

Children
And
Joint
Commissioning

Quality
Standard
Framework



Organisation

Voyage

Home

South Higham

Responsible Person

Naomi Middleton

Date of Report

21 February 2024

Contracts and Quality Officer

Andrew Ross

Overview of Home

South Highnam provides single room residential accommodation over two floors for 8 residents who have a learning disability and/or complex needs.

Two of the bedrooms in the home are en-suite and the home has bathrooms with toileting facilities on each floor

The home has changed management and senior staff several times during 2023 and the lack of consistency has resulted in a dip in some key areas such as recording and maintaining documentation and quality assurance processes.

Despite the management issues, staff continue to be recruited appropriately, are well trained, supported and have effective means of communication which enables them to deliver high standards of care.

Staff know the people they support well and are able to communicate with them effectively, responding to their needs in a timely and compassionate manner.

Residents are supported to maintain their independence and choose how they wish to spend their day including planning activities and outings.

Generally, care plans continue to be detailed, person-centred and include robust risk assessments however the home must ensure files are reviewed regularly and updated when required.

The home works effectively in partnership with other agencies and professionals.

The home has completed major renovation works of the downstairs bathroom which caused an inconvenience to the residents on a short term basis but now enhances the bathing choices available at the home.

The home is in a period of transition with the appointment of a new registered manager due shortly, alongside the transition from paper based to electronic documentation in preparation for the introduction of a digital care management system in the near future.

Summary of Outcomes

The home has scored highly in most areas and has been rated as Grade 1 with an overall score of 854 points.

Summary of Outcomes

Name of Home-South Highnam

Date of Report - 21-Feb-2024

Person Centred Care

- 1 - Assessment & Review
- 2 - MCA & Consent
- 3 - DoLS
- 4 - Nutrition & Hydration
- 5 - Promoting Dignity, Autonomy & Choice

Determination

Substantially Met
Fully Met
Fully Met
Fully Met
Fully Met

Safe Care and Treatment

- 6 - Safeguarding/Understanding Safeguarding
- 7 - Medication
- 8 - Infection Control
- 9 - Premises & Equipment
- 10 - Health & Safety
- 11 - Moving & Handling

Fully Met
Fully Met
Substantially Met
Fully Met
Fully Met
Fully Met

Governance

- 12 - Leadership & Management
- 13 - Staffing, Recruitment, Support & Learning
- 14 - Quality Assurance
- 15 - Complaints

Substantially Met
Fully Met
Substantially Met
Fully Met

Person Centred Care

1 - Assessment & Review

Determination - Substantially Met

All people receiving the service have a written care plan that is monitored and evaluated but the service must ensure reviews are completed regularly and recorded without gaps or omission to ensure the information is always up to date and accurate.

People's physical, mental health and social needs holistically are assessed, and their care, treatment and support is delivered in line with relevant legislation and guidance, to achieve effective outcomes.

Generally, people's care records are accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

The content and layout of care and support plans can vary from resident to resident. In some instances it was noted that changes in documentation were made by crossing out existing information and replacing with amendments written in pen, it would be better if these documents were rewritten and reprinted to avoid any confusion. There were some gaps and omissions on documents such as signatures, dates and some incomplete sections.

The service ensures that people are provided with the information and understanding about their healthcare and treatment options.

People involved in regularly monitoring their health, where possible.

People can access care, support and treatment in a timely way and referrals are made quickly to appropriate health services when people's needs change.

People contribute to planning their care and support whenever possible, with their strengths, levels of independence and quality of life are taken into account.

In general, people's care plans reflect their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

Peoples oral health needs are met and kept under review with professional guidance sought in a timely manner when required.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service however the service needs to ensure that consent to sharing information is always sought, recorded and reviewed.

The service does not appear to capture or record people's preferences and choices for their end of life care. There is no evidence to confirm that family, friends and other representatives are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines including from specialist palliative care professionals.

The manager was able to describe how the service would support people's families, other people using the service and staff when someone dies, however this does not appear to be covered within the homes policies or procedures.

The Home has not demonstrated achievement of this outcome.

There are some gaps, omissions and inaccuracies in care and support plans which may result in inappropriate care and treatment being provided. The home must attempt to capture the end of life choices of residents, involving family, friends and other representatives where possible.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

2 - MCA & Consent

Determination - Fully Met

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support.

The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a person's possible lack of mental capacity are assessed and recorded.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

The service must ensure that consent is captured and reviewed for all residents, as consent documentation was inconsistent in care and support plans.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

The Home has demonstrated achievement of this outcome.

3 - DoLS

Determination - Fully Met

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.

Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.

All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.

There is a system of monitoring to ensure the person's representative maintains regular contact with the person and acts when contact is not maintained.

The service has a system to monitor DoLS authorisations and their review dates and this is maintained. Care plans contain the most up to date Conditions attached to deprivation of liberty safeguards (DoLS) authorisations.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

4 - Nutrition & Hydration

Determination - Fully Met

People are involved in decisions about what they eat and drink, where possible and any cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required.

People receive prompts and encouragement to eat when required and people appear to enjoy mealtimes and do not feel rushed.

Risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking.

All relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have nutrition and hydration assessments for eating and drinking which are carried out by trained staff.

Where people require support with eating such as encouragement and prompting, this is done in a compassionate way that maximises people's independence and maintains their dignity.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

The service would ensure that people have access to specialist equipment to meet their assessed need if required, however currently no specialist equipment is required for any of the residents.

People can access drinks throughout the day and where required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People are encouraged to eat their meals together in the dining area of the service

People are offered a choice of food and drink and this is served at an appropriate temperature.

People can choose to eat in their bedroom or communal area and they are supported to do so.

The Home has demonstrated achievement of this outcome.

5 - Promoting Dignity, Autonomy & Choice

Determination - Fully Met

Staff show concern for people's wellbeing in a caring and meaningful way and respond to their needs in a timely manner on a day to day basis.

The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

Where possible, people are involved in developing the service including:• deciding how they choose to spend their day• planning activities and outings• decisions around personal care and how and when help is provided• devising menus and the timing and place of meals, and• people are consulted when alterations to their living space is planned.

Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.

Staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds.

Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted.

It is unclear what mechanisms are in place to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

There are examples of people being supported to follow their interests and take part in activities that are appropriate to them.

The home has links with the local and wider community but the opportunities for residents could be developed further.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community to avoid social isolation.

The service does not have a nominated Dementia champion to oversee standards in the service at present as they do not have any residents who are living with Dementia.

The Home has demonstrated achievement of this outcome.

Safe Care & Treatment

6 - Safeguarding/Understanding Safeguarding

Determination - Fully Met

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.

Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect.

Staff can recognise signs of potential abuse and know what to do when abuse is suspected.

Staff must ensure advice is sought and a safeguarding notification is sent to the local authority in a timely manner, if relevant when incidents occur.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.

People are supported to understand what safeguarding means, and they are encouraged to raise any concerns.

If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when incidents occur. Relevant staff, services, partner organisations and people who use services are involved in reviews and investigations.

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

7 - Medication

Determination - Fully Met

The medication outcome has been assessed by the Medicines Optimisation Service and further information can be found in the Assessment Report dated 6th June 2023 appended to this report.

The home must ensure that monthly medication incident logs are submitted in a timely manner.

The Home has demonstrated achievement of this outcome.

8 - Cleanliness and infection control

Determination - Substantially Met

There are arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services. This includes:- Up to date Policy and procedure- Staff Training, including with the IPC Nurses- Necessary resources- Risk Assessments- Cleaning Records/Schedules- Quality Audits

The service has cleaning schedules and records in place but there were large gaps in completion during the year. There were no evidence of completed Infection control audits in 2023.

Staff understand their roles and responsibilities in relation to infection control and hygiene and providers support with this.

Policies and procedures are maintained and followed in line with current relevant national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors and professionals) to concerns around infections that affect people's health and wellbeing.

The service has identified IPC champions.

There was no evidence provided to confirm that staff complete regular hand hygiene spot checks or observations.

The Service provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

The Service engages with and updates the Infection Control Nurses when required.

The Home has not demonstrated achievement of this outcome.

People who use the service may be at risk as there is no effective infection control audit programme or evidence of staff observations and there were significant gaps in cleaning records.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

9 - Premises & Equipment

Determination - Fully Met

Some examples of how technology is used to support people to receive timely care and support and enhanced the lives of the residents were provided but these were limited.

Equipment, which is owned or used by the provider, is managed to support people to stay safe.

The premises and safety of communal and personal spaces (such as bedrooms) and the living environment are checked and managed to support people to stay safe.

There appears to be significant gaps in the recording of health and safety checks during the year.

Learning from lessons is shared and themes are identified to make sure that action is taken to improve safety across relevant parts of the service. Staff learn from reviews and investigations by other services and organisations.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are involved in some decisions about the environment but this could be improved to ensure residents, families and their representatives are actively involved in more decisions where appropriate.

People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.

The signage, decoration and other adaptations to the premises help to meet people's needs and promote their independence. The premises meet people's diverse care, cultural and support needs.

Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.

There are plans for responding to emergencies or untoward events, and these are understood by all staff.

The Home has demonstrated achievement of this outcome.

10 - Health & Safety

Determination - Fully Met

It has not been possible to complete the Health & Safety Assessments and verification in the usual way for inclusion in the QSF. **The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety.** The Council will continue to progress the assessments outside of the QSF reporting process.

11 - Moving & Handling

Determination - Fully Met

There is an up to date Moving and Handling Policy in place.

People who use the service are assessed in relation to their mobility needs and referrals are made to specialist agencies in a timely manner. Services using specialist equipment include an OT assessment.

The service ensures that risk assessments are in place where appropriate.

There is professional instruction/task guidance detailed in people's support plans, which is in date and followed by staff.

People are encouraged to assist, where safe to do so, in their own transfers.

When support is being given to move people, reassurance is given in a compassionate manner by staff.

The service has procedures in place to ensure that staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. The Service can evidence that: (a) Staff have had Moving and Handling Training within the last 12 months. (b) Moving and handling training is provided by a competent trainer.

The service does not have a Moving and Handling lead at the home but training and support is provided by Voyage.

Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.

Moving and handling equipment is used in accordance with manufacturers guidance.

There have been no near misses or accidents whilst hoisting in the last 12 months.

The Home has demonstrated achievement of this outcome.

Governance

12 - Leadership & Management

Determination - Substantially Met

The home has not had a permanent registered manager in place since October 23.

In general, arrangements are in place including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for where possible however there have been occasions during the year when staffing has been stretched to the limit.

The day-to-day culture in the service including the attitudes, values and behaviour of staff has not always been positive but the manager has begun to address this.

The service aims to promote and support fairness, transparency and an open culture for staff but with changing leadership this has not always been possible.

Staff have not always felt that they are supported, respected and valued.

In general, the service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

On occasion leaders have lacked the necessary skills, knowledge, experience and integrity they need to lead and inspire staff effectively.

The service has a clear vision and set of values but it was not apparent that leaders make sure that these are promoted and understood by staff and embedded into practice.

The organisation promotes equality and inclusion within its workforce and all staff have up to date equality and diversity training.

The home has lacked a leader for some parts of the year and despite the support of the regional manager and Voyage quality colleagues, the service has not always delivered on all requirements especially in recording and maintaining documentation and quality assurance process.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications.

The manager was able to provide some examples of how staff are involved in developing the service but these were limited.

The service has links with the local community which have a positive impact on the service.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

The Home has not demonstrated achievement of this outcome.

The home has lacked the oversight of a permanent registered manager to promote staff values and positive attitudes and to ensure that all required quality checks and documentation is in place.

The level of impact has been assessed as medium – there is a moderate impact but no long-term effects on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

13 - Staffing, Recruitment, Support & Learning

Determination - Fully Met

Staff receive appropriate induction upon commencement of employment.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff receive feedback in a constructive and motivating way, which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels with clear and transparent processes in place for staff to account for their decisions, actions, behaviours and performance.

Staff are supported and protected when raising concerns and questioning practice including whistle-blowers.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Generally, staff know and understand what is expected of them and despite some gaps on occasion during the year, regular support, supervision, appraisal and training has been used to reinforce this.

Staff teams work collaboratively, share responsibility and can resolve conflict quickly and constructively. There are cooperative, supportive and appreciative relationships among staff.

There are systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The service gives staff the time, training and support they need to provide care and support in a compassionate and personal way. Staff have time to listen to people, answer their questions, provide information and involve people in decisions

Generally, staff work together to ensure that people receive consistent, timely, coordinated, person-centred care.

The Home has demonstrated achievement of this outcome.

14 - Quality Assurance

Determination - Substantially Met

The service records accidents & incidents, challenging behaviour and safeguarding incidents in the CMS system.

Action plans are developed but these actions do not always appear to be completed.

When incidents occur, they are investigated and these can be analysed for common themes and trends in the CMS system however it could not be evidenced that lessons are always learned and action is taken to drive improvement.

The service approach to quality has not always been integral and all staff may not be aware of potential risks that may compromise quality.

The manager has a checklist of quality tasks to complete on a weekly, monthly, quarterly and annual basis but these tasks could not be evidence as completed.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives.

There was little evidence to confirm that people's views and experiences are gathered regularly and acted on to shape and improve the service and culture.

Some resources and support is available to develop staff and teams and drive improvement, examples of these were provided by the manager.

Quality assurance systems are in place but it is unclear how learning from current performance ensures continuous improvement and is used to improve future performance.

There was limited evidence to confirm success and innovation is recognised, encouraged and implemented.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

The provider is accredited as standards met in the DPST Toolkit.

The Home has not demonstrated achievement of this outcome.

The provider has robust quality assurance processes to follow but these have not always been completed regularly at the service. There is limited evidence of gathering stakeholder feedback and how this is used to shape service delivery.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

15 - Complaints

Determination - Fully Met

People who use the service are provided with information on how to make a complaint or raise concerns and this is regularly promoted.

The complaints process is accessible, is easy for people to raise a concern or complaint and is encouraged.

There were no formal complaints received into the service in 2023 however there are comprehensive complaints policies and procedures which outline how complaints would be handled effectively with openness, transparency and confidentiality and that the complainant will receive regular updates, a timely response and an explanation of the outcome including the appeals process.

Complaints policies and procedures describe how people who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.

Concerns and complaints are used as an opportunity to learn and promote continuous improvement and examples of this were evidenced.

The Home has demonstrated achievement of this outcome.

It is recommended that the home maintains a concerns log to monitor all concerns received into the service to identify trends.

Date	Home	Total Points	Outcome of assessment	No. of points achieved
21 February 2024	South Highnam			
Person Centred Care		270		242.0
	1 - Assessment & Review	70	Substantially Met	42.0
	2 - MCA & Consent	70	Fully Met	70.0
	3 - DoIS	30	Fully Met	30.0
	4 - Nutrition & hydration	70	Fully Met	70.0
	5 - Promoting Dignity, Autonomy & Choice	30	Fully Met	30.0
Safe Care and Treatment		260		248.0
	6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
	7 - Medication	70	Fully Met	70.0
	8 - Infection Control	30	Substantially Met	18.0
	9 - Premises & Equipment	30	Fully Met	30.0
	10 - Health & Safety	30	Fully Met	30.0
	11 - Moving & Handling	30	Fully Met	30.0
Governance		220		164.0
	12 - Leadership & Management	70	Substantially Met	42.0
	13 - Staffing, Recruitment, Support & Learning	70	Fully Met	70.0
	14 - Quality Assurance	70	Substantially Met	42.0
	15 - Complaints	10	Fully Met	10.0
Environmental Standards		250		200.0
Total of Overall Outcomes				
	Fully Met	10	71.4%	
	Substantially Met	4	28.6%	
	Partly Met	0	0.0%	
	Not Met	0	0.0%	
	**To be recorded	0	0.0%	
	Total	14		
Total Points	Person Centred Care	270.0		242.0
	Safe Care and Treatment	260.0		248.0
	Governance	220.0		164.0
	Environmental Standards	250.0		200.0
		1000		854
	Banding :	Grade 1		