to act in the best interest of that person".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There were DoLS applications in place for all six residents living at the service. The registered manager regularly contacted the local authorities to check on the progress of the applications.

People were supported to maintain a healthy diet in accordance with their needs and preferences. One person told us, "I like the food here". One person's relative expressed their satisfaction with the food provided by the service, "She [person] consumes food appropriately. She's putting on weight and is healthy.

There's a huge variety of food, the menu is extensive". Where people required a special diet, for example, gluten free or soft food, this was provided by the service. We saw that the registered manager contacted a Speech and Language Therapist and their advice was incorporated into people's care plans. The service used a Malnutrition Universal Screening Tool (MUST) to find out if people were at risk of malnutrition. When one person had been identified as being at risk of malnutrition, the service had followed professional advice. A fortified diet had been introduced to the person to promote and boost their weight.

People were supported by staff to maintain their health and well-being through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, a dietitian, an orthotics and a podiatrist. People's healthcare records and health action plans were kept up-to-date.

It was clear that the décor of 4 Hermitage Lane had been designed in line with the needs and preferences of the people living there. The rooms were decorated in a manner which was age appropriate and reflected the personalities of the people living there. To assist people with their mobility, grab rails were fitted within the building.

Good

Is the service caring?

Our findings

People continued to experience a caring service as they were supported by staff who knew them well and had built positive relationships with them. There was a welcoming, friendly atmosphere and people were relaxed and happy in the company of staff. One person complimented staff members saying, "Staff are nice and kind". One person's relative told us, "He is very close to the staff, one in particular, they know him well". Another person's relative said, "They know her very well, they know what she likes and what makes her happy".

People's privacy and dignity were respected. Staff called people by their preferred names and supported individuals to move to a private area when they required support with their personal care. Staff mentioned to us examples of how they maintained people's privacy and dignity, including knocking on the doors and making sure people received personal care in private. Information held about people was kept confidential and records were stored securely.

People were supported to maintain important family relationships and regular contact. The family members we spoke with were extremely positive about the impact that this had on their relationships. One person's relative told us how happy they were that the service had facilitated a person's visit to the relative's home. The relative themselves had been unable to travel to see the person at the service. The relative in question told us, "They actually brought him to visit me in my house. I'm 91, you see".

It was clear that staff knew people well and communicated with them in an appropriate and respectful manner. Staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs.

Staff understood people's different communication needs and what was important to them. Not everybody who used the service was able to express their views verbally. Staff were aware of body language and signs people used to express their needs and feelings and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines well and ensured they followed these. There was clear guidance about how people communicated and how staff should respond. For example, staff were instructed what word one person used in order to communicate to them they would like to listen to their CD player.

Where needed, information was made accessible to people. For example, there were easy-to-read leaflets relating to making complaints and reporting abuse. Care records such as health action plans included photos and used plain language to help people understand the information.

People's choices and preferences were recorded and written in a person-centred way. The care plans provided information about what was important or meaningful to the person and included details about people's personal histories and background information. The registered manager and staff showed good knowledge about the people they supported and were able to tell us about people's likes/dislikes, daily routines and interests. Their comments corresponded with what we saw in the care plans.

People were supported to take an active part in the running of the home and making decisions about their daily life. Staff encouraged and supported people to take part in everyday activities such as shopping, cooking and keeping their home clean and tidy. Individual care plans and decision making profiles provided staff with guidance on how to promote people's independence. For example, staff were instructed that one person was able to make a decision but this capacity was limited to a choice of one from two objects shown to the person at the same time.

People's diversity, values and human rights were respected. Staff recognised and supported people's individuality and had undertaken training in equality and diversity. Staff members understood and respected people's individuality, including their beliefs and values. The care records included information about people's preferences and needs in relation to age, disability, gender, race, religion and belief. For example, one person enjoyed wearing traditional national clothing from their country of origin and this was accommodated by the service.

The registered manager was knowledgeable about how to contact advocacy services if a person required support to make or to express their wishes. Advocates are people who are independent of the service who can support people to make important decisions and to share their views. The registered manager told us, "I feel passionate about people being able to speak for themselves".

Good

Is the service responsive?

Our findings

People continued to experience care and support that was responsive to their needs. People's care plans were reviewed regularly to ensure they provided staff with up-to-date information about how to support each individual. Expected outcomes for the person and their personal goals were discussed at review meetings and an agreements was made as to how this would be achieved. For example, an action plan prepared after a recent review stated that the person wished to attend a 'Cycling for All' session and specified how the person would benefit from that. Where a person's needs changed, appropriate action was taken. This included consultation with other relevant professionals and updating people's care and support plans.

People had key workers who had the responsibility for reviewing their support plans and personal goals every month. The key workers were members of staff who took a lead role in co-ordinating a person's care and promoted continuity of the support among the staff team. Staff kept daily records of people's current experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

The service exceeded the requirements of the Accessible Information Standard by utilising a range of communication methods. These included conversations, easy-to-read written information, use of the Makaton language, images and photographs. During our inspection we observed how one person used the hand of a staff member's to browse their tablet and communicate with this device. This enabled staff to communicate effectively with people and to be able to address their changing needs.

People were supported to do the things they liked to do and continued to take part in varied activities that met their needs and interests. One person told us, "They've definitely helped me with hobbies". We saw evidence that people were able to access a wide range of activities. For example, wheelchair ice-skating, music therapy, hydrotherapy, bowling, going to pubs and attending church services. Staff received training and provided people with regular sessions of intensive interaction. Intensive interaction is an approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties and/or autism and who are still at an early stage of communication development.

The service had a complaints process in place. The complaints procedure was displayed and supplemented with symbols and pictures to help people understand the information. There were details about who to contact and how complaints would be managed. People's relatives assured us they knew how to complain, however, they had no reason to do so. One person's relative told us, "I have not found an issue to complain about, never had a reason to complain, he's happy there". Records showed how the service had managed any complaints by completing a report of the outcome and any action taken in response. There had been one formal complaint raised since our previous inspection which was resolved to the complainant satisfaction.

We also saw multiple thank you cards written by people's relatives expressing their gratitude for the high quality of care provided to people.

People's wishes relating to aging, illness and death were recorded and respected. The service provided people's relatives with emotional support when they lost their loved ones. One person's relative told us, "We lost Mum and they've been brilliant, so caring".

Good

Is the service well-led?

Our findings

The service continued to be well-led and the same registered manager had been in post since our last inspection. 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.

Staff and the registered manager clearly understood their roles and responsibilities. The registered manager demonstrated a mature and transparent approach when questions were raised during the inspection.

People were at the heart of the service provided at 4 Hermitage Lane. People's relatives confirmed the management team and staff solely focused on people's individual support needs and enriching people's lives. One person's relative told us, "I really believe that his best interests are their main concern". The registered manager considered different strategies and opportunities to help people reach their potential and live an inclusive life in the home and in the community. There was a positive culture amongst staff who were dedicated to providing good quality of care and overcoming barriers which had formed around people's previous experiences.

Staff told us they felt supported and valued. A member of staff told us, "The manager is brilliant, I don't know what I'd do without her, she's hands on, very much so. There's always someone I can go to if I needed support, it's a brilliant company".

The service held regular staff meetings to ensure staff were provided with opportunities to share information and ideas on how the service could improve. A member of staff told us, "We have regular team meetings and we can ask anything". The team meetings concerned people's needs, the day-to-day running of the service and information sharing within the organisation such as training, policy updates or changes. Staff used a communication book, shift handover and daily planners to be informed about any changes to people's well-being or other important events.

The provider continued to use an effective quality assurance system for monitoring all aspects of the service. This helped to identify where the service was doing well and the areas it could improve on. For example, some of the audits had resulted in a change of the activities provided to people, and in improved and safer controlled medication storage. The provider regularly scrutinized incidents and accidents, complaints and safeguarding issues to identify where any trends or patterns may be emerging.

The registered manager sought the views of relatives, staff and visiting health care professionals and was responsive to their feedback obtained via surveys and regular meetings. The relatives we spoke to told us they felt involved in the running of the service and the service communicated with them on a regular basis. One person's relative told us, "We are involved, they call us and they call enough". Another person's relative said, "They write to me every month unless it's an emergency, then they call me straightaway".

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify the CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events and the rating from the previous inspection was displayed in the home.