

Voyage 1 Limited

Ingleby House

Inspection report

Leicester Road
Bedworth
Warwickshire
CV12 8BU

Tel: 02476319909

Date of inspection visit:
09 July 2018

Date of publication:
08 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected this service on 9 July 2018. The inspection was unannounced and carried out by one inspector 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 service. The expert by experience on this inspection had experience of learning disabilities and mental health services.

Ingleby House is a 'care home' operated by Voyage 1 Limited, who are a large provider of care services. Ingleby House provides accommodation with personal care for up to eight adults. People cared for at the home are living with learning disabilities, autism, mental ill health conditions and behaviours that challenge. People in care homes receive accommodation and 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. At the time of our inspection visit, there were eight people living at the home.

There was a registered manager in post. 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.

At the last inspection in February 2016 all five key areas were rated as Good. At this inspection we found, overall, the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. However, this inspection found some areas that related to mitigating risks and risk management required improvement. The safety of the service was rated 'Requires Improvement' and the other four key areas remained good, which gave the service an overall rating of 'Good'.

There were enough staff on shift with the appropriate level of skills, experience and support to meet people's needs and provide effective care. Action was taken to cover shifts, due to staff absences, so people and others remained safe. Risk management plans were in place and, overall, gave staff specific guidance about potential risks to people's health and wellbeing. However, some actions were not always taken to mitigate risks. Staff were trained in how to respond to behaviours that challenged so that the safety of people and others was protected and risks were minimised. However, whilst individual actions were taken when incidents occurred, the registered manager did not undertake any overall analysis of incidents that involved behaviours that challenged. Such analysis may potentially reduce risks of reoccurrence.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had been trained in what constituted abuse and knew how to raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process. Staff received training and used their skills, knowledge and experience to provide safe care to people.

People were encouraged and supported to maintain good health. Staff frequently liaised with other

healthcare professionals and followed their guidance. Staff promoted healthy eating choices and knew about people's nutritional needs. Prescribed medicines were stored and managed safely. Overall, medicines were given to people safely and in accordance with the provider's policy. Medicine errors were recorded and investigated by the registered manager.

Overall, people liked living at the home. Whenever a person expressed a desire to move to a more independent supported living setting, steps were taken to enable discussions and options to be considered. Relatives felt their family members were well care for. Staff were patient and understood how to respond to people's behaviours that challenged. People had varying levels of communication and these had been assessed so staff knew the appropriate communication methods to use to enable people to express themselves and make choices and to tell staff when they were anxious about something.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. They had applied to the supervisory authority for the right to deprive three people of their liberty when their care and support included restrictions in the person's best interests, these restrictions had been authorised. Further applications were pending approval for two people.

People had detailed individual care and support plans which provided staff with the information they needed to respond to people's needs. Staff shared information about people at the start of each shift and read a 'communication' book to update them on any changes so there was continuity of care. Staff recognised people as individuals and care was given in a person-centred way. This included people being supported to plan their own weekly activity plan for both inside and outside the home. Some people preferred a routine of when things happened which made them less anxious.

The registered manager and provider regularly checked the quality of the service to make sure people's needs were met safely and effectively. People and their relatives were encouraged to share their views and provide feedback about the service and felt they would be listened to. The provider and registered manager understood their regulatory responsibilities and worked with other organisations and healthcare professionals to ensure positive outcomes for the people who lived at Ingleby House.

Further information is in the detailed findings below.

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 consistently safe.

Overall, people received a safe service where risks were assessed and managed. However, actions were not always taken to mitigate identified risks. People had their medicines available to them. People were supported by trained staff who were safely recruited by the provider.

Requires Improvement ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

Ingleby 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 July 2018 and was unannounced. An opportunity for people, visiting relatives and staff to give us feedback about the care provided at Ingleby House was given by us displaying a poster in the home about our inspection visit, together with our contact details. One inspector and an expert by experience, who was supported by their personal assistant, undertook the inspection.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We did not ask for a Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, during our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they planned to make.

Some people were unable to tell us about their experiences of living in the home, so we spent time with them and we observed how their care and support were delivered in the communal areas. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke four people that lived at the home. We spoke with two people's relatives, four care staff, the deputy manager and the registered manager.

We reviewed two people's care plans, daily records and medicine administration records. We also looked at the management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the overall safety of the service had been maintained. However, some areas relating to the mitigation of risks to people and others required improvements to be made. The rating for the safety of the service has changed from 'good' to 'requires improvement.'

People felt safe living at the home and staff were trained in safeguarding people from abuse. Staff understood what constituted abuse and told us they would report any concerns to the registered manager. One staff member told us, "If I thought a person was being abused, I'd report it straight away to the manager." Information was available in the home which reminded staff how to report any concerns, and how to whistle-blow to external organisations. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. The registered manager showed us a log they kept of all incidents reported to the local authority and the progression of these was recorded.

Overall, risk management plans were detailed and contained specific guidance about potential risks in relation to people's care. However, staff did not always ensure actions to mitigate risks were followed. For example, one person chose to smoke cigarettes. This person had agreed, in line with their risk assessment, to hand in their cigarette lighter back to staff when they came inside from the designated smoking area in the garden. This was in case the lighter was accidentally left around the home and someone else living there may potentially take it, which posed risks to people's safety. When we spoke with this person inside the house, they showed us that they had their lighter in their pocket because they had forgotten the need to give this to staff. We discussed this with the registered manager, who told us immediate action would be taken to ensure staff prompted this person to return their lighter to staff when they returned inside the house, so the safety of people was maintained.

Risks to one person's skin becoming sore were not effectively mitigated. Whilst risks of skin damage had been assessed and this person used a special airflow cushion to sit on during the daytime and had special airflow mattress on their bed, we found the airflow-pump settings were set for a person with a weight of 135kg which this person was not. The provider had not ensured this person had a management plan in place to say who was responsible for requesting specific information from the district nurse team to determine settings for the airflow pump.

Staff told us they did not know the airflow-pump setting should have been determined by the person's body weight and therefore no day to day checks were undertaken to ensure the setting was correct. We discussed this with the registered manager who, during our inspection visit, telephoned a healthcare professional who confirmed the 135kg was too high. The registered manager assured us this person did not have any sore skin, and they took action to ensure both airflow-pump settings were correct and implemented a plan to ensure daily checks were made by staff.

People living at the home had learning disabilities, autistic spectrum disorders and / or mental health conditions and sometimes displayed behaviours that caused distress and anxiety to themselves and others. This could present a risk to themselves and others. One person told us, "[Person] hurt me last week."

Another person told us, "I have been hit by another person who lives here."

Overall, staff managed people's behaviours which challenged because they had been trained. Staff told us their training involved being aware of potential trigger factors for people's behaviours and how to de-escalate situations. Staff were also trained to use low-level holds, when needed, to keep people and others safe. However, records showed a high level of reported incidents that related to behaviours that challenged. Some of these incidents involved another person living at the home being hit or a staff member being hit.

The registered manager gave us an example of when learning had taken place from an incident and actions to improve other's safety had been implemented. This included guidance from the intensive support team, and an additional 'sleep-in' staff member when a new, or less experienced, staff member was on the wake night shift. Information was also kept about potential trigger factors and staff were able to tell us what these were for individual people living at the home.

Following a specific incident, however, consideration had not been given as to how a night staff member could alert and gain support from another staff member. One staff member told us they had been unable to use their 'walkie-talkie' device to contact and gain support from another staff member due to a specific incident. The registered manager agreed an incident could potentially re-occur when a staff member needed staff support but was unable to summon this. They told us this would be discussed with the operations manager.

Following our inspection, the registered manager told us potential risks had been considered and a personal pocket alarm would also be carried by night staff. Whilst learning had taken place from individual incidents, the registered manager agreed there was no overall analysis of challenging behaviour incidents that impacted the safety of others so that actions could be taken to reduce risks of reoccurrence. The registered manager assured us they would start to do this, so the safety of people and others was priority.

There were enough staff available to meet people's needs and provide effective care. Some people had high care levels and received one to one staffing, which we saw in place throughout our inspection visit. Both the deputy and registered manager covered shifts, for example when staff absences occurred at short notice. The registered manager told us agency staff were used when needed, though they aimed to give people consistency of staff whenever possible as this reduced people's anxiety levels.

The provider had a safe system of recruiting staff. One newer staff member told us, "I had to have my references and a criminal record check completed before I started working here."

People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff of the level of support people would need in the event of an emergency. There was a fire alarm system in place at the home and regular drills took place. Learning had recently taken place from a fault, which had caused the fire alarm to sound during 5 May 2018. This incident had highlighted to the deputy manager and registered manager there were no designated fire zone for either the basement or attic roof space of the home. This meant an effective and safe check for potential fire could not currently take place. The registered manager had taken action to make improvements and work was due to be completed before the end of July 2018.

Overall, medicines were stored, managed and given to people safely and in accordance with best practice. During our inspection visit, the registered manager was made aware of a medicine omission error that had taken place the prior day, immediate action was taken to inform this person's GP, and an internal investigation was commenced so lessons could be learned.

Where medicines were prescribed on an 'as required' basis, there was sufficient information to guide staff in what circumstances they should be given. Medicines were checked regularly to ensure errors were kept to a minimum and identified quickly.

Some people had medicines, such as antibiotics, which required below room temperature storage and a designated fridge was used. We saw this fridge was running at the correct temperature, however, staff confirmed no recorded checks were made to facilitate effective temperature monitoring. Room temperature recordings had been high, during 30 days in June 2018, with an average of 23 degrees cellcius and staff acknowledged the importance of monitoring the fridge temperature within this room and a recording chart was implemented. A recent medicines audit, completed in June 2018, had failed to identify the omission in recording.

Equipment used in the service was regularly checked and serviced and the safety of the premises was maintained. On the day of our inspection visit, one staff member's medicine cupboard key broke off in the lock mechanism. This meant staff were unable to access people's medicine. Within one hour, a maintenance person arrived to change the lock and give new keys to staff.

People felt the home was clean and tidy. Staff told us they each took responsibility, during their shift, for infection prevention and control. We saw staff wore personal protective equipment (PPE) such as gloves and aprons when needed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to work to promote people's best interests and offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

We spoke with one staff member who had recently started working at the home. They spoke positively about the provider's induction training programme and working alongside more experienced staff. They told us other staff were supportive during this period and shared their knowledge of people's needs so they could provide effective care. The provider's induction was linked to the Care Certificate and three staff that started working at the home during 2017, had completed this. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high- quality care and support.

Staff received additional training when necessary to meet people's care and support needs. For example, staff had received training in autism, learning disabilities, positive behaviour management and epilepsy. The registered manager told us, "Effectively managing people's behaviours that challenge is really important here. All of the staff have to complete MAPA training as soon as possible." The Management of Actual or Potential Aggression (MAPA) training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, and others. The registered manager explained they had previously encountered some delays in being able to access this training on behalf of staff, but improvements had now been made because the provider now had their own accredited trainer and sessions were more frequently offered. Staff we spoke with said they felt confident they had the knowledge needed to effectively support the people at Ingleby House, with the support of staff on shift supporting them in challenging situations.

Staff had one to one supervision meetings where they could discuss issues relating to their work and any developmental needs they had. The deputy manager and registered manager told us they held regular team meetings and had an 'open door' policy so staff could speak with anything of concern to them. The deputy manager and registered manager also shared an 'on-call' so staff could seek guidance and support from them if needed.

People had their needs and preferences assessed and we found that care and support were given in line with national guidance and evidence based practice. The assessments were kept under review and updated as people's circumstances or conditions changed. One person told us, "I am involved in my care plan, it's about me, I sign it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their role in protecting people, and were aware of those people who were assessed as safely able to go out alone without staff support. Two people told us they knew the number code for the locked gate, which promoted their independence to go out alone and meant restrictions were not placed on them whilst protecting others. One person told us, "I can press the numbers, if I forget staff can help me. I can go to the shop myself. I have to make sure I close the locked gate, because some of the others living here might get lost or hurt if they went out."

Care plans contained mental capacity assessments and the registered manager gave us examples of when individual decision specific meetings had taken place. Best interests meetings had been held involving advocates and health professionals to determine the best course of action when important or complex decisions needed to be taken about a person's care. The registered manager gave us examples of a person's health care needs and told us a further best interests meeting was planned for another person who had recently been poorly.

The registered manager had a very good understanding of their responsibilities under the MCA. They had applied to the supervisory authority for the right to deprive three people of their liberty when their care and support included restrictions in the person's best interests, and further applications had been made for two more people.

People were offered choices about what they ate and drank and staff encouraged people to have a balanced diet and maintain a healthy weight. We saw one person's recorded weight showed a significant increase since their recent admission to the home and staff had recorded the action to "encourage healthier options." Some people had special dietary requirements such as gluten-free foods and puree food meals, which were ordered and delivered ready prepared to the home.

Some people were assessed as being safely able to prepare hot drinks for themselves whenever they chose to and we saw they were able to go into the kitchen to do this. One person told us, "I like cooking, sometimes I help staff and prepare meals for everyone here. I can use the sharp knives, but know I have to put these back in the locked cupboard." People told us they enjoyed all the meals and the 'food was good.'

People told us staff would help them see their GP if needed. One person told us, "Yes, I see the doctor if I need to." Staff told us they supported people to visit their GP when needed or arranged home visits. Two people had moved to live at the home earlier this year (2018) and staff had identified one person needed a dental and optician check. This person's care records showed both visits had taken place.

Other healthcare services were accessed whenever needed. Two people had recently used hospital services and staff were aware of the individual changes made to their care and support needs following them returning home.

Ingleby House has two-storeys that provide accommodation, there are also a basement and roof loft-space that are not accessed by people living there. It was not purpose-built home, however, meets the current needs of people living there. Two people have ground floor bedrooms and six people use the stairs to access their first-floor bedroom. The registered manager told us that if, in the future, anyone with a first-floor bedroom, found the stairs a challenge or were assessed as stairs posing a risk to them, options would be considered so people's needs were met safely.

Is the service caring?

Our findings

At this inspection, we found staff continued to have a caring approach toward people. The rating continues to be Good.

Overall, people were happy living at the home. One person told us, "I like living here, it's really good." Another person told us, "Yes, I like it here, but I've said I think I would like a place of my own and the manager has discussed this with me. I am trying to learn skills here I might need if I moved." A further person had informed the registered manager they no longer wanted to live at the home because they found it noisy and this made them anxious. A caring approach was being taken to work with this person, along with their social worker supporting them to look at alternative options.

A few people living in the service had difficulty to communicate verbally. Staff used different verbal and non-verbal communication methods with each person to enable them to express themselves. For example, one person became upset and anxious and pointed to their head. Staff sat with this person and asked if their head hurt and if they had a headache because it was a hot day. This person confirmed what staff had asked them by touching their head again. Whilst staff gave this person some of their prescribed paracetamol, they offered them a drink and sat quietly with them. The staff's calm and caring approach enabled this person to become less anxious.

Each person had an individual care plan. There was a pictorial accessible version which people could refer to if they wished and a more detailed written version providing staff with the information they needed. People planned individual weekly activities based on how they liked to spend their day and what they enjoyed doing. One relative told us, "My family member is very happy there, we are pleased with the care, the staff look after them well and are good with them."

People felt well treated in the home and staff respected their privacy and dignity. At times, staff needed to remind people of their boundaries. For example, we observed staff were dealing with an incident where one person was anxious and another person living at the home wanted to give support and become involved. Staff politely reminded this person it was their staff role to support the anxious person and to allow them some space.

We discussed equality, diversity and human rights with the registered manager. Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. Throughout our visit, staff treated people with dignity and respect. People confirmed to us that staff knocked on their bedroom door before entering.

Is the service responsive?

Our findings

At this inspection, we found the service continued to be responsive to people's needs. The rating continues to be Good.

People's needs were assessed and plans of care developed so staff had the information they needed to meet those needs in an individual and consistent way. Information was included about people's likes and dislikes. There was a pictorial section in the care plan that showed people had been involved in planning their support.

Two people had moved to live at the home this year (2018) and had been given opportunities to visit prior to moving in to the service. The registered manager explained moves for people into the home were planned for on an individual basis. For example, for one person this had been over a sustained period of time because that met their needs, though for another person the move was undertaken more quickly.

People's changing needs were supported by staff. One person told us, "I would like my own flat eventually." Staff gave us examples of how they were supporting this person to develop skills, such as personal hygiene, shopping and cooking to promote their independence.

The registered manager told us another person did not want to live at the home and found noise, for example, within the home caused them to become very anxious and put themselves and others at risk of harm or injury through their behaviours that challenged. The registered manager had taken a timely response to this person's changed needs and on the day of our inspection visit, this person's social worker met with them to discuss and arrange a move from the home to somewhere more suited to them.

The home did not specialise in, or offer, end of life care. However, the registered manager told us that if a person's health deteriorated, every effort would be made for a person to remain in the service with staff that knew them well. They added that the vision for people was that if it were in their best interests, end of life care would be given to them at the home. This would be in discussion with people, their relatives or an advocate and with the support of external healthcare professionals.

Staff supported people to attend local events and social activities they enjoyed. One person had expressed they would like to have their nails manicured during the week and a 'staff communication' note had been made about this. During our inspection visit, one staff member sat with this person whilst an appointment was made for them at a local nail salon. Another person told they liked cars and enjoyed colouring, they pointed out several pictures of coloured drawings of cars displayed in the home.

During our inspection visit, the weather outside was very hot. Staff supported people appropriately, encouraging drinks and for people to wear loose fitting summer clothing. One person wanted to sit out in the garden to enjoy the sunshine, and staff suggested they either sat under a parasol giving some shade or for them to apply some suntan lotion to protect the person's skin. This person chose to sit under the parasol and staff joined them, we observed this person was relaxed with the staff member and chatted with them.

People and relatives told us they had no complaints and if they did, they would raise any issue with staff. One person told us, "I feel I could complain if I needed to." They pointed out leaflets to us and told us they could complete one to give feedback or make a complaint if needed. The feedback cards were displayed in the home and accessible to people and their visiting relatives. The service had not received any complaints in the 12 months prior to our inspection. The registered manager assured us that if a complaint was received, it would be managed in accordance with the provider's policies and procedures.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

Since our last inspection, there had been a change in the registered manager. The home was well-led by the registered manager who had become registered with us during October 2016. Staff told us they felt more supported by the current registered manager and found them and the deputy manager to be approachable. One staff member told us, "The managers do listen, they also help out when needed." Throughout our inspection visit, we saw both the deputy manager and registered manager were involved in people's care and support and gave guidance to staff whenever needed.

People and relatives knew who the registered manager was, one relative described the registered manager as, 'lovely and friendly.' We saw people who lived at the home felt at ease approaching the deputy manager and registered manager to discuss various issues and chatted to them openly in a relaxed way.

People who lived at the home were given opportunities to give feedback on a regular basis. Weekly 'resident' meeting took place for those who wished to attend. Throughout our inspection visit, we also heard staff frequently ask people if they were happy and okay.

Staff felt supported in their practice through regular training, one-to-one supervision meetings and team meetings. Staff communication books and team meeting minutes showed staff were kept fully informed and had the opportunity to discuss and make suggestions about the running of the home. One staff member told us, "I enjoy working here." Another staff member said, "I've moved to work here from a larger care home and I think the managers make sure people living here get good care."

There was a quality assurance system to ensure people received a safe, effective and responsive standard of care. The provider monitored the service through a series of checks and audits. An internal Voyage Care quality check had been undertaken during November 2017 and given the home an overall 'compliance with regulations' score of 86%. An action plan had identified issues, such as an error found in one person's care record which had been rectified.

The deputy manager and registered manager undertook monthly audits. These included infection prevention and control and health and safety checks. The registered manager told us they also collected and sent information to head office for analysis. This included details about the number of accidents and incidents that took place in the home. Whilst numbers of incidents that occurred within the home, for example, were recorded, there was no overall analysis of these undertaken by the registered manager. The registered manager told us no action plan from analysis was currently shared with them, though agreed this could potentially be beneficial in monitoring people's behaviours that challenged and involved harm or injury to others. The registered manager assured us they would discuss this further with the operations manager so that trends could be monitored and risks of reoccurrence reduced whenever possible.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners and other healthcare professionals to ensure they shared important information so people were well supported in their needs.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed the rating on an information board in the dining room of the home, close to the entrance doorway of the home.