

Voyage 1 Limited

Ingleby House

Inspection report

Leicester Road
Bedworth
Warwickshire
CV12 8BU

Tel: 02476319909

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18 June 2019

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02 July 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

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

What life is like for people using this service:

Individual risks to people's safety and well-being were assessed, recorded and reviewed. Actions were taken to mitigate risks of harm and injury to people.

There were sufficient skilled staff on shift. Staff received an induction, training and were supported through one to one and team meetings.

The home was well presented and had no offensive odours.

People had their prescribed medicines available to them and were supported with these by trained staff.

However, some improvement was needed to ensure staff consistently kept accurate records about people's medicines, such as what medicines were received on their behalf.

Staff received training on how to protect people from abuse and had reported a concern to the provider.

The provider and registered manager had informed us, as required, about specific incidents and had taken appropriate action.

The provider's quality assurance system identified where improvements were needed, and these were acted on to ensure people received a quality and safe service.

Rating at last inspection: At the last inspection the overall rating was Good. (The last report was published on 8 August 2018).

Why we inspected: This was a focused inspection based on information shared with us from the local authority. Concerns shared with us involved a lack of learning by the provider from incidents, insufficient staff trained in moving and handling and inconsistent support for staff. Our focused inspection looked at how safe and well led the service was. We found the provider had taken actions to address the issues raised with them by the local authority and improvements had been made. Some further improvements were planned for. The service continues to be rated as 'Good' overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ingleby House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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: One inspector carried out this inspection on 18 June 2019.

Service and service type: Ingleby House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did have a manager registered with the Care Quality Commission (CQC). A registered manager, as well as the owner and provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave short notice to the registered manager on 17 June 2019 of our inspection visit. This was given to ensure they would be available to speak with us on 18 June 2019.

What we did when preparing for and carrying out this inspection:

This was a focused inspection based on information shared with us from the local authority. Concerns shared with us involved a lack of learning by the provider from incidents, insufficient staff trained in moving and handling and inconsistent support for staff. Our focused inspection looked at how safe and well led the service was.

We also reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with one person living at the service. We also spoke with two care staff, the

deputy manager, the registered manager and the provider's operations manager. Following our inspection visit, we had telephone conversations with three people's relatives.

We reviewed a range of records. This included four people's care records, risk management records and multiple medication records. We also looked at records relating to the management of the home. These included systems for checks undertaken on the health and safety of the home and staff training records.

Is the service safe?

Our findings

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

Requires Improvement: This means some aspects of the service were not always safe and there was limited assurances about safety. There was an increased risk people could be harmed.

Using medicines safely

- People had their prescribed medicines available to them and were supported to take them by trained staff.
- One person was prescribed an emergency medicine 'when required' and this was available to them. However, staff had not ensured this was recorded on their new medicine administration record which had commenced two days prior to our inspection visit. The registered manager agreed it should have been recorded and assured us they would add the medicine details.
- Overall, people had protocols in place for 'when required' medicines such as paracetamol. However, some people did not have protocols or body maps in place to guide staff about topical applications such as creams. The deputy manager assured us immediate action would be taken to put these in place where needed.
- Overall, records of medicines received on people's behalf were correct. However, improvement was needed to the records made by staff to ensure people's medicine administration records consistently contained accurate information. For example, a staff member had incorrectly signed on one medicine record for receipt of a cream which had not been delivered.
- Medicine stock was not recorded as 'carried forward' which meant effective checks by the provider may be difficult to complete.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's needs had been assessed to identify any risks to their health and wellbeing. Staff knew people well and how to safely meet their care needs.
- Staff understood and were trained to manage people's behaviours that may challenge. One staff member told us, "[Name] will say 'no' to everything, so it's really important to be patient and clear with them about what is being asked. If they are given space and time to process the information, this helps them to remain calm."
- The registered manager told us they worked in collaboration with the learning disability nurse to ensure consistent safe approaches were taken when supporting people with behaviours that may challenge.
- People were supported to make choices about how they spent their time and take 'positive risks' which included swimming, horse-riding, and riding their bike and were appropriately supported by staff.
- One person had been identified as at risk of developing sore skin. Staff took action to reposition this person and used special equipment, such as an airflow mattress and special chair to relieve pressure. Daily 'skin-checks' were completed by staff to ensure the person's skin had not become sore. One staff member told us, "We always make sure [name] has a pillow around their neck as support and to stop their skin rubbing." The mattress airflow pump was set correctly so the person received the required pressure relief.
- One person had been identified as at risk of choking and staff followed the person's risk management plan,

to ensure the person's fluids were thickened and their food was pureed. They sat the person upright to eat and observed them closely.

- The provider identified environmental risks and had risk management plans in place. For example, a fire alarm system was maintained, regular fire drills took place and staff were aware of what actions to take in the event of an emergency.
- People had Personal Emergency Evacuation Plans (PEEPS) so staff and emergency services knew what level of support people required in the event of an emergency evacuation.
- Lessons were learned from when things went wrong. The registered manager told us they had put measures into place to reduce the risk of medicine errors. They told us, "There had been missed staff signatures on people's medicine records, so we have implemented a checking system. This is recorded by staff and has minimised risks of reoccurrence in staff forgetting to sign when people's medicine is given."
- Most staff had received training in safe moving and handling and further training was planned. The registered manager had investigated a poorly planned shift which had resulted in staff trained in moving and handling being out of the home. The registered manager assured us they had increased their oversight of staff on shift to ensure they were always available to support people when needed. On the day of our inspection visit, staff were available to support people with transfers when needed.

Preventing and controlling infection

- Staff understood the importance of infection prevention. Staff wore Personal Protective Equipment (PPE) such as plastic aprons and gloves when needed.
- The home was clean and odour free.

Staffing and recruitment

- There were enough staff on shift to provide safe care. One relative told us, "There always seems to be enough staff about when we visit."
- Staff felt there were enough of them on shift to safely meet people's needs. One staff member told us, "During the day time, there are six staff. If anyone is off, the manager gets the shift covered." The registered manager told us two staff were on a night shift and there were on-call arrangements in place if additional support was needed.
- The provider's system for recruiting staff ensured staff's suitability to work there. Two recently appointed staff told us checks had been undertaken before they started working at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and when concerns should be raised with the registered manager and the provider. One staff member told us, "I would report it straightaway" and added that if no action was taken, "I would go to CQC or the local authority."
- A staff member had raised a safeguarding incident following the company policy. The registered manager and provider had taken immediate action to ensure people's safety was maintained. Appropriate action had been taken because the registered manager and provider understood their responsibilities in reporting specific incidents to us and 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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us their family member was "Happy", "Settled" and, "Well cared for" at Ingleby House. One person told us, "I get on with all the staff working here."
- Relatives felt the staff were approachable and listened to them. One relative said, "I can always speak with the staff. We have no concerns, the home has a family-feel to it and staff have a nurturing attitude."
- One relative told us, "My family member recently moved to live at the home. They managers were very good, offering visits and overnight stays so the move did not cause anxiety, they made sure it was a smooth transition."

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

- Reflecting the caring approach of the registered manager and the positive organisational culture they had created, staff felt proud to work for the provider. One staff member said, "I really enjoy my work here, we give good care to people. As a staff team we are supportive of one another and the managers are always supportive."
- Staff were positive about the registered manager. They said they were approachable, listened and offered one to one meetings to discuss work and developmental training needs.

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

- Governance was well-embedded into the running of the service. The provider had a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.
- Regular audits were completed and where improvement was needed, this was completed.
- The provider learnt from when something goes wrong. The registered manager gave us an example of changes they had made to systems to ensure staff followed safe practices.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager attended local provider forums where learning was shared.
- The provider offered opportunities to people and their relatives to give feedback and positive feedback had been received during a meeting in May 2019.
- The rating from the provider's last inspection was displayed, as required, on the notice board in the

entrance area of the home.