

# Voyage 1 Limited

# St Philips Close

## Inspection report

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26 April 2023

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

St Phillips Close is a residential care home and is registered to provide accommodation and personal care. The building is purpose built and provides facilities and living accommodation for up to 8 people who live with a learning disability and/or a physical disability. There are two separate buildings which accommodate 4 people in each.

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

#### Right Support:

People's risk were assessed in a person centred way, however, these were not reviewed on a regular basis. Care planning did not routinely involve the person and their relatives as appropriate. People who may become anxious or distressed had positive behaviours support plans, however, these had not been reviewed for some time. People were generally encouraged to make choices and decisions in accordance with their level of understanding.

People had their own bedroom and shared facilities. Staff took action to ensure people's care and support was in a safe, clean and well-maintained environment. However, staff told us concerns raised with the landlord and senior managers were not being addressed in a timely way.

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.

#### Right Care:

Staff had completed necessary training to meet people's needs. However, they did not always recognise risk of harm to people and did not always escalate concerns as required. During the inspection staff raised a whistle blowing concern, the provider began a process of investigation.

#### Right Culture:

The culture of the service supported people and staff in an inclusive way; enabling people to live their day to day lives as they chose to. Staff told us that the culture of the service had greatly improved as a new team had been formed. However, quality assurance systems to assess and monitor the service were not always being routinely used. This meant the provider did not have enough oversight of the service to ensure it was being managed safely and quality maintained. Therefore, we could not always be assured people always

receive high quality care.

There were missed opportunities for staff to involve people in day to day activities such as cooking, cleaning, laundry. There were long periods of time when people were not spoken to, particularly people who did not seek staff attention. One person spent all day in bed due to not having appropriate equipment in place to enable them to access the rest of the house.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 31 March 2020).

Why we inspected

We received concerns in relation to governance and risk management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Philip's Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. We have made recommendations about safe recruitment, medicines storage and 'as needed' medicines.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Philips Close

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 2 inspectors, an Expert by Experience and a regulatory officer. 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

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post. However, during the inspection we received a notification the registered manager would be absent from the service for 28 consecutive days or more. The provider notified us a regional support manager and operations manager would support the

service during this time.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April 2023 and ended on 06 June 2023. We visited the location's service on 25 April 2023 and 26 April 2023.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 4 people, 5 relatives and an advocate, about their experience of care. An advocate is a person that may be appointed to act on someone's behalf if they lack capacity to make certain decisions. We spoke with 9 staff including the registered manager, deputy manager, operations manager and regional support manager.

We reviewed a range of records. This included 4 people's care records and multiple medication records. A variety of records relating to the governance of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found following the inspection. We looked at 4 staff files in relation to recruitment. Supervision data and quality assurance records. We reviewed feedback from professionals involved with the service and records held by the provider about people.

# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People were exposed to risk, Care plans were person centred, however, they were not always accurate and updated in all areas. This meant that there were some inconsistencies in some care plans. Risk assessments were not always routinely reviewed and insufficiently detailed to guide staff to keep people safe.
- Monitoring the effectiveness of risk controls was done through review of daily records, monthly audits and management review. However, audits had not always been carried out routinely and had not highlighted inconsistencies we found.
- Environmental risks were not always safely managed. Staff told us concerns raised with both the landlord and management about the safety of the premises was not being attended to in a timely way.
- Accidents and incidents were reported recorded and investigated. However, the findings were not routinely used to improve the service.
- There was limited evidence of systems in place for recording and learning from when things had gone wrong and how this was being used to update and improve the service.

Systems failed to assess, monitor and improve the quality and safety of the service and maintain accurate records and complete records. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People prescribed 'as needed' medicines did not always have guidelines in place so staff would know when and how to administer these.
- People's medicines were generally managed safely. However, medicines were not always stored safely at the service. The provider had a plan to update the location of medicines.

We recommend the provider review medicines storage and safety and update 'as needed' medicines guidance as appropriate.

- Medication administration records were mostly well kept.
- The physical stock count for 2 people's medicines matched the amount recorded.
- Staff were required to complete medicines training and complete a competency assessment before administering medication.

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.

#### Staffing and recruitment

- We were not always assured processes and procedures to ensure safe recruitment at the service were consistently in place.

We recommend the provider consider current guidance on safe recruitment and update their practice accordingly.

- There were enough staff on duty to meet people's needs, recent records confirmed this. However, some staff told us that the provider had failed to ensure support for some people. We raised a safeguarding alert following concerns raised by staff about the management and governance of the service. The provider took immediate action to investigate these concerns.

#### Systems and processes to safeguard people from the risk of abuse

- There was some evidence that systems and processes were in place to safeguard people from the risk of abuse. However, actions required to keep people safe were not always sufficiently escalated.
- Staff received safeguarding training and were generally knowledgeable regarding different types of abuse and protecting people from harm.
- People and relative felt safe about the service. One person gave feedback, they were happy and safe.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported family and friends to visit people in line with current guidelines.



# 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and management systems were not always effective in ensuring oversight of the safety of the service. Whilst auditing systems were in place they were not always carried out regularly and they did not highlight and address the inconsistencies we found on inspection.
- Lessons learnt when things went wrong were not routinely used to improve the service.
- The registered manager had a generally good understanding of regulatory requirements. However, there were inconsistencies in meeting regulatory requirements about escalating issues of concern. This meant that people may have been put at risk of harm.
- There was limited evidence of systems to ensure continuous learning and improving care.

Systems failed to assess, monitor and improve the quality and safety of the service and maintain accurate records and complete records. This placed people at risk of harm. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were in place to assess people's needs prior to care and support commencing. However, identified outcomes for people were not regularly reviewed.
- We saw little evidence that people and their relatives were involved in developing their care plans and their needs and preferences were routinely taken into consideration.
- Care plans we reviewed showed equality characteristics and cultural needs were considered. However, on occasion, we were not always assured needs were being fully met.

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

- We saw examples of person-centred care, for example, when people were spoken with this was kind and appropriate. At mealtimes, one person was assisted with eating, this was undertaken at the person's pace. However, where people were unable to seek staff attention, they were not engaged with for significant periods of time.
- People we spoke with said they mostly liked the home. One person said, "I like it here, I like the staff and listening to music."
- We observed staff worked well together to provide safe care for the people in the service. Staff told us they

felt supported by the registered manager.

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to. However, there was evidence that they did not always escalate or follow up some concerns.

Working in partnership with others

- We saw examples how the provider worked in partnership with health care professionals to ensure people's health needs were being met. However, on occasion, this was not always followed up.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  Systems failed to assess, monitor and improve the quality and safety of the service and maintain accurate records and complete records.