

Voyage 1 Limited

43 Station Road

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

43 Station Road is a care home which accommodates up to six adults with a learning disability or autism. At the time of our inspection four people used the service. The service was a domestic home. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service

People were not always protected from the risk of harm. Actions taken by the provider in response to behaviours that challenged were not always robust or effective to protect people from reoccurrences of these incidents. We have made recommendations about safeguarding training. Staff did not always follow safe medicine practices and people did not always receive their medicines as prescribed. Safe and robust recruitment procedures were used when people were employed. There were systems in place for the prevention of infection.

Systems were either not always in place or failed to identify areas requiring improvement and to mitigate the risks relating to the safety of people using the service. Contemporaneous records were not always held for people or for the management of the service. Leadership of the service had been inconsistent and staff reported low morale and a lack of support with managing behaviours that challenged the service. We have made a recommendation about the service business contingency plan. Staff were committed to people using the service and were beginning to feel more supported by the new leadership team. The service worked in partnership with health and social care professionals to meet people's needs. The service was taking action to complete comprehensive quality assurance audits to drive improvement.

The service did not always (consistently) apply 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.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support because they did not always receive the support they needed for behaviours that challenge. For example, effective approaches to supporting people at times of crisis were not considered where this need was indicated.

Rating at last inspection

At the last inspection the service was rated Good (30 December 2018).

Why we inspected

We received concerns in relation to the management of medicines and people's behavioural care and support needs. 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 changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

Enforcement

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

Follow up

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

43 Station 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

43 Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to six people in an adapted residential home.

The service is required to have 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. The manager of the service submitted an application to register the day before our inspection.

Notice of inspection

The inspection was unannounced on 8 May 2019. We informed the registered manager we would return on 10 May 2019. We reviewed further information sent to us from the service on the 24 May 2019.

What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return (PIR) 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.

People were unable to tell us about their experiences of living at 43 Station Road because of communication difficulties. We observed staff interactions with people throughout our visit to help us understand the experience of people. We spoke with the manager, one team leader, three care workers, the operations manager, the service improvement manager and the quality and compliance manager. We received email feedback from the safeguarding local authority, quality monitoring team and a local authority commissioner. We spoke with two relatives, a social worker and an advocate.

We reviewed parts of four people's care records including care plans, risk assessments and medicines administration records and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and updated care plans and risk assessments.

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 now deteriorated to Requires Improvement.

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.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff were trained in positive behaviour support (PBS) and demonstrated positive values of pro-active support, the least restrictive approach and respected people's dignity. We saw positive examples where pro-active strategies for some people were successful, which led to a reduction in behaviours of concern over time and promoted safety. However, risk management strategies relating to other people's anxiety and associated behaviours were not always suitably assessed or promptly reviewed as people's behaviour changed to ensure strategies in place to keep people safe remained effective. People were at risk of not receiving consistent and appropriate emotional and behavioural support.
- One person's vehicle safety care plan and risk assessment dated 21 March 2019, identified an action to fit a protective screen between the driver and back seat passengers to promote safety. The overall risk rating went from 'high' to a residual risk of 'low' taking account of safe measures and actions. However, a protective screen had not been agreed or fitted at the time of the inspection and the outcome of the risk assessment was not clear whether it was still safe to use the vehicle, which was still being accessed by the person at the time of our inspection.
- Crisis intervention strategies were not considered where risk behaviours were known, or where incidents indicated this would be a proportionate response to prevent harm. Management told us the service emphasised pro-active and active strategies to avoid and redirect behaviours of concern. However, these strategies were not always successful. For example, staff told us they used emergency physical intervention to withdraw a person from a community setting to stop further physical assaults on the public, which was not an agreed planned strategy. Incident forms completed by staff described the event as "dangerous." Following this incident the effectiveness of this person's behaviour support strategies had not been reviewed. Another three incidents in close succession during March 2019 including self-harm, harm to another person and to staff did not result in the service reviewing these to reduce the risk of harm to themselves and others.
- Staff did not always follow safe medicines practices and people did not always receive their medicines as prescribed. There were 10 medicine errors in a seven-month period since our last inspection visit. These were in relation to omitted medicines, wrong dose, wrong time and wrong medicines.
- Procedures for received medicines and following prescription directions were not always followed correctly to ensure safety. Management and staff told us that a contributing factor was the impact of behaviours that challenged and the pressure this placed upon staff. Staff said this had improved recently. Due to the short space of time we could not check sustained and continuous improvement.
- Staff described the types of food used to assist a person to swallow their medicine, which was not in line

with a list of food provided by a medical practitioner. The service improvement manager believed most foods were safe but agreed this needed further clarification and accurate recording to ensure this practice was safe.

- We observed staff administer medicines in line with the provider's policy. However, a second member of staff signed the MAR without witnessing medicines administration which was not in line with the service procedure. The service improvement manager told us this was not usual practice and said they would review written procedures.
- The label on a bottle of liquid medicine was starting to lose its integrity which meant the directions were becoming difficult to read. There was no 'stopper' in the bottle to dispense with a syringe, which could prevent spillage. The manager informed us staff should be using stoppers which were in stock to prevent this, but they had not been used.
- Directions for two medicines were hand written on a MAR chart but were not signed or counter-signed in line with good practice. Another 'when required' (PRN) medicine was recorded on the MAR chart "as directed", which was not enough information for staff to follow and not in line with national guidance.
- Medicines cabinets were moved to a more secure location where staff distraction was minimised prior to our inspection. The location of the new storage cupboard meant there was a risk of temperature fluctuations due to the position of a radiator, hot water pipes and lack of ventilation. The service only recorded the temperature on the inside of one of the medicine cabinets which meant they could not be assured the other medicines cabinet's temperature was kept within a safe range.

Risks to people's safety had not always been assessed or reviewed and plans were not always in place to ensure staff knew how to keep people safe. Safe medicines practices were not always followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed actions about the support and management of behaviours that challenged and the administration and management of medicines were in place.

- Staff received medicines refresher training and competency assessments following medicines errors to check they were safe to administer medicines.
- When required and pain management protocols were up-to-date and regularly reviewed.
- The service had up to date risk assessments, systems and checks to monitor the safety of the premises and equipment. However, water management records for the prevention of Legionella indicated staff did not always complete the correct documentation and Legionella water sample results were not on file. We discussed these issues with the manager who assured us they would address this with staff and obtain a copy of water results for the home's file. We were provided with evidence that remedial works were completed to reduce the risk of harm after our inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we recommended the provider considered face to face safeguarding training for support workers to supplement online training. Additionally, we recommended the manager accessed training proportionate to their role and in line with local authority safeguarding policies and procedures.

- The provider did not arrange face to face or higher levels of safeguarding training for different roles and responsibilities within the service or in accordance with local safeguarding procedures. However, the service had systems in place to identify and report concerns about abuse. Staff received regular online training and demonstrated awareness about signs of abuse, reporting and recording procedures and said the current

leadership team reinforced and closely monitored these procedures.

We continue to recommend the service considers a higher level of training for the manager proportionate to their role and in response to the high level of safeguarding referrals to the local authority.

- The service followed safeguarding reporting protocols and reported 19 allegations of abuse to the safeguarding local authority between November 2018 and April 2019. These were in relation to medicines errors and people's behaviours that challenged.
- The service implemented a safeguarding protection plan agreed with the safeguarding authority and placement commissioners in response to a person at risk from physical abuse from another person using the service and medicines omissions. This resulted in an alternative placement for one person in March 2019. The service received support from the local authority to learn lessons in response to the risk of abuse. The area manager informed us the service would not accept any other placements over the next six months. During this time a review of training was planned to ensure the service was prepared, had the staff skills and resource to meet people's needs. We were told future placements would be robustly assessed and needs matched according to the client group and the environment.
- There was a system to report and record incidents. Support workers completed detailed incident reports, however the investigation and action sections were consistently incomplete. Incidents were not always entered into the provider's 'case management system' so the quality team could monitor incidents and make recommendations for further actions as necessary. Although records were not available, the service improvement manager was able to demonstrate actions were taken and information was shared in team meetings. The quality manager told us they would support the new manager to ensure robust documentation, audit trails and oversight.
- Staff told us that the new leadership team took incidents seriously and reported and followed-up actions. Staff were involved in debriefs following incidents to evaluate what was/not working, which they felt improved staff understanding and continuity of care. One staff member said, "We know [people's] triggers and have learnt from previous incidents."

Staffing and recruitment

- People's relatives and staff told us that staffing was more stable now as there were less agency staff working in the service. The manager explained that due to one person who required interim additional staffing as part of their safeguarding protection plan the service needed to use more agency staff. This was no longer the case as the person had found an alternative placement.
- Safe and robust recruitment procedures were used when people were employed. We saw required checks and information were sought before new staff commenced working for the service.
- The service identified the need for agency staff to be trained in positive behaviour support including physical intervention. Until this was achieved staff were deployed to ensure that only permanent trained staff were allocated as people's one to one support.
- The rota was based on support hours calculated from dependency assessments to meet each person's individual needs. One to one support for people was allocated in line with their agreed care packages.
- The manager identified that staff were not always clear about the expectation of one to one support, which was integral to the success of positive behaviour support (PBS) strategies and protecting people from harm. We saw this was addressed in team meetings and staff supervisions and the manager described how they were coaching staff in this area. On one occasion we observed a person entered the staff office and their one to one support did not respond promptly, which the manager addressed with them immediately.

Preventing and controlling infection

- Staff received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons.

- A cleaning schedule was followed and we observed the premises' communal and private spaces to be clean and hygienic. There were procedures to reduce the odour in a service user's bedroom and bathroom due to regular soiling linked with a service user's behavioural needs and there was an agreed timely plan to replace the flooring.
- There were specific infection control procedures in place to meet people's individual needs with clear guidance and equipment in place, which we saw were implemented.

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.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The service had inconsistent leadership due to being without a registered manager or deputy manager since December 2018 and was overseen by three different operations managers and a service improvement manager in a 12-month period. During this period staff told us they experienced burn-out and low morale caused by the intensity of escalating behaviours that challenged and the lack of communication and support from the leadership team. Staff told us this was beginning to improve and the new leadership team were open and approachable. We received comments such as, "[The manager] is approachable, not too formal, I can talk to them about anything. [They] take any concerns seriously...any mistakes are followed-up," and "We are working together better as a team and management are now communicating [with us]."
- Relatives told us they thought the service had been "getting run down" because of lots of changes in management and too many "casual workers." They said the new manager had started to make some progress but felt a deputy manager was needed to support them to make and sustain improvements. The manager told us there were plans to recruit to this position but timescales were yet to be agreed.
- Systems for checking the quality of the service and driving improvement were not always effective; they had not identified the areas found during our inspection. The provider has a system in place for the quality and compliance team to monitor incidents, including behaviours that challenged, but there was no thematic analysis of incidents to identify and respond to patterns or risk in line with the provider policy. The service did not always record incidents on the provider's computer software system as required by the provider's policy. This meant the provider did not have oversight of incidents to check appropriate actions were taken to mitigate potential risks to people safety.
- We asked to see the provider's audits during our inspection. Management explained these were not available due to a change in the operations manager, but provided us with a central action plan (known as the consolidated action plan by the provider) after our inspection which included actions created 19 February and 17 May 2019. Management told us progress with identified actions to improve the service had been slowed-down due to the day-to-day support staff required from the management team to respond to people's behaviours that challenged, but they felt this had started to improve. On the day of our inspection the quality and compliance manager was present at the service to support the new operations manager to complete their first quarterly audit. The service improvement manager sent us a copy of this audit, dated 17 May 2019, after our inspection. This audit appeared comprehensive and identified areas for improvement

and included areas found during our inspection. However, it was not possible to assess sustained and continuous improvement as this audit occurred after our inspection visit. The central action plan showed some progress since February 2019 but other actions were either in progress or not started, such as to record outcomes of health care appointments. It was not clear how timeframes were agreed and there was no methodology for identifying priorities based on risk. For example, an action to make a referral to the speech and language therapist (for swallowing) for a person's identified risk of choking, dated 19 February, was given a deadline of 30 April 2019, marked as completed on this date. This was not a timely response to the potential risk of harm.

- One of the management team completed weekly checks and the manager completed a monthly audit of medicines administration records, however these audits failed to identify the areas we found as requiring improvement during our inspection.
- Management records were not always in good order and these shortfalls were not identified by the service at the time of our inspection. For example, staff consistently completed the wrong documentation for fridge/freezer and food temperatures. This type of documentation is important so the provider can evidence and assure themselves that safe systems are followed to protect people from the risk of harm. Care files did not always include up-to-date information. For example, there were two different positive behaviour plans in one person's file; the service improvement manager archived the one that was out-of-date during our inspection. Medicines lists were not consistently available in people's care files. The manager believed this was not necessary as they could use the medicines administration record (MAR) as an up-to-date record. However, this was not in line with the provider's policy or national guidance. The service improvement manager took immediate action to rectify this.

Systems were either not always in place or failed to assess, monitor and improve the quality of the service or mitigate the risks relating to safety of people using the service. Systems also failed to ensure contemporaneous records were held in respect of each service user or for the management of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the quality and compliance manager had commenced a comprehensive audit of the service with the operations manager and the service rectified areas identified during our inspection.

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

- The service had a business contingency plan. This was not updated to include recruitment and the supply of medicines and goods in relation to the government's guidance about a potential 'no deal' EU Exit. Information was displayed about the "EU Settlement Scheme" for EU nationals in line with the government's draft "Withdrawal" agreement.

We recommend the provider updates the business contingency plan in relation to the government's guidance about a potential 'no deal' EU Exit.

- A manager was appointed in 6 April 2019 and submitted their application to register the day before our inspection visit. The service was yet to recruit a deputy manager, but they had received support from another registered manager from a neighbouring home to support supervise staff. The service improvement manager continued to support the manager a minimum of two days per week. Staff consistently told us they felt valued by the new manager and thought the service was moving in the right direction under their leadership.
- The service reported notifiable events to Care Quality Commission (CQC) and other agencies such as the

safeguarding local authority in line with requirements.

- Staff told us they received feedback about their performance; they thought that wider systems, protocols and service dynamics should have been taken into account by the leadership team when they addressed staff performance for medicines errors. However, staff felt the situation had improved with recent changes to medicines protocols and more protected time for staff to administer medicines.
- The provider had various staff recognition schemes in place and recently implemented a pay increment to promote staff retention.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We found the management team engaged positively with our inspection visit, were responsive to feedback and demonstrated commitment to improve the service.
- Regular residents and team meetings were held to share information and gain feedback. Agenda items were person-centred and reinforced management protocols to encourage continuity of care.
- Staff told us they felt the manager treated them equally, listened to and acted upon their concerns and suggestions. Staff were confident to raise issues with the manager and appeared engaged and committed to improve the service.
- Relatives told us that communication between the staff team with towards relatives had recently improved since the new manager and service improvement manager had been involved with the service. They felt staff were now working in partnership together which benefitted people using the service.
- The service collaborated with a range of external professionals such as specialist consultants and occupational therapy to provide people with joined-up care and support.
- The service worked closely with a person's college placement and adapted their approach to provide equal access to education. The college tutor worked alongside support workers in the person's home and in the community. We saw this approach was successful as a positive behaviour strategy as it provided structure and occupation which the person engaged with and preferred rather than attending the college setting.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's safety had not always been assessed or reviewed and plans were not always in place to ensure staff knew how to keep people safe. Safe medicines practices were not always followed.</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 were either not always in place or failed to assess, monitor and improve the quality of the service or mitigate the risks relating to safety of people using the service. Systems failed to ensure contemporaneous records were held for people in relation to their care and support needs or for the management of the service.</p>