

Voyage 1 Limited

Croft House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Croft House is a residential care home providing personal care and accommodation for up to six people living with a learning disability and or autism. At the time of inspection there were five people living at the service. Bedrooms were over two floors and there were communal spaces for dining and relaxation and a large outdoor space.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture under the key enquiries we reviewed in the Safe section. People received individual person centred support that promoted and maximised their choice, control and independence in how they lived their lives. Staff had developed positive relationships with people and they clearly knew what was important to them such as their routines and preferences. Staff had a caring and respectful approach and they promoted people's dignity and human rights.

The infection prevention and control practice of managing the current COVID-19 pandemic was found to be well managed. The provider had developed a COVID-19 contingency plan and a service business continuity plan, both were regularly reviewed and updated to reflect changes to government guidance. Staff had received training in infection prevention and control, including the requirements of wearing personal protective equipment (PPE). Staff had access to a good supply of PPE.

Regular COVID -19 testing for people and staff was completed in line with government guidance and people and staff were participating in the COVID -19 vaccination programme. New systems and processes had been implemented for visitors to reduce the risk of infection transmission. Increased cleaning of high touch areas such as door handles and light switches was being completed. The service was found to be clean. During November 2020 an outbreak of COVID-19 at the service was managed by zoning the environment and cohorting staff. This practice reduce the risk of transmission and the infection was contained. People were supported to maintain contact with their relatives.

The deployment of staff was found to be sufficient in meeting people's individual needs and safety. Bank and agency staff including the management team covered any staff shortfalls and new staff were in the process of being recruited. Staff experience, skills and competency was considered when developing the staff rota. Staff demonstrated a good level of awareness and understanding of people's individual needs and risks. Staff were positive about the support and guidance provided by the registered manager.

In the main, risk management was found to be comprehensive and guidance for staff was up to date and

detailed. One person's risk plan associated with physical intervention and risks associated with community drives in the services vehicle could have been more detailed, this was discussed with the registered manager who took immediate action. At the time of the inspection contractors were working on site, whilst the provider had a generic risk assessment this was not specific to the service. This was discussed with the registered manager and regional operations manager who agreed to amend the document.

People were protected from abuse and avoidable harm. Where safeguarding incidents, concerns or allegations had been raised these had been responded to as per the local multi-agency and provider's safeguarding policy and procedures. Action taken by the registered manager and senior managers confirmed all allegations, concerns or incidents were thoroughly investigated and where action was required, this was completed to reduce further risks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 6 April 2018).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about infection, prevention and control practice, staffing levels and risk management. The overall rating for the service has not changed following this targeted inspection and remains Good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Croft House at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Croft House

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.

This was a targeted inspection to check on a specific concern we had about Infection prevention and control, staff deployment, risk management and safeguarding.

Inspection team

The inspection was completed by one inspector.

Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 prior to this inspection. This is information we require providers to 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 we spoke with the registered manager, the regional operations manager for the service on the telephone, a senior support worker, a bank staff support worker, a support worker and one

agency staff member. We also gave staff not working at the service on the day of the inspection the opportunity to contact us to provide feedback. We reviewed a range of records. This included two people's care records; support plans, risk assessments and daily records. We reviewed accident and incident records, the staff rota and infection, prevention and control practice. Due to people's communication needs we were unable to ask them about the care they received. Where possible we observed staff engagement with people in communal areas to help us understand people's experience of the care and support they received.

After the inspection we continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's policies and procedures and the staff rota. We also contacted four relatives of people living at the service for their feedback about the service their family member received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about infection prevention and control practice, staff deployment, risk management and how people were protected from avoidable harm and abuse. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Relatives told us they were confident their family member was cared for safely by dedicated and experienced staff. A relative said, "I've been made aware of any safeguarding allegations and incidents and I'm satisfied how they have been investigated. I would know if [name] was unhappy as their behaviour would change. I'm confident they are safe and well cared for."
- Staff were aware of their role and responsibilities to protect people from avoidable harm. The provider had an up to date safeguarding policy and procedure to support staff practice. Staff had received safeguarding training.
- Whilst our observations of staff engagement with people was limited, we did observe examples of positive, caring and dignified support. People showed they were relaxed and happy in the company of staff by their smiles, laughter and positive response to staff interactions.
- Behavioural incidents were minimal and records detailed the incident and action taken to respond and safeguard people. Incidents were reviewed by the registered manager and included de-brief meetings and an opportunity to consider any learning to reduce reoccurrence. Senior managers and the provider's quality team also monitored incidents and reviewed actions taken.
- The provider had a whistle blowing procedure for staff to report any concerns about unsafe care, abuse or unethical practice. Where allegations had been made these had been fully investigated internally and found to have been unsubstantiated. Information had been shared with the local authority safeguarding and commissioning teams and CQC. The management team were open and transparent.

Assessing risk, safety monitoring and management

- Risks associated to people's individual care and support needs had been assessed and planned for. Staff had detailed guidance of how to manage potential known risks and were able to fully explain how risks were assessed, monitored and reviewed.
- The provider had a policy and procedure in the use of a well recognised and accredited programme in the management of actual or potential aggression. The use of physical intervention was used as a last resort. Staff were able to explain how they supported people at times of heightened anxiety. This included using distraction and diversional strategies, staff were also able to explain the level of physical intervention a person had been assessed as requiring as a last report.
- We identified a person's risk plan for the use of the mini bus for a community visit and their behavioural risk plan for physical intervention lacked detail. However, from speaking with the staff and registered

manager it was clear all risk factors had been considered, planned for and were known by staff, this therefore was a recording issue. The registered manager reviewed and amended these documents.

- At the time of the inspection the service was undergoing some building and refurbishment work. Whilst the provider had completed a generic risk assessment for contractors this was not specific to the service. From reviewing incident records, we saw two incidents caused by contractors not securing the environment. Staff responded quickly on both occasions and the person did not come to any harm. We discussed this with the registered manager and regional operations manager who agreed a service specific risk assessment for contractors was required and they agreed to complete this.

Staffing

- Staff deployment met people's individual assessed needs and safety. Relatives told us they had no concerns about staffing levels, they felt these were sufficient and safe. Relatives were confident their family member received the additional staff one to one hours commissioned and described staff as, "lovely", "They [staff] know [name] very well, they are very competent." Relatives were less positive about agency staff being used due to the unfamiliarity and lack of consistency and continuity.
- All relatives were complimentary about the registered manager's communication and leadership. A relative said, "The manager works extremely hard, they're very supportive and do a fantastic job, they could have crumbled with everything they've had to deal with but haven't."
- Staff told us in the main staffing levels were good. Short notice staff absenteeism did however cause difficulties at times, but staff reported they had no concerns about safety being compromised. Staff were all positive about the registered managers support and guidance. A staff member said, "The manager is one of the best manager's I've ever worked with."
- The registered manager explained how staff were deployed and how shortfalls in staffing were covered by bank, agency staff or the management team.
- At the time of our inspection new staff were being recruited, we concluded staffing levels were safe. However, we discussed with the management team the need to ensure the assessed staffing levels were continually maintained at all times to protect people's safety.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.