

Voyage 1 Limited

235 Rugeley Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: 235 Rugeley Road is a residential care home providing personal and nursing care to seven people with a learning disability at the time of the inspection.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:

People did not always have prompt referrals to other professionals to manage risk. People's medicines were not always administered as prescribed. People were sometimes left at risk of harm as procedures to keep people safe were not always followed.

Systems to monitor the quality of care were not effective in identifying areas for improvement.

People received care from staff who were well trained and supported to meet their needs and provided safe and effective care.

People were supported by staff that were kind and compassionate and understood their preferences. People could make choices and received support with their communication needs. People were encouraged to be independent and their privacy and dignity was respected.

People were supported to do things they enjoyed. People were involved in their care and support and their preferences were understood by staff. There was a complaints policy in place.

The manager and staff created a positive culture and there were systems in place to review and learn from incidents.

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: At the last inspection the service was rated Requires Improvement (report published 5 October 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Enforcement: Action we told provider to take can be seen at the end of the full report.

Follow up: We will carry out ongoing monitoring of the service and check the improvements have been made at our next inspection.

## 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?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 235 Rugeley 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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, an inspection manager 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:

235 Rugeley Road 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 had a manager in post however they had only just commenced in the role and had not yet registered with the Care Quality Commission. A registered manager along with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had

completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with four people who used the service and two relatives. We did this to gain people's views about the care and to check that standards of care were being met. We observed people's care to help us understand the experience of people who could not talk with us. We also spoke with four members of staff, the manager and the operations manager.

We looked at the care records of three people who used the service to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included incident reports, medicine administration records and quality assurance records and two staff files.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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; Assessing risk, safety monitoring and management:

- At our last inspection we found medicines were not always administered safely. At this inspection we found there continued to be issues with medicines administration.
- We saw staff give one person their medicines which were crushed and placed in fluid. We checked the manufacturer's instructions and found the medicine should be swallowed whole. There was no guidance in place to say this had been checked with a pharmacist and was safe to crush.
- The manager confirmed with the pharmacy the person would come to no harm as a result of this and they approached the doctor to obtain the medicine in liquid form following us bringing it to their attention.
- A refrigerator containing medicines in the kitchen area which was left unlocked meant people could access the medicine placing them at risk if they put this in their mouth.
- People mostly had risks to their safety assessed and plans put in place to meet them. However, we found where risks had increased from behaviours that challenged, action had not been taken to effectively manage the risks.
- Referrals for specialist support had been delayed which meant people had been exposed to an increased risk of harm from the continued behaviours.
- We found chemicals stored in an unlocked cupboard, where people could access these. This meant people may be at risk of harm from eating or drinking the chemicals. Staff confirmed the products were always stored in the unlocked cupboard despite a lockable facility being available.
- We spoke to the operations manager about these issues and they confirmed action had been taken following the inspection to address the concerns.
- A failure to ensure safe medicines administration and storage, prompt risk mitigation and chemicals not being stored safely means there is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to stay safe from harm and abuse, systems and processes:

- People told us they felt safe and relatives confirmed this. People were supported to stay safe from the risk of abuse. One relative told us, "I have total peace of mind with [person's name] being there. We are just happy they are being so well cared-for. We have every confidence and faith in the staff. The staff love them as much as we do."
- Staff could describe how to recognise the signs of abuse and tell us the procedures for reporting any concerns.
- The provider had systems in place and the manager understood their responsibilities for following procedures to protect people from abuse and we saw these worked effectively.

Staffing levels:

- At our last inspection staffing levels did not always reflect the level of support people needed. At this inspection we found the provider had made the required improvements.
- Staff were recruited safely. The provider had systems in place to check newly appointed staff were suitable to work with vulnerable people.
- We saw there were enough staff to support people safely and staff confirmed they felt there were sufficient staff to support people.
- The manager described how they worked out how to have enough staff and rotas confirmed there were sufficient staff on duty.
- We saw people had support from staff during the inspection when they needed it. One person told us, "Staff always come quickly when you need them." However, another person commented they would have liked to see more staff to do things with them and be able to go out more often.

#### Preventing and controlling infection:

- People received support from staff who understood how to prevent the spread of infection. Staff followed infection control procedures to keep people safe from the spread of infection.
- Staff were using personal protective equipment (PPE) when required and we saw the home was clean and fresh.

#### Learning lessons when things go wrong:

- There were systems in place to learn when things went wrong. The provider told us how they reviewed all incidents and accidents and analysed for trends.
- The manager could give examples of changes that had been made following these reviews and actions that had been taken to minimise or prevent reoccurrence.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed and plans put in place to meet them with regular reviews taking place.
- One relative told us, "A review has recently happened and it was very thorough and handled very well."
- We saw people's diverse needs including protected characteristics under the Equality Act 2010 such as age, culture, religion and disability had been considered within the assessment and care planning process.

Staff skills, knowledge and experience:

- People received support from staff that had been trained and had the skills to support them effectively. One relative said, "Staff are trained well enough."
- One staff member told us, "I have had lots of online training in my induction and completed some shadowing."
- Staff told us they had regular updates to their training and records confirmed this. Staff also confirmed they had access to support through meetings and supervision sessions. We saw staff were skilled in meeting people's needs.

Supporting people to eat and drink enough with choice in a balanced diet:

- People had a choice of meals and received support to maintain a healthy diet.
- Where people had risks associated with eating and drinking there were clear assessments in place, guidance from relevant professionals and clear care plans for staff to follow.
- Staff understood people's needs, preferences and risks relating to meals and drinks and ensured people received the support they needed.
- We saw risk assessments and plans were in place with regular reviews and updates undertaken. One person was at risk of choking and we saw staff followed the person's care plan when providing meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care:

- People received consistent care and support. Staff told us they received information at the start and end of their shift about how people had been during the day and discussed any changes to people's needs.
- The provider told us in the PIR records were kept up to date and staff were given time to ensure they understood how people were to be supported. Staff confirmed they had a good knowledge of people's needs and could show they gave consistent support.

Adapting service, design, decoration to meet people's needs:

- People had personalised their bedrooms and had been supported to have items of interest in their rooms.
- The home was homely and people could access communal areas and their bedrooms freely.



- There was a large garden which people could access.

Supporting people to live healthier lives, access healthcare services and support:

- People received support to maintain their health and wellbeing. People told us about seeing doctors when they needed, an optician, and a chiropodist visiting the home.
- We found people with specific health conditions had clear guidance in place for staff on how to support them.
- Staff could describe how they supported people with their health needs and we saw referrals to health professionals took place and the advice was followed by staff.
- We found people had support to stay healthy and manage risks to their health.

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

- The 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.
- However, there were inconsistencies in some aspects of paperwork required to demonstrate compliance with the MCA. We spoke to the operations manager about this and they confirmed this had been corrected immediately after the inspection.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were supported by kind and caring staff. One person told us, "Staff are kind, I laugh with all the staff." A relative told us, "Staff are wonderful, absolutely, they go above and beyond."
- Relatives shared examples of how people had been supported which showed staff had a caring approach.
- We saw staff interacting with people and offering reassurance when they were upset, giving advice on clothing and checking how people were and having a chat.
- Staff we spoke with could tell us details about people's lives and how they needed to be supported. One staff member said, "We get to know people really well."

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to make choices. One person told us about choices they made relating to meals. We saw staff offering choices with drinks, clothing and where people wanted to spend their time.
- Staff were observed encouraging people to maintain their independence. For example, we saw staff supporting people with their mobility based on their needs.
- People had their communication needs assessed and plans put in place to meet them. Staff understood the different ways people needed to be supported with communicating and there was detailed guidance in care plans for them to follow.

Respecting and promoting people's privacy, dignity and independence:

- People had their privacy and dignity respected by staff. People confirmed they were respected by staff and their privacy was maintained. People told us they could have time in their rooms for example.
- Staff told us how people were supported to maintain their dignity and had privacy when they wanted it.
- We saw staff observed people's choices and respected their decisions, for example with choosing what to wear and when to get up.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

- People were supported by staff that understood their needs and preferences. One relative told us, "The staff know [person's name] well, they know when they are unwell and understand their moods."
- People's individual preferences were understood by staff. Staff could describe in detail people's history, their likes and dislikes and how they preferred to be supported.
- Care plans included information to guide staff about people's preferences. This included how people's needs relating to their protected characteristics were met including considering their culture, religion and sexuality for example.
- People's individual interests were documented in their care plans. There was information about what was important to the person including people in their life, activities and their history.
- Some people were supported to go out into the community during the day. However other people spent much of their time alone, and were not engaged in meaningful activity.
- We spoke to the manager about this and she said she would be reviewing peoples individual care needs as a priority now she was in post and would look at how people were spending their time.

Improving care quality in response to complaints or concerns:

- There was a complaints process in place. One relative told us, "I know how to complain but I have not had a need to complain formally."
- The provider had a policy in place and could describe how they would investigate complaints and respond using the information to learn and make changes to the service.

End of life care and support:

- The provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection we found the systems to monitor quality were not effective in driving improvements. At this inspection we found some changes had been made to systems, however these were not consistently being used.
- There were systems in place to ensure medicines were being administered safely. However, these had failed to identify medicine had been administered against the manufacturers guidance and medicines were not stored safely.
- Checks were in place on the environment and safe storage was in place for chemicals but this was not consistently being used by staff and the checks in place had failed to identify this.
- Risk assessments and care plans were reviewed and checks were carried out. However, these had failed to identify a delay in seeking additional support to manage risks from behaviours that challenge.
- Systems were in place to undertake MCA assessments and document best interest decisions, however checks had failed to identify these were not always in place.
- The failings in the governance systems meant there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The new manager told us their vision for the service was to provide active support for people to live independent lives and have a busy environment in order to explore new things.
- The new manager understood their responsibilities for duty of candour and described their plans for improving the quality of the service.
- The operations manager confirmed they had identified some of the issues we found during the inspection and had already got plans in place to make improvements.
- Following the inspection, the operations manager told us of the actions they had taken to address our concerns and the provider gave assurances about lessons learned.

Engaging and involving people using the service, the public and staff:

- In the PIR the provider told us they spent time speaking with people, relatives, staff and other professionals to seek their views and use this to form an action plan.
- People told us they were asked if they were happy with the service they received.
- We saw records which showed people had been involved in discussions about the home. They had spoken about outings they wanted to go on and action plans were in place.

- Staff confirmed they had opportunities to discuss things with the provider. We saw records which confirmed staff meetings were held and the service was discussed.

#### Continuous learning and improving care

- In the PIR, the provider told us there were weekly communications in place to inform of any change to policies and procedures or changes in legislation and provide information on best practice.
- The manager told us they were aware of areas for improvement and had experience in changing the culture of homes and making improvements. They planned to spend time understanding the requirements for change and developing an action plan to address these.

#### Working in partnership with others:

- In the PIR, the provider told us people accessed community facilities and activities but more needed to be done to increase this. The new manager told us this would be considered as part of their action plan.
- The operations manager told us they had relationships with health professionals and sought their advice as needed. There were working relationships with key health professionals such as community nurses and the speech and language therapy team (SALT).
- We saw staff worked with other organisations to offer people support and this was documented in people's care records.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not ensuring people were kept safe from risks to their safety and medicines were not safely stored and administered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers systems had not identified concerns with how risks were being managed and procedures to keep people safe were not being followed.