

Voyage 1 Limited

# Ingleby House

## Inspection report

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13 March 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ingleby House is a care home operated by Voyage 1 Limited. The service provides support, personal care and accommodation for up to 8 people. It provides care to adults living with a learning disability, autism and behaviors that may challenge. Care is provided over two floors, with a communal lounge and dining room. One bedroom is located within the 'flat' annexed to the house. At the time of our inspection there were 8 people using the service

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

**Right Support:** People were involved and supported to make decisions about their care. Staff understood people's communication needs and took time with people to make decisions. People were supported to access any services that they needed to ensure they received the right support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Staff treated people with dignity and respect. Person centred care was promoted and staff spoke in a way that promoted people's individualities in a person-centred way. People were supported to engage with their own interests and hobbies.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. The management and staff team worked inclusively and supported people to live how they wished. The atmosphere was relaxed and there were enough suitably trained staff to keep people safe.

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.

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.

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

### Rating at last inspection

The last rating for this service was good (published 1 July 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Ingleby House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience who made phone calls to relatives following the inspection. 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

Ingleby House 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. Ingleby House 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 7 March 2023 and ended on 13 March 2023. We visited the location's office/service on 7 March 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 with 2 people and 4 relatives. We spoke with 7 staff including the registered manager, deputy manager and regional operations manager. We observed how people were cared for.

We reviewed a range of records. This included 4 people's care records, samples of medicine records, daily records and care plans and risk assessments. We looked at 3 staff records and a variety of records relating to the management of the service, including audits and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am safe here they look after me." A relative said, "People are safe and looked after."
- There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with CQC.
- Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting. One staff member said, "We need to do what we can to challenge poor practice and make sure people are safe."
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner. Staff told us they felt supported to raise any concerns and would feel confident to Whistle-Blow if they felt they had to.

Assessing risk, safety monitoring and management, Using medicines safely

- The registered manager was in the process of updating the care plans and risk assessments. They told us they were identifying the most complex people first to update, with the aim of updating all the records. We looked at the records that had been updated and found the care plans and risk assessments were comprehensive and detailed. Records that were yet to be updated still contained sufficient information about people's needs and risks. Staff we spoke with told us that information in people's care records reflected people's needs.
- Staff had training in medicines before they were able to administer medicines. There were comprehensive policies and procedures to ensure that people received their medicines safely.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.
- Medicines were stored safely and securely.
- People had risk assessments around medicines to assess the level of support they needed
- There were risk assessments and protocols were in place for medication prescribed to be taken on an 'as required basis.'
- Medicines were administered in line with the STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) principles. This ensured that 'as required medicines' were only administered as a last resort and there were strategies to ensure that practice was least restrictive.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The provider had a robust recruitment process including checks to ensure staff were of a suitable character, including checks on staff through 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.
- We found there were sufficient staff to provide the care that people needed. People had the level of support that had been identified in their care records, meaning where people had been assessed as requiring 1:1 support this was provided.
- One relative said, "There are enough staff to make sure people get the support they need."

#### Preventing and controlling infection

- The home environment was clean and well maintained. Areas of the home were regularly deep cleaned and good IPC practices were reinforced throughout the service by the registered manager. The registered manager promoted the continued use of face masks throughout the home including visitors to reduce the risk of COVID 19 in the home.
- 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 in care homes

- There were no restrictions to visiting at the time of the inspection.

#### Learning lessons when things go wrong

- The provider had systems to learn lessons and identify actions to improve the service when things went wrong. The newly appointed registered manager was making significant progress on actions identified by the provider and commissioners to the service. The management team had oversight of any accidents, incidents or concerns to ensure there was a system to identify any actions to follow up and reduce the risks of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications



and staff meetings.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was now stability in the management of the home and a fresh registered manager was in post. The registered manager told us that they understood what they needed to do to improve the outcomes for people. We could see clear internal action plans and that progress had been made in improving the clarity and detail of people's needs in their care records. One relative said, "There is a marked difference under the new manager. Staff are lovely, friendly and nice."
- Systems to ensure areas were clean, hygienic and met the requirements for infection control were effective.
- There were systems to measure any trends in risks or incidents. For example, the registered manager had oversight of when people were unsettled or had required medicines to reduce the impact of their anxiety. This involved identifying and mitigating any factors that may be impacting upon the risks to people.
- There were audits of care records and medicines, the registered manager told us "I am committed to the quality of this service."

Continuous learning and improving care

- The registered manager had systems to ensure that lessons were learnt from incidents and actions taken to further improve the care. The providers own internal quality systems ensured that the registered manager was providing best practice that was in line with current health and social care guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with said that they thought the culture of the home was positive and supportive of people's needs and rights. The registered manager worked with the staff to ensure that care reflected the 'Right care, Right Culture, Right Support' principles. One person said, "I can talk about care. I go out on own and I am happy."
- Staff said the registered manager was supportive and approachable. One member of staff said, "The manager seems fine and balances well with the deputy. Things are definitely improving."
- Staff said they treated everybody equally and there were no barriers regarding any protected characteristics. All staff had training on equality, diversity and human rights.
- There were regular resident meetings that included the person and their key worker. Staff explained about

how they adapted their communication to fit with individual needs and communication methods. They felt confident that people were supported to express their views about their care. One relative said, "(Person) is happy here and they must do something right."

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 and provider had worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred. Staff told us they felt supported to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, including healthcare and the local authority.