

Voyage 1 Limited

South Highnam

Inspection report

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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

About the service

South Highnam is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 8 people with a learning disability.

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.

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

Right Support:

Staff did not always have complete, up to date information about the best way to support people or how to safely manage risk. People within the service received their medicines as prescribed however support plans, and records to ensure this was done safely were not always in place or accurate.

People were supported by staff to pursue their interests as much as possible. Staffing levels sometimes meant people were not able to go out whenever they wanted to. The registered manager was going to review this.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff enabled people to access specialist health and social care support in the community.

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:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's care needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 2 April 2020).

Why we inspected

We received concerns in relation to potential restrictive practices and a failure to raise safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Highnam on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care, accurate record keeping and effective auditing at this inspection.

We have made recommendations about reviewing staffing levels

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

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 ●

South Highnam

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 was carried out by 1 inspector, 1 pharmacist specialist 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 care service.

Service and service type

South Highnam 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. South Highnam 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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 January 2023 and ended on 6 February 2023. We visited the service on 24 and 31 January 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke or spent time with 6 people who used the service. We also spoke with 3 relatives and one person's advocate about their experience of the care provided. We also sought feedback from health and social care professionals who worked with the service.

We spoke with 9 members of staff including the registered manager and support staff. We reviewed a range of records. This included 7 people's care records including medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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.

Using medicines safely

- Medicines were not always managed safely. Medicines were stored securely with access restricted, however, the medicines room was cluttered, and the cabinets were unclean. We found some out of date medicines and some medicines in the cupboard that were no longer prescribed, we brought this to the attention of staff to rectify.
- For almost all people medicines administration records were generated by the supplying pharmacy however for those records that had been handwritten by care staff these were not counter signed to ensure accuracy.
- Information to assist staff in safely administering medicines were not always in place. Each person had a front sheet next to their medicines administration record which had their picture and boxes were available to detail how the person liked to take their medicines, any special requirements or additional information these were however not always completed in full. Medication history sheets were available for most people, but these were not always accurate.
- Topical medicines (creams) did not always have TMARs (Topical Medicines Administration Record) in place. Some creams were recorded on TMARs but not on the MAR and some on the MAR (Medicines Administration Record) but not on the TMAR. Risk assessments were not in place for all people's creams.
- Medicines that were given as and when required had written protocols to make sure they were administered appropriately, but medicines prescribed with variable doses did not have guidance to support staff in decision making and doses given were not always recorded.
- Medicines reviews were not always documented, there was also no clear record of the last time bloods or monitoring had taken place for people.
- Stock checks were not always accurate, and although audits were provided the issues we found had not been identified.

Although no harm had come to people, they had been placed at greater risk due to the failure to have accurate and up to date medicines records in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the registered manager who acted promptly to make the necessary changes. We will review these changes at our next inspection to ensure they have been embedded into working practice.

Assessing risk, safety monitoring and management

- Risks were not safely managed. Risk assessments were not always completed. The assessments that were in place had not been regularly reviewed. This meant staff were not always provided with information explaining how risks to people should be mitigated. For example, there were no detailed risk assessments in place around diabetes and the physical signs to look for if someone's blood sugar was too high or too low. One member of staff told us they did not know this information. As a result, people were exposed to risk of harm.
- Staff restricted people's freedom based on their individual needs and in line with the law. Decisions were being made in people's best interests, however, when capacity assessments were completed by external professionals the home had no record of this and had not undertaken their own risk assessments.

Although no harm had come to people, they had been placed at greater risk due to the failure to have accurate and up to date risk assessments in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The service had enough staff to meet people's daily care needs. However, there were not always enough staff on duty for people to go out whenever they wanted. One person's support plan clearly stated that trips out were very important to them but there was little evidence of this happening in their daily notes. Staff told us, "They don't go out very often. It's hard to take them out on their own as there are not enough staff." The registered manager had recognised this was an issue and planned to raise this with external professionals to ensure everyone's individual needs could be met.
- Staff told us trips out could be planned in advance but it was ad-hoc trips that were more difficult to accommodate with current staffing levels. Feedback from relatives confirmed people did enjoy going out from time to time with staff. One relative told us, "Staff will take [my family member] on visits to town, to the park opposite for coffee, day trips in Scarborough and Whitby. They have been to Blackpool for week on holiday in special hotel and to Redcar on day trip."

We recommend a review of staffing levels in line with current best practice and people's individual support needs.

- The provider had effective recruitment processes in place. This included making sure important

information such as employment history and references had been sought. Checks were also done with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "If I saw something I wasn't comfortable with then I'd report it. I can go to the senior, the manager, the operations manager. There is whistleblowing information on staff notice boards too."

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.
- Visiting was in line with the latest government guidance and there were no restrictions at the time of our inspection. One relative told us, "They are flexible and there are no restrictions. I can visit anytime if they are not going out. I'd give them 10 out of 10 for [my relative's] care."

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and looked for trends to ensure there was an opportunity for learning lessons.
- Staff were aware how to report any incidents to the management team.



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

- The systems in place for checking on the quality and safety of the service were not always effective. Audits and quality monitoring had not identified all of the issues we found during the inspection.
- Care records did not always contain sufficient information to enable staff to support people safely or in the least restrictive way.

The provider had failed to complete effective audits or keep comprehensive records. Whilst the registered manager had recognised the need for records to improve this had not yet been actioned and the risks posed by incomplete records remained. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One member of staff told us, "I have chance to say my piece at the staff meetings; if I raise something it gets dealt with."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One person's advocate told us, "[Registered manager] has completely changed things, there has been a massive improvement in the atmosphere when you come in. My job has been made easy and I feel confident because [registered manager] gives me plenty of information."
- Relatives felt involved and were happy with the care and support provided. One relative told us, "There is a homely atmosphere with the new manager. I've seen her couple of times. Staff will offer me a cup of tea; it feels like a home. I'm not worried about anything."

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "I have no improvement to suggest as all good here and like a 4-star hotel. The place is bright, cheerful, wonderful, welcoming and I'm looking forward to meeting the new manager when I next visit."
- People, and those important to them, worked with managers and staff to develop and improve the service. One professional told us, "I have always felt staff were really caring and there has always been a really good atmosphere. There have been more discussions recently about how things could be done better for [person's name]."

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager was responsive to the feedback given throughout the inspection process and began to implement changes straight away.
- The registered manager had recognised areas for improvement after coming into post and was working towards this. One member of staff told us, "In the past we didn't always get the right training. [The new registered manager] has come in and is doing their best. We had some training a few weeks ago and there is more training booked, I know they are really trying."

Working in partnership with others

- The manager felt well supported by the provider and worked in partnership with other registered managers from other services in the local area.
- The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. One professional told us, "When [registered manager] came in to post they were straight on the phone to me and I have definitely seen improvements for my client."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments relating to the health, safety and welfare of people using the service were not always completed or reviewed regularly. 12(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes in place to monitor the quality and safety of the service were not effective. 17(2)(a)</p> <p>Care records, including records relating to the administration of medicines, were not accurate or complete, they did not always contain sufficient information to enable staff to support people safely. 17(2)(c)</p>