

Voyage 1 Limited

Glasshouse Hill

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glasshouse Hill is a residential care home providing personal care to up to 11 people. The service provides support to people with acquired brain injuries. At the time of our inspection there were 9 people using the service.

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

People were safeguarded from abuse and avoidable harm. Risks to people were assessed and people were safe. Staff supported people to make decisions within the principles of the Mental Capacity Act (MCA). There were enough staff to meet people's needs and staff were recruited safely. People were supported to receive their medicines safely. People were protected from the risk of infections, staff followed safe infection prevention and control practices. The home was visibly clean.

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.

People received person-centred care from staff who knew them well. The service focused on what was important to people and took account of their preferences. The provider and registered manager were committed to the continuous improvement of the service. People valued the service and said they would recommend it. Staff worked well with other services to ensure people received appropriate care which met their needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (Published 12 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glasshouse Hill

Detailed findings

Background to this inspection

Inspection team

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 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.

Service and service type

Glasshouse Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 24 October 2023 and ended on 27 October 2023. We visited the service location on 24 October 2023. We spoke with 4 people who used the service and 6 relatives about their experience of the care provided. We spoke with 9 members of staff including care workers, registered manager and operations manager.

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.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- Staff had been trained in the provider's safeguarding procedures and knew how to apply this in practice. Relatives and people told us they were safe.
- The registered manager reported any concerns about people's safety to relevant authorities such as the local authority safeguarding team. They also notified us of any concerns. This ensured appropriate agencies had oversight of any allegations of abuse. The registered manager and staff worked with appropriate agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The registered manager reviewed people's care records and risk assessments regularly, where people's needs had changed this was recorded within the reviews, so staff had accurate, up to date information on how to support people.
- People told us that they felt safe and that staff responded to their individual needs.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager tracked DoLS applications, and any conditions related to DoLS authorisations were being met.
- Staff received training in MCA and DoLS. and refreshed it regularly.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The registered manager checked staff had the right skills people needed each day.

- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough staff to ensure that people's needs were met at all times, including nights and weekends.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff who handled medicines had completed training and their competence in handling medicines safely had been assessed.
- Effective systems were in place to pick up on any medicine errors or discrepancies in stock and quickly rectify any issues.

Preventing and controlling infection including cleanliness of premises

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was visibly clean and free from malodours. Staff had access to personal protective equipment (PPE) and we saw donning and doffing procedures were followed.
- One relative told us, "The place is kept clean." Another said, "The place is spotless."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Effective systems were in place to report, record and review accidents and incidents.
- The registered manager completed a monthly analysis of accidents and incidents within the service. This allowed them to identify any themes, trends or action needed to keep people safe.
- Debriefs were recorded immediately after incidents. A further debrief took place with the registered manager to learn from the incident and follow up on any actions needed.
- Relatives were informed about accidents or incidents. One relative told us, "Staff will tell me what happened and send me emails of the notes".

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. Relatives told us they were able to visit, one relative told us, "Staff bring [person] to visit me once a week."

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.

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

- There was a positive and open culture at the service.
- The registered manager and staff were committed to providing people with high-quality, person-centred care which respected their rights and promoted a good quality of life. They included people and their families in decisions about their care to ensure care focused on what was important to individuals and took account of their preferences.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The registered manager told us holidays had been arranged for people and staff supported these.

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 understood their responsibilities under the duty of candour.
- The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred. This meant we could check they had taken appropriate action in response to incidents.
- The registered manager was open and transparent throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- We spoke with the area manager. They were clear about their involvement in the service and completed monthly audits of the service.
- Action plans were created from audits. These were closely monitored by the registered manager and reviewed by the provider's quality team.
- Staff told us they had a good relationship with managers, including the Operations Manager who visited the service regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account

people's protected characteristics.

- The registered manager used different ways to gather feedback to improve the service. Pulse surveys were sent out to people, staff and relatives. Staff could also use an anonymous post box for suggestions or concerns monitored by the registered manager.
- The provider was undertaking bespoke culture workshops with staff which included expected behaviours, respect and team working. Staff told us they were happy working in the home and felt well supported by the registered manager to provide good care to people.
- The provider had created a learning culture at the service which improved the care people received. One person told us "Glasshouse Hill is much better than the last home I was in."

Working in partnership with others

- The provider worked in partnership with others. They were accredited by Headway, a specialised brain injury charity and had good links with local healthcare professionals, including GP's and consultants.