

Voyage 1 Limited

Theoc House

Inspection report

Margaret Road
Priors Park
Tewkesbury
Gloucestershire
GL20 5HX

Tel: 01684297358
Website: www.voyagecare.com

Date of inspection visit:
16 March 2023
17 March 2023
20 March 2023

Date of publication:
16 May 2023

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

Theoc House is a residential care home providing accommodation and personal care to up to 10 people. The service supports people living with acquired brain injury, some of whom may have mental health needs and/or physical disability. At the time of our inspection there were 7 people using the service.

Theoc House offers purpose-built accommodation with 7 bedrooms and 2 self-contained flats within the main building. One flat has 2 bedrooms, the other has 1 bedroom. All bedrooms have en-suite facilities and the option for ceiling hoists. The main house has an adapted bathroom, communal kitchen, lounge, and gym area. The main house, ground floor flat and enclosed garden are wheelchair accessible.

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

People were positive about life at Theoc House and told us they were supported by staff who were kind and respectful. We saw people were able to raise complaints and their views were listened to. People benefitted from a calm and inclusive approach where their individual needs were understood.

People's risks had been assessed and their support plans described the actions staff should take to keep them safe and to promote their independence. Risk assessments and support plans were reviewed regularly, and timely action was taken when people's needs changed. Staff followed advice from professionals when managing risks in relation to choking, pressure care, seizures and medicines.

One person declined to follow the specialist advice in their support plan to manage their risk of choking and we found a lack of clarity around how this risk was being managed by the service. We recommended the provider review their risk management processes to ensure these are sufficiently robust in such circumstances.

People's medicines were reviewed regularly to ensure they remained suitable. The registered manager ensured the equipment people needed was requested and appropriately maintained. Provider policies were followed to manage environmental risks including fire and control of infection.

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. When people were unable to consent to any restrictions needed to keep them safe, capacity assessments had been completed and applications to deprive them of their liberty had been submitted.

Increased investment, improved oversight and leadership, recruitment changes, staff training and support were all having a positive impact on the service's culture. Each person had a named staff member [keyworker] who supported them with planning and decision-making. Senior staff had recently completed workshops in key-working and supervision [of staff] to strengthen performance in these areas. Progress on the service's improvement plan was closely monitored by the provider.

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 20 September 2018).

Why we inspected

We received concerns in relation to meeting people's care needs, safeguarding people and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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 remained good, based on the findings of this inspection.

Recommendations

We recommend the provider review their processes to ensure these are sufficiently robust when people decline to follow recommended care and treatment plans.

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

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Theoc 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 was carried out by 1 inspector 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

Theoc 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. Theoc 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 6 people who used the service and observed people interacting with staff. We spoke with 4 people's relatives. We received feedback from 7 professionals about their experience of the care and support provided by the service.

We spoke with 11 staff including the operations manager, registered manager, deputy manager, 2 senior support workers and 6 support workers.

We reviewed a range of records. This included people's care records and records of incidents and accidents. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and actions for staff, to keep people safe, were detailed in related support plans. When people's needs changed, staff referred them to professionals promptly, any recommendations were implemented, and records updated. The provider had ensured risk assessments and support plans were reviewed and updated regularly.
- However, one person declined to follow speech and language therapist (SLT) advice to reduce their risk of choking. While their capacity to make this decision had been checked, related risk assessments and support plans contained contradictory information, hence actions to mitigate the risk to them were unclear and our discussions with staff reflected this. We did not identify any adverse impact on the person from this.

We recommend the provider review their processes to ensure these are sufficiently robust when people decline to follow recommended care and treatment plans.

- Staff supported all other people at risk of choking in line with their support plans, which were clear and consistent. They were familiar with the International Dysphagia Diet Standardisation Initiative (IDDSI) and referred to IDDSI levels when communicating about how people's food and drink should be prepared. A professional said, "When I set dysphagia recommendations the [staff] are very diligent. They ask me questions when they are unsure about certain utensils and textures."
- The provider and service ensured the equipment in use was safe and appropriate for people and the environment was well-maintained. The registered manager worked with health care professionals and specialist services to ensure people had the equipment they needed.

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

- Staff supported people to manage their emotions and responses to others behaviours using short explanations, distraction and redirection techniques. Despite people's complex support needs, the outcome was a calm and supportive atmosphere where people told us they felt safe. A professional said, "I provide the team with strategies, they respond cohesively and collectively."
- The provider acted to safeguard people in response to allegations or concerns by carrying out investigations and involving external agencies. People looked well cared for and told us they felt respected. A relative said, "They are very caring, everyone is nice, they take their lead from [person's name]". A professional said, "I like the way they are safeguarding."
- Systems were followed and checks completed to protect people from the risk of financial abuse.

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. Some areas for improvement had been identified by the provider and the registered manager was completing actions around this, including introducing a DoLS tracker to help them monitor DoLS applications and authorisations.

Staffing and recruitment

- We saw the provider's 'safe staffing levels' were met or exceeded, and staff confirmed the service maintained these levels. Staffing levels were based on people's funded hours and planned activities. Agency staff were rarely needed as the provider had ensured enough staff were employed.
- Work was in progress to ensure staff had the right skills and approach for their role. This included role-related workshops, supervision, and performance management. Further to this, some changes to the senior staff team were planned.
- Safe recruitment practices ensured staff were suitable to work with people using the service.

Using medicines safely; Learning lessons when things go wrong

- Medicines were stored safely. People's medicines were stored in locked medicines cabinets in their rooms. This helped to reduce risk of medicines errors including medicines being given to the wrong person, or errors resulting from staff being distracted. Systems were in place to ensure medicines were stored at the correct temperature.
- Records showed people had received their medicines as prescribed.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People's medicines were reviewed annually to monitor the effects on their health and wellbeing and ensure they remained appropriate.
- Lessons learned were shared by the provider. Incidents were reviewed and action taken to improve safety within the service. Updates to systems, processes and training were cascaded to staff through staff meetings.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- 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 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

People could receive visitors without any restrictions.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care; 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 had a positive impact on the service as they ensured staff knew what was expected of them. A relative said "It is a lot better than it was 12-18 months ago." A professional said, "The change is so positive. I can talk to anyone on shift, and they are fully briefed." Staff comments included, "She has brought the service up leaps and bounds", "There are boundaries, staff know what to expect" and, "The residents seem happier; the staff too."
- The registered manager carried out a programme of regular audits to monitor the quality and safety of the service including medicines, incidents and health and safety. Provider oversight was maintained through operational visits, provider quality audits and spotlight reviews.
- The provider acted to ensure learning was shared within the organisation. In response to a choking incident at another service, an audit of choking risks had been carried out in January 2023 and additional training in managing choking risks had been provided for all staff.
- The service had notified CQC of key incidents and events as required. Investigations were carried out in relation to any significant incidents or concerns raised, further to which, learning and areas for improvement were identified and added to the service's action plan.
- Progress on the service's consolidated action plan was being monitored through the provider's monthly 'spotlight review' process. This process allowed the registered manager to access support and expertise from others within the organisation whilst increasing provider oversight.

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; Working in partnership with others

- People told us they were happy with the support they received; their comments included, "It is a good place to live. I have a voice. I feel listened to", "They [staff] know what they are doing" and, "The staff are nice people." One person told us about the weekly house meeting where their views were sought.
- The service worked closely with professionals who told us communication with them was good. A professional said, "I am very happy with Theoc House and the care they provide; I feel their communication is excellent and are very empathetic towards family who can struggle with their loved one's situation."
- Staff demonstrated good insight into the challenges people faced and worked with professionals to help increase people's independence, while helping people manage their emotions and expectations. We saw staff acted inclusively in response to challenging behaviour directed at them, reassuring other people using the service while fostering a calm, non-judgemental response.

