

# Voyage 1 Limited

# Red Gables

## Inspection report

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Date of inspection visit:  
06 May 2021  
07 May 2021

Date of publication:  
15 June 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Red Gables is registered to provide care and accommodation to a maximum of 11 adults who have learning disabilities, physical disabilities and/or autism. At the time of the inspection there were 10 people living at the home. Red Gables is a large residential property with en-suite bedrooms.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. This was because concerns raised by staff had not always been appropriately responded to. Staff and records did not always refer to people in a respectful way. The interim manager and provider took appropriate action during the inspection to address these concerns.

Staff described how they supported people to have maximum choice and control over their lives. However, there was not always evidence they were supported in the least restrictive way possible. There were times when people had limited access to their kitchen for health and safety reasons. We discussed this with the interim manager and provider who said they would explore options for people to have more control over access to food and drinks.

Staff were positive about the people they supported. People told us they liked the staff and felt listened to. People had access to their local community. The staff were supporting people to move on to more independent living settings, where this was appropriate.

There were enough suitable staff to meet people's needs. Staff were recruited safely. People's medicines were managed safely. There were suitable infection control procedures in place. Risks to people were assessed and mitigated. There were a range of health and safety checks in place, however some of these had not been consistently completed in April 2021.

We received some mixed feedback from staff regarding the culture of the service, staff told us this had improved. Staff told us their teamwork was good. An interim manager had been appointed to cover the service until a new manager was inducted. The interim manager had identified improvements required and had a range of action plans and audits in place. People and staff commented positively about the interim manager. There were systems in place to engage people and staff.

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 the last inspection.

The last rating for this service was Good (published 16 November 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding incidents, medicines management and the culture of the service. A decision was made for us to inspect and examine those risks.

The information CQC received about the incident indicated concerns about safeguarding. This inspection examined those risks along with infection control.

We inspected and found there was a concern with safeguarding incidents, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led. Please see the safe, effective and well led sections of this full report.

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

During the inspection the interim manager and provider gave assurances and describe the action they had taken to mitigate the concerns we identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Gables on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We requested 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 to monitor progress. We will 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 effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Red Gables

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about safeguarding incidents, the administration of covert medicines and the culture of the home.

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 one inspector and an assistant inspector who made calls to relatives following the inspection visit.

#### Service and service type

Red Gables 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 did not have a manager registered with the Care Quality Commission. The registered manager had left in April 2021. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed an interim manager to cover the service until the newly appointed manager started in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service and we spoke with the local authority. The 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 spoke with two people about their experiences of living in the home. We completed observations of staff interacting with people. We spoke with the interim manager and five members of staff. We reviewed a range of records. This included four people's care records and two people's medicine records. We also reviewed records relating to the management of the service such as incident and accident records, recruitment records, health and safety records, meeting minutes, training records and audits.

#### After the inspection

We spoke with three relatives and three members of the night staff team. We continued to seek clarification from the provider to validate evidence found.

# 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. 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.

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

- There were safeguarding systems and procedures in place to protect people from abuse. During the inspection we identified these procedures were not always followed when concerns were raised. When staff had raised safeguarding incidents, the previous registered manager had not always taken the appropriate action.
- During the inspection staff told us about two safeguarding incidents. They had taken the right action by reporting these to the previous registered manager. However, these had not been reported to the local authority safeguarding team and no formal action was taken to investigate the concerns.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the interim manager who took action and raised two safeguarding alerts during the inspection.
- Staff knew how to identify abuse and were aware of how to report it. Comments from staff included, "I would report anything to the [interim] manager, and I would report it to safeguarding. I haven't seen anything here. I wouldn't have it and would report it" and, "I would report to my manager and if I didn't feel it was being dealt with, I would report it to safeguarding."
- One staff member however, wasn't aware of how to report it externally. We discussed this with the interim manager who told us they would raise awareness within the team.
- There was information in several areas of the home informing staff how to report concerns both internally and externally. The provider had systems for staff to raise concerns using a form with pre-paid postage.
- One person told us, "I feel safe here." Another nodded when we asked them if they felt safe living at the home.
- Relatives did not raise any concerns relating to their family member's safety.
- Some people could get anxious leading to incidents where they displayed harm to themselves or others. There were care plans in place giving staff guidance on how to respond to people at these times.
- Staff told us incidents happened rarely and when they did, they were manageable.
- Where incidents had occurred, these were not always recorded on incident forms. The two incidents mentioned above had not been reported via the provider's reporting system.
- There were systems in place to monitor and review incidents. All incidents were logged onto a system and reviewed by the manager and the provider's behavioural therapist, who offered support and guidance if required.

### Staffing and recruitment

- There had been a recent turnover of staff which meant there were some staff vacancies.
- The interim manager and provider had a recruitment plan in place to address this.
- Staff told us they had the right staff on each shift and shifts were covered. One staff member told us, "Some staff have left but we have enough on each shift." Another commented, "I believe we have the right staff on, there is always a senior on shift, and we have all had the right training."
- We reviewed the staff rotas which confirmed shifts were covered.
- There were safe recruitment systems in place. Not all staff files had a recent staff photograph in them. We discussed this with the interim manager who told us they would review this.

### Assessing risk, safety monitoring and management

- Risks to people were identified and risk management plans were in place. Staff were aware of people's risk assessments.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.
- The service's environment and equipment were maintained. Records were kept of health and safety and environmental checks. We found some of the checks had not been completed in April 2021. We discussed this with the interim manager who told us they would address this.
- Fire alarms and other emergency aids were regularly tested and serviced by an external company.

### Using medicines safely

- Records were kept of medicines administered, which helped to ensure the effectiveness of medicines could be monitored.
- Medicines were stored securely and safely.
- People received their prescribed medicines safely from staff who had been trained to carry out the task. People did not receive their medicines covertly.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Protocols were in place to guide staff on how to administer these medicines. The protocols had not been reviewed since 2019. The interim manager had identified this and had a plan to address it.
- People had individual medicines profiles in place.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 Act 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.

- Where restrictions were in place, MCA assessments and best interest decisions had been completed. However, there was not always evidence that the restrictions were the least restrictive option and kept under regular review.
- For example, at times some people had restricted access to the kitchen, food and drinks. This was because the kitchen door was locked at specific times throughout the day and people had to request staff support to access the kitchen. Whilst there were MCA assessments and best interest decisions in place for this, there was limited evidence to demonstrate other less restrictive options had been considered and that the decision to lock the kitchen was the least restrictive option.
- We discussed this with the interim manager who confirmed the door was locked at these times due to safety issues. Following our inspection, they completed an assessment with the provider's behavioural therapist to review the restriction for each person. They confirmed they considered this to be the least restrictive option.
- We discussed with the interim manager and provider if there were other ways that people could have more control over how they accessed their food and drinks and the provider confirmed they had plans to review this.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

One person in the home had an authorised DoLS. There were another eight people who required a DoLS, all of which had expired. The DoLS had been applied for the service was waiting to hear back from the local authority.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We received some mixed feedback from staff about the culture of the service. Not all staff had felt able to approach the previous registered manager with concerns. Staff, however, felt this had improved since the interim manager was in post and they told us their teamwork was good.
- When staff had raised potential safeguarding concerns to the previous registered manager, they had not always escalated them to the appropriate authorities or taken appropriate formal action.
- The Care Quality Commission (CQC) had not been notified of two incidents which had occurred in line with their legal responsibilities.
- We identified some areas within the staff culture that needed to improve. This included one person being referred to as, "Stubborn" in their care plan. Staff also referred to this person as being stubborn, which does not demonstrate respect for the person. We discussed this with the interim manager who told us they had created a cultural action plan and arranged training for staff.
- The current manager was an interim manager who had been put in post by the provider to cover the home when the previous registered manager left in April 2021. They confirmed they had been appointed prior to the registered manager leaving.
- Since being in post the interim manager had identified areas of improvement within the home. These included people choosing meals and improving the staff culture. They had conducted supervisions with staff to gain their views and thoughts about the service.
- The provider had appointed a permanent manager and had arranged their start date. The manager told us they would be involved in inducting the new manager and working alongside them for a period of time.
- The manager was visible in the service and worked alongside staff. One person told us, "[Name of manager] is a good manager."
- Relatives knew there was an interim manager in place, they felt able to contact the manager or the staff team with any concerns. One relative told us, "The interim manager is [name] and I would definitely go to them, they have been very friendly and supportive." Another relative said, "[Name of registered manager] has left now, they keep us all up to date with what's going on."
- The provider and interim manager had a range of governance systems in place. These included audits and action plans that identified areas for improvement.

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 interim manager and provider understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Our previous inspection rating was displayed at the service.

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

- Meetings with people to enable them to express their views and be involved in the running of their home had been put on hold since September 2020. Staff told us this was due to anxieties associated with activities being restricted due to COVID-19. We discussed this with the interim manager who told us they would look at recommencing these.
- People were supported by the activities coordinator to choose what they wanted to do on a day to day basis.
- One person told us, "We haven't had a meeting for ages, but I feel involved in the home." Another person told us if they were not happy, they would speak to staff and they felt listened to.
- Annual surveys were carried out to receive feedback from people, their relatives, staff and visiting professionals. The last survey was carried out in July 2020 and action points from the survey were created into a development plan. This formed part of the provider's quarterly audit to monitor progress at the service.
- Staff told us people's views were sought on a day to day basis. One staff member told us, "We offer people choices and ask them what they would like to do."
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals. These included district nurses, epilepsy specialists and social workers.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The providers systems and procedures to effectively investigate safeguarding concerns had not always been followed. Regulation 13 (3).</p>