

Voyage 1 Limited

# Kay Hitch Way

## Inspection report

4 Kay Hitch Way  
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Cambridge  
Cambridgeshire  
CB24 9YR

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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

Kay Hitch Way is registered to provide accommodation and personal care for up to four people. There were three people living at the home when we visited. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There are communal areas, including a dining room and lounge, for people and their guests to use.

This unannounced inspection was carried out on 31 August 2017. This was the first inspection of the service since being re-registered on 1 November 2016.

At the time of our inspection a registered manager was in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. 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. The registered manager was aware of what they were required to do should any person lack mental capacity.

People who lived in the home were assisted by staff in a way that supported their safety and in a respectful manner. There were health care and support plans in place to ensure that staff had guidance to meet people's individual care needs. The care and support plans recorded people's individual choices, their likes and dislikes and the assistance they required. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

Staff assisted people with personal care, their medicines, activities/hobbies, cooking and domestic tasks in a kind, cheerful and respectful way.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through regular supervision, appraisals and ongoing training.

People and their relatives felt able to raise any suggestions or concerns they might have with the registered manager. People felt listened to and reported that communication with the registered manager and members of staff were open and very good.

Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

## 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.

People who lived at the service were safely supported. This was by staff who were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately.

Risk assessments were in place to help ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Medicines were stored securely and were administered as prescribed.

### Is the service effective?

Good ●

The service was effective.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People were supported by staff who had received training to carry out their roles.

People had access to a nutritious diet with assistance from staff. There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about

their care.

People were supported to access advocacy services when needed.

### **Is the service responsive?**

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed to ensure that they were met.

Procedures were in place to effectively deal with any complaints/concerns raised by people and their relatives.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People and their relatives were able to raise any issues or concerns with the registered manager and staff when they wished.

The registered manager and provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Members of staff felt well supported and were able to discuss issues and concerns with the registered manager and senior staff. Staff enjoyed working at the home.

**Good** ●

# Kay Hitch Way

## 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 unannounced inspection was carried out by one inspector on 31 August 2017

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the home that the provider is required to notify us about by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with the registered manager, an operational manager and three members of care staff. We also spoke with one relative, a care manager from the local authority, and a practice manager from a local surgery who had contact with people living at the home.

Not everyone who used this service was able to speak with us. This was because some people had other more complex means of communication. During the inspection we observed these people's care and support being provided by the staff to help us understand the experience of people who could not speak with us

We looked at two people's care and support plans, recruitment records, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, and staff training records.

## Is the service safe?

### Our findings

One person that we met with during our inspection told us about the care and support they received whilst living in the home. They said, "I am happy living here and feel safe." For other people who were not able to tell us in a verbal way we saw that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being met. A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They also said, "My (family member) is very well cared for and I feel that they are safely cared for."

Staff we spoke with were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to my [registered] manager." We saw that there were safeguarding reporting guidelines available in the service's office including contact numbers for the local authority safeguarding team. This showed us that staff were able to recognise and report any suspicions of harm. . . . .

There was a risk assessment process to ensure that people remained safe so that care and support could be appropriately delivered. Examples included assistance with, eating and drinking, medicine, mobility and safety when out in the community. We saw that risk assessments were regularly reviewed every six months or more often as required. There were also assessments from speech and language therapists in place which gave guidelines regarding safe eating and drinking. These were cross referenced to specific risk assessments and care plan documents.

We observed that there was enough staff on duty to be able to provide both support to people in the home and to be able to accompany them to attend appointments and pursue their hobbies and interests.. We saw that staff who provided care and support during our visit undertook this in a cheerful, unhurried and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis. We were told by the registered manager that additional staffing would be arranged to support people's increased level of needs when required such as an attendance at medical appointments or admissions to hospital.

One member of staff told us that staffing levels were good and allowed them to have individual time with people living at the home. One person living at the home told us that staff were helpful and available to help them whenever they needed assistance.

Staff only commenced work in the home when all the required recruitment checks had been completed and we saw a sample of two staff records which confirmed this to be the case. All recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager. This was confirmed by staff that we spoke with.

We observed staff safely administer people's medicine. Medicine administration records showed that medicines had been administered as prescribed. We found that staff had been trained so that they could

safely administer and manage people's prescribed medicines. Staff also received ongoing competency checks to ensure they were safely administering medicines. Daily audits were carried out to monitor stock levels and ensure that all prescribed medicine had been properly administered. This demonstrated that people were protected from harm because the provider followed safe medicine management procedures.

There were personal fire and emergency evacuation plans in place for each person living in the home and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency.

## Is the service effective?

### Our findings

Healthcare records were in place regarding people's appointments with health care professionals, which included GPs, dentists, opticians and learning disability specialist staff. This demonstrated to us that people were being effectively supported to access a range of health care professionals which ensured their general wellbeing was maintained. The registered manager told us that people had access to appointments with dieticians if there were any issues or concerns about nutrition or dietary needs.

We received positive comments from GPs at a local surgery that were in regular contact with the home. They told us that the registered manager and staff team proactively raised any issues regarding people's health care. They also told us that communication was good and information provided was professional and detailed. A relative told us, "The manager and staff have always contacted me when my [family member] is unwell." This showed us that there was an effective system in place to monitor and react to people's ongoing and changing health care needs.

People could personalise their individual bedrooms and one person proudly showed us their room. It had been decorated in the person's favourite colours and personalised with artwork and personal possessions important to the person. The operational manager also confirmed that decoration of communal areas were being actioned and that people would be consulted and assisted in choosing colours that they liked. We saw that the rear garden area was somewhat overgrown and limited access for people. The registered manager and operational manager told us that this work had been raised with the provider and was being resolved so that the garden area was a more usable space for people to enjoy.

Staff said that they had received an induction which covered a variety of topics regarding care and support issues. They also said that they had been assisted and shadowed more experienced staff when they first started work in the home. This was to ensure that they understood and felt comfortable in their job role and responsibilities. Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs.

There was a homely and calm atmosphere in the home and people were being assisted by members of skilled staff. One member of staff said, "We are informed about when we need to attend training and it is always made available for us." Examples included; safeguarding, first aid, safe manual handling, infection control and medicine training sessions. Staff told us that they had received specific training regarding assisting a person with peg feeding ((a means of feeding when oral intake is not possible). Staff told us that they received regular one to one supervision sessions and that there were staff meetings to discuss issues and developments. The registered manager monitored staff training and discussed staff's individual needs during their supervision sessions.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us, and records confirmed that they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. We saw that the registered manager had made applications for DoLS authorisations to the local authority and were awaiting the outcome of these.

We saw that people's dietary and nutritional needs were assessed and recorded in their care plan. People received drinks with assistance from the staff when required. People assisted, where possible, with cooking meals and staff confirmed that people were involved in food shopping trips during the week. One person said, "I like to help with cooking and the staff help me with what I need during the day." We saw that meals were planned with people and pictorial aids were used to assist with their meal preferences. People's weights were recorded and the registered manager told us that when any changes to their normal weights occurred advice from the person's GP and a dietician was sought where necessary.

## Is the service caring?

### Our findings

A relative and a person we spoke with told us that the staff were kind, caring and compassionate. One relative told us, "The staff know my (family member) really well and they are really happy living there and the staff know how to care and support them." The person told us, "I am very happy living here and the staff help me with what I need." The relative we spoke with told us that they had been involved in reviews of their family members care and support. They also told us that communication was very good with the home and they were always kept informed of any changes to their family members care by the registered manager and members of staff. A relative that we spoke with said that they had regular contact with the home and felt involved in the planning and reviewing of their family members care and support.

The registered manager told us that no one living at the home currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make decisions. We also met a volunteer who visited people using the service to meet their religious and spiritual needs.

The relative also told us, "My [family member] has been happily living at Kay Hitch Way for many years and I have no concerns." Observations and comments we received showed that people were encouraged to be involved in the life of the home. One person told us that, "The staff are good and we go out a lot and I really like living here." There was a friendly atmosphere with a good deal of humour created between the staff and people who lived in the home. People were seen to be comfortable, smiling and at ease with the staff who supported them in a sensitive and attentive way. People were assisted by staff with domestic tasks such as putting laundry away. We saw that assistance was given in a cheerful, caring and supportive way.

Staff spoke affectionately about the people they were supporting and one staff member told us that, "We try to give people the best care and we all work closely as a team." We saw staff speaking with people in a kind and caring and attentive way whilst providing people with assistance. We also saw that staff were visiting one person (living at the home) twice a day whilst they were receiving care in hospital to provide them with social time until they were discharged back to the home.

We saw that staff knocked on people's bedroom doors and waited for a reply before entering. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs which was provided in private. We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms. One person told us that they liked spending time in their bedroom which they had been able to personalise with their own furnishings and belongings to meet their preferences and interests. A relative told us, "My family member is very pleased with having all the things she likes in her room."

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. Daily records showed that people's daily needs were checked and records made to show any events that had occurred during the person's day.

## Is the service responsive?

### Our findings

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. One member of staff was involved in helping people plan activities during the week. People were supported to take part in interests that were important to them and included table top games, art/crafts and attending musical shows and a cinema. We saw in the care plans that people each had an activities programme which included visits to a day service, events at home and accessing the local community. One person told us, "I go out with staff to do some shopping for things I need." We saw that another person was assisted by staff to attend a day service. The home had access to a vehicle so that people could regularly go out and visit places in the local community and prevent them from being socially isolated.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to fully communicate verbally to make choices. Staff told us that this was done by listening to a person's answer, key words and understanding the person's body language and facial expressions. Staff were knowledgeable about the people they were supporting and gave us examples of how they assisted people both socially and when providing personal care. A relative we spoke with also confirmed that they had observed staff to be knowledgeable and understood their family member's needs.

Care records we looked at showed us that a wide range of information was recorded which reflected people's physical, social and health care needs. This included how people liked to be supported with their personal care, their preferences and dislikes, personal history, communication needs, important people in their lives, eating and drinking protocols. Individual preferences were recorded and were written in a 'person centred' style about what was important to the person. For example, how a person wanted their personal care to be delivered.

People's care and support plans were regularly reviewed on a six monthly basis to ensure that care needs remained up to date. A relative told us that they were contacted by staff regarding any changes in care and support. The relative told us that they felt involved in their family member's ongoing care and support and could discuss any issues with the registered manager and staff whenever they wished.

Staff had access to a shift handover to ensure that any changes or significant events to people's care were noted and acted upon such as a medical appointment or healthcare issue. This ensured that staff had the most up to date information regarding people's care and support.

We saw there was a complaints policy and procedure in the home which was also available in an easy read format. This meant that people could access it and use it themselves if they wanted to. A relative told us that they knew how to raise concerns and said, "The staff are really welcoming and would feel confident in raising any issues and make suggestions - I feel listened to and I have no concerns about [family member's] care."

We spoke with a care manager from the local authority who had contact with the home and a practice manager at the local. They were positive about the care and support being provided and said that the staff followed up on any advice given.

## Is the service well-led?

### Our findings

The home had a registered manager in post who was supported by staff. One person told us they got on well with the registered manager and throughout our inspection we observed the registered manager interacted well with people living at the home. Observations made during this inspection showed that staff were readily and actively available to people living at the home and assisted them when needed. On speaking with the registered manager and staff, we found them to have a good knowledge of people and their care and support needs. The relative we spoke with confirmed they were happy with the service provided to their family member. relative told us that, "Staff are very helpful and keep me in touch with any events regarding my family member."

Staff told us that they could make any suggestions or raise concerns that they might have. One member of staff told us, "The team work well together and I feel very supported." Another staff member told us that, "The registered manager is supportive and helpful." We saw minutes of regular staff meetings where a range of care and support issues had been discussed. This included care and support issues and any policy updates. The registered manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived in the home. We saw that care and support issues were discussed along with policy updates and training needs.

Staff told us that they were confident that if ever they identified or suspected poor care practices or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a good team if there was any bad practice this would be reported to the [registered] manager and acted upon without any hesitation or delay."

The provider had effective systems in place to assess and monitor the quality of service people received. The registered manager was in regular contact with their operational manager who monitored the home's performance and highlighted any identified risks. We saw that where the need for improvement had been highlighted action had been taken to improve systems including care plan updates, repairs to equipment and their renewals, training and staff recruitment.

We saw that the provider held a regular forum every three months entitled 'Growing Together' for people living at homes provided by the organisation. This forum gave people an opportunity to have their say about a variety of topics. We saw minutes from a recent meeting where recruitment of staff had been discussed and how to involve people more in the interviewing process. This demonstrated the provider had a positive approach towards a culture of continuous improvement in the quality of care provided.

We saw that there were daily checks of key areas made including; health and safety, medicines and care and support issues. Fridge/freezer temperature and water testing and temperature records were also carried out within the home. Fire alarm and emergency lighting checks were carried out to ensure people's safety. The registered manager also told us that any repairs and maintenance issues were reported to the

organisation's maintenance team for further action. This showed us that there were effective procedures in place to monitor health and safety issues.

Incident forms for situations such as a fall were monitored by the registered manager and operational manager. Any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. There were no ongoing trends identified. This showed us that the provider had systems in place to monitor the quality of service being provided at the home and that these systems were effective.