

Voyage 1 Limited

50 Burton Road

## Inspection report

50 Burton Road  
Branston  
Burton on Trent  
Staffordshire  
DE14 3DN

Tel: 01283512766

Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:

10 August 2020

11 August 2020

Date of publication:

02 October 2020

## 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

### About the service

50 Burton Road is a care home providing personal care and accommodation for up to six people. At the time of the inspection there were five people living there. People living at the service had learning disabilities.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Quality assurance systems had failed to fully implement and embed actions to ensure people's care was sufficiently monitored. Risks were not always accurately assessed and planned for and people were not always protected. Care plans were not always fully reflective of people's needs; however, staff knew people well. Some people had missed medical appointments as systems were not effective. Infection control measures were not always consistently applied which could pose a cross infection risk.

People were supported by enough staff, although staffing levels varied. Medicines were managed safely. Lessons were learned when things went wrong. People were protected from abuse by staff who knew how to recognise and report concerns. People and staff were engaged in the service. Relatives and staff felt there had been many improvements to the service since the new registered manager started. The provider acted upon their duty of candour responsibilities.

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 and update

The last rating for this service was good (published 20 March 2018). At this inspection, there had been a deterioration and safe and well-led were rated requires improvement. There were no breaches of regulations.

### Why we inspected

We received concerns about people's safety and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated to requires improvement overall. This is based on the findings at this inspection.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to people not always being protect from risks and systems are not always effective at identifying areas to improve.

Please see the action we have told the provider to take at the end of this report.

## 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?**

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** ●

# 50 Burton Road

## 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 following concerns being raised by the local authority. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on the first day of the site visit and one inspector on the second day.

#### Service and service type

50 Burton Road 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

The first day of inspection was unannounced. We agreed with the registered manager to return the following day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The registered 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We made observations in the home as people were not always able to speak with us in depth about the care they received. We spoke with two relatives over the phone. We spoke with four members of staff including senior care workers and care workers. We also spoke to the registered manager and deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and some medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. We looked at an action plan the registered provider and registered manager had developed prior to our inspection.

# 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 good. At this inspection this key question has deteriorated 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.

### Preventing and controlling infection

- People were not always protected from cross contamination. Due to the COVID-19 pandemic, extra measures were in place to keep people safe, however the application of these measures was not always consistent.
- On the first day of inspection, staff were always not always complying with the government personal protective equipment (PPE) guidance about wearing masks at all times when in the presence of people living in the service. Staff would sometimes have masks below their nose or being worn on their chin. We observed one instance where staff did not have a mask on at all and was sitting with a person living at the home.
- This meant people were not always protected. We fed this back to the registered manager and on the second day of our visit, we observed staff following the guidance correctly.
- Two communal rubbish bins and one bin in the medicines room had lids. However, the foot pedals to these were all broken so the lids had to be touched to dispose of paper towels after hand washing. This meant hands would not remain clean and would be contaminated by the touching of the bin lid.
- We raised this with the registered manager, they explained all replacements had not yet been purchased due to the budget. However, following our feedback communal bins were replaced so the lids no longer had to be touched.
- The home had access to PPE and knew where to access more if they were running low and knew who to contact should their supplies run low.

### Assessing risk, safety monitoring and management

- Risks were not always accurately assessed and planned for and people were not always protected. However, staff knew people's needs.
- One person who was at risk of sun burn did not have sun cream applied during the first day of our inspection, so the person was not always protected. A staff member told us, "[Person] burns really easily." This was rectified on the second day of inspection, following our feedback and the registered manager told us they put a system in place to ensure sun cream application was recorded.
- Some people had support from other health professionals to monitor their conditions and to keep them safe. However, we found some people had missed appointments with health professionals. For example, one person had missed two dental appointments and they needed regular check-ups from a dentist in relation to their oral health. Another person was seeing a specialist for their health condition and an appointment was missed. No one had come to harm as a result of these missed appointments, however there was a risk as they were identified as needing these checks had not always been identified as missed.

The above constitutes a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information in care plans was not always up to date, however the registered manager was aware of this and had an action plan in place to have these reviewed and updated. Staff were aware of people's risks, such as specific health conditions or situations which may cause some people to become agitated.
- One person's care we considered during the inspection, could become agitated in certain situations. Staff knew the signs that the person was becoming upset and how to try and support the person to remain calm.
- The building was checked to ensure it remained safe, and there were plans to refurbish the building, so it was more homely and more personalised for people living there. There were also plans to help people should an emergency arise in the home.

#### Staffing and recruitment

- There were enough staff in the home, so people did not have to wait for support. However, there was mixed feedback as staffing numbers sometimes differed each day.
- Some people needed one-to-one support from staff, which they received. However, the amount of staff who support those not on one-to-one varied. Staff sometimes felt stretched when there was only one additional member of staff.
- One staff member stated, "I feel we are quite stretched." They went on to say, "With five staff [it's good], we can manage on four staff but if people are all in different places [in the home] then three staff is hard." Another staff member said, "Sometimes we have plenty of staff," but went on to explain when some people were agitated or upset, it caused strain on staff. Another staff member said, "Some days we are overstaffed and some we are understaffed."
- Staff were recruited safely. Checks were made on staff members suitability, such as employment history, references and whether they had any criminal convictions.

#### Using medicines safely

- Medicines were managed safely.
- Stock levels matched records and the administration of medicines were clearly recorded for people. There were also stock count sheets in place to reduce the risk of errors.
- People who had 'when required' medicines had protocols in place to help staff identify when they may need their medicines.

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

- People were protected from abuse.
- Staff were aware of different types of abuse, signs to look for and their responsibility to report their concerns. Staff recognised what institutional abuse was and knew the signs that may indicate there was institutional abuse. No staff felt this was the case at the service. Staff felt able to raise concerns to the management of the home.
- The registered provider and registered manager had made safeguarding referrals to the local authority when needed.

#### Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. The registered provider and registered manager had an action plan in place as they had recognised some areas needed improving.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Working in partnership with others

- Quality assurance systems in place had not yet fully managed to ensure people's care plans fully reflected people's needs and they attended the medical appointments they needed to.
- Some people had missed appointments with other health professionals, so the service had not always effectively worked in partnership. The registered provider did not have effective systems in place to ensure these were tracked. The registered manager had introduced a new system to record these, but we still found an appointment had been missed despite a new process being introduced.
- Infection control measures were in place; however, the registered provider had failed to ensure these were being effectively used and embedded into staff practice. Staff failed to consistently wear face masks when in the presence of people living there.
- Checks on the environment had failed to identify and ensure concerns were resolved. Bins with lids operated by foot pedals were broken and this had not been resolved. This was resolved by the registered manager after our feedback.
- There had been numerous changes in management prior to the new registered manager starting. One relative said, "It has been higgledy-piggledy with management." A staff member told us they had felt like leaving prior to the new registered manager starting.

The above constitutes a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider and registered manager had an action plan in place. Multiple actions had been completed and more were planned. Periodic audits identify areas for improvement, new actions were added, and outstanding actions were reviewed.
- Despite previous issues with the oversight of the home, there was positive feedback about how the home was now being managed. It was felt it had improved since the registered manager started. One staff member said, "We can see great improvement since [the registered manager started], the house is run more manageable and the people living here are happier. Things are getting done, the things that needed improving."

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

- People were supported to communicate in a way which suited them. Some people would not fully verbalise their needs but staff spoke effectively with people to support them.
- Plans were in place to improve the physical environment in order to support people's needs more effectively and people were involved in choosing personalised decorations for their rooms.
- Staff were engaged in the service and asked for their ideas. One staff member said, "The registered manager joins us with coming up with the ideas and they support ideas and gauge whether it works, we can try things." Another staff member said, "[The registered manager] involves us."
- Staff were also involved in discussions about actions needed, such as people's care plans being updated.

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

- Relatives and staff had positive feedback about the management of the home and the positive changes which had occurred since the registered manager had started. People also clearly felt comfortable when in the presence of the registered manager and they interacted well together.
- One relative said, "The [registered] manager has improved it. They are more involved and got to know people better."
- Staff feedback about the registered manager included, "[The registered manager] has done a good job, they are positive" and, "Since [the registered manager] has come it's been lovely, they have made such a massive difference already, they are lovely to all the staff and got great ideas." Another staff member commented, "The [registered manager's] door is always open. They are positive and involved and enthusiastic. They've got a kind way about them."
- The registered manager also felt supported by the provider. They had support from their regional manager and regular manager's meetings.

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 was aware of their responsibility to take action and keep people safe. When things had gone wrong, appropriate authorities were informed and notifications were submitted to the CQC as necessary.
- The rating from the last inspection was being displayed in the home and displayed on the provider's website.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always protected from the risk of cross infection. People were not always kept safe; one person suffered sun burn and others had missed medical appointments.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not always effective at identifying areas for improvement, such as infection control and ensuring risks to people were always mitigated.