Voyage 1 Limited

Bowens Field

Inspection report

24 Bowens Field
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
24 Bowens Field is a residential care home providing personal care to three people at the time of the inspection. The service can support up to three people. The home is a normal domestic dwelling and in keeping with the local community.

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

Right Support
Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their rooms.

People were supported to take their medicines by staff who had received medicines training. Staff demonstrated a good understanding about how to recognise abuse and how to safeguard people from this. People were supported by staff to ensure they ate and drank sufficient amounts to maintain their health.

People were able to access relevant healthcare services when needed to promote their physical and mental health. People's involvement in their assessment and care planning ensured they received a service the way they liked. Staff were kind and friendly and people could be assured their right to privacy and dignity would be respected.

The provider accepted the need for some remedial decoration and plans were in place to start this work. However, we found the environment did not pose a risk to people living in the home. Staff were aware of when people were unhappy and took the appropriate measures to resolve their concerns.

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Right Care
The provider's quality monitoring systems were ineffective to ensure safe practices. We found risk management placed people at risk of potential harm. Insufficient staffing levels meant people's assessed needs were not always met. Infection, prevention and control measures were not robust and placed people at risk of contracting avoidable infections.

At the time of the inspection no one was receiving end of life care and there was no information in place to show this had been discussed with people.
Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right culture
The ethos, values, attitudes and behaviours of leaders and staff ensure that people using the service lead inclusive and empowered lives.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Although, the registered manager was on long term leave. Appropriate arrangements were in place to ensure the management of the home. Both the deputy manager and the regional support manager demonstrated a good understanding of people's needs and had clear direction of planned improvements for the home in the future.

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

Rating at last inspection and update
The last rating for this service was good (published 23 November 2018).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we 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.

Requires Improvement

Is the service effective?

The service was not always effective.

Requires Improvement

Is the service caring?

The service was caring.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Requires Improvement

Is the service well-led?

The service was not always well-led.

Requires Improvement

Bowens Field

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 Care Act 2014.

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
One inspector carried out the inspection.

Service and service type
The service had a manager registered with the Care Quality Commission. However, they were not present during the inspection visit. 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.

Notice of inspection
This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before inspection
We reviewed information we had received about the service. 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 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 who used the service about their experience of the care provided. We spoke with two staff members, the regional support manager, and communicated via email with the operations manager. We observed staff's interaction with people.

We reviewed a range of records. These included two people's care records and medicines administration records. Staff training records, risk assessments, including policies and procedures were also reviewed.

After the inspection
The regional support manager who was running the home in the absence of the registered manager was not present on the day of our inspection visit. We spoke with the regional support manager on 16 March 2022, via a 'Teams' meeting. This was to discuss the management of the service and for them to provide us with information that was not accessible to us during our inspection visit.

We continued to seek clarification from the regional support manager and the operations manager to validate evidence found.

Requires Improvement

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.

Staffing and recruitment
• There were insufficient staff to meet people's needs.
• We received conflicting information regarding staffing levels. Both staff on duty told us there were insufficient staffing to ensure people received one to one support they had been funded for. After the inspection visit the operations manager also shared this information with us.
• We spoke with the regional support manager after the inspection visit. They told us that prior to the inspection, staff had been deployed from other homes within the organisation to work at 24 Bowens Field, to cover the vacant staff hours, and this would continue until the home was fully staffed.

The lack of sufficient staffing meant this is a breach of regulation 18(1), Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The regional support manager told us they had recently implemented a new activity timetable. This enabled them to review how the one to one hours were used.
• We were informed interviews had recently been carried out and two care staff were due to start working in the home the week after the inspection visit. A further two people were awaiting safety checks prior to them commencing employment.

Preventing and controlling infection
• The provider did not use effective infection, prevention and control measures to keep people safe.
• We were not assured that the provider was preventing visitors from catching and spreading infections. On our arrival we were not directed to an area to wash our hands and we were not asked for our COVID-19 passport and our temperature was not taken.
• We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. When we asked where to dispose of our PPE, we were directed to a bin located in the office with a pile of files stocked on top of it. This made it difficult to access the bin. After our inspection visit, we spoke with the regional support manager who confirmed our experience with regards to infection, prevention and control was not adequate and assured us this would be addressed with staff.

Inadequate systems and practices to reduce the spread of avoidable infections is a breach of regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was making sure infection outbreaks can be effectively managed.
• We were assured that the provider's infection prevention and control policy was up to date .

Assessing risk, safety monitoring and management
• People were placed at risk of potential harm because of poor risk management.
• We observed chemicals located in the office that if accessed by people living in the home could be harmful if ingested. When we identified this to staff, they were removed promptly.
• Staff's training records showed three out of five staff training in relation to fire drills had expired of which, was also identified in the home's fire risk assessment.
• We spoke with the regional support manager after the inspection visit who told us since the undertaking of the fire risk assessment, a fire drill had been carried out.
• We saw risk assessments were in place with regards to the individual's health conditions. We spoke with one staff member who had a good understanding of information contained in the risk assessment and when medical intervention was needed.
• A care record showed a person was at risk of choking and information was in place about how to reduce the risk.
• We observed personal emergency evacuation plans in place, telling staff the level of support the individual would need to evacuate the building in an emergency.
• People's care records helped them get the support they needed because it was easy for staff to access.
• Staff had access to risk assessments to support their understanding about how to care for people safely. We spoke with a member of care staff who was knowledgeable about people in their care and how to promote the individual's independence whilst reducing the risk of harm.

Systems and processes to safeguard people from the risk of abuse
• Two staff members on duty told us people who used the service would be unable to read information displayed in the home about safeguarding and would not know how to share their concerns.
• A member of staff told us people's facial and body language showed when they were sad, and action would be taken to find out what was making them unhappy .
• People were unable to tell us if they felt safe. The regional support manager told us if a person appeared unhappy, they would use pictorial aids to enable the person to point at pictures to indicate how they were feeling and the reasons why.
• We spoke with a staff member who had a good understanding about different forms of abuse and how to protect people from this. They told us, "I would report any concerns to the manager." They were also aware of outside agencies they could share their concerns with.
• Where the provider had made a safeguarding referral in the past, we saw action had been taken to mitigate the risk of it happening again.

Using medicines safely
• People were supported by staff who followed systems and processes to administer, record and store medicines safely.
• A staff member who supported people to take their prescribed medicines told us they had received medicines training.
• We observed medicines competency assessments were carried out to ensure practices were up to date and safe.
• Where a medication error had been made in the past, we saw staff had been provided with additional medicines training and reassessment of the individual.
•We looked at medicines administration records that showed people had received their medicines as prescribed.

Learning lessons when things go wrong

• The regional support manager told us they had recently recognised that 24 Bowens Field was somewhat isolated from the other homes within the organisation. This was highlighted during the pandemic. Lessons learnt was the importance of ensuring the service was not isolated from other homes to enable the registered manager and staff to access support when needed. The regional support manager said it was also important to have a more meaningful presence within the local community.

Requires Improvement

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. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• The staff training records showed staff did not always receive regular on-going training. The regional support manager told us they were currently going through a transition of systems with regards to staff training. They were unsure if the information shared with us was up to date or accurate.
• Staff told us they had received an induction when they started working in the home. This ensured their awareness of their role and responsibility in meeting people's assessed needs.
• The regional support manager told us they would continue to have discussions with the staff with regards to future training and development.

Adapting service, design, decoration to meet people's needs
• The provider accepted the need for some remedial decoration and plans were in place to start this work. However, we found the environment did not pose a risk to people living in the home. A staff member said, "It's very homely here but it needs an update to the interior."
• 24 Bowens Field is a normal domestic dwelling and was in keeping with the local community. The premises provided one bedroom on the ground floor and two on the first floor. One bedroom had an en-suite and there was a bathroom shared between two people. People had access to a kitchen, lounge and a dining area. People had access to a well-maintained garden at the rear of the property.

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.

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.

• People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law.
• Staff empowered people to make their own decisions about their care and support.
• For people who were assessed as lacking mental capacity for certain decisions, we saw the staff clearly recorded assessments and any best interest decisions.
• We observed a best interest decision was in place with regards to obtaining COVID-19 vaccinations.
• A staff member told us they had received MCA training and demonstrated a good understanding of the principles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
• Pre-admission assessments were carried out before the person moved into the home. The information obtained during this assessment ensured the provider would be able to meet the individual's needs.
• The regional support manager told us where possible people were actively involved in their assessment and care planning.
• The regional support manager told us although one person was unable to tell staff what they would like, they were still present during the process of reviewing their care. The regional support manager said at times the person's facial expression would indicate if they were happy with what was said during the review of their care.

Supporting people to eat and drink enough to maintain a balanced diet
• People received support to eat and drink enough to maintain a balanced diet.
• People were involved in choosing their food, shopping, and planning their meals.
• Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
• On arrival to the home we observed one person in the kitchen making themselves a drink.
• We heard a staff member telling people what was for dinner and allowing them to have a choice. We observed people helping to prepare their meal.
• Where necessary people had access to a speech and language therapist when needed.
• We observed a staff member sitting and eating lunch with people. The atmosphere was pleasant with staff engaging and chatting with people.

Supporting people to live healthier lives, access healthcare services and support
• Staff had access to detailed care plans that provided relevant information to assist them in meeting people's healthcare needs.
• Staff told us and the records we looked at confirmed people had access to healthcare services when needed. Staff told us people had access to a dentist. We observed oral healthcare plans were in place to promote good oral health.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• We identified concerns in relation to risk management and infection, prevention and control. We spoke with three members of staff who told us people did not receive their one to one support due to staff shortage. These shortfalls compromised the quality of care and support provided to people.
• One care plan showed the person liked to be clean and smart, we observed the person was presented as described in their care plan.
• The care staff had a good understanding about promoting the individual's independence and knew the level of support each person required to maintain their personal care needs.
• We observed people were treated with kindness and a staff member encouraging them whilst undertaking tasks and praising them at the same time.

Supporting people to express their views and be involved in making decisions about their care
• We heard a staff member offering a person a choice of clothing they would like to wear and was patient whilst waiting for the person's response.
• A care record informed staff about talking to an individual slowly and clearly and then giving them the time to make a decision. We observed staff applying these principles.
• People were involved in decisions about the things they would like to do throughout the day. We heard a person ask if they could go to their bedroom when they finished their domestic tasks and their wishes were respected.

Respecting and promoting people's privacy, dignity and independence
• Staff knew when people needed their space and privacy and respected this.
• We saw staff knocking on bedroom doors before entering. A staff member standing outside the bathroom door, allowing the person some privacy whilst they carried out their personal care.
• A care record showed the person required a female staff to assist them with their personal care needs and care staff told us this was always provided.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were not always met.

End of life care and support
• There was no information in place about people's wishes in relation to their end of life.
• At the time of the inspection, no one was receiving end of life care.
• The regional support manager was unaware if end of life had been discussed with people who use the service or their relatives. They were unable to tell us if staff had received end of life training. They told us this would be added to the training programme in the future and they would explore suitable ways of discussing this with people without causing upset.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• We spoke with two staff members who were unaware of AIS. They told us people living in the home would not be able to read information displayed in the home.
• A staff member told us one person liked going out and they used the laptop to show them different places of interests, allowing them to point where they would like to go.
• One care plan provided detailed information about how to communicate with a person and words not to use. We observed this information was accurate with the way the person responded to the inspector whilst talking with them.
• We observed a staff member acknowledging a person's facial and body language to a question they asked them.

Improving care quality in response to complaints or concerns
• People did not have access to information in a format they could understand about how to make a complaint.
• We observed information displayed in the home about how to make a complaint. This was aimed more for visitors to the home as people living in the home would not understand this information.
• The regional support manager told us they had a pictorial complaints procedure but due to people's behaviours, if these were displayed in the home, people would dispose of them in the toilet. They told us staff were very vigilant in spotting when a person was unhappy and would try and find out what was making them sad.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to participate in their chosen social and leisure interests when there was enough staff on duty.
• We observed care plans contained a 'relationship map.' This told staff about people important to the individual and how to maintain contact with these people. One care plan showed the person liked to maintain contact with their family by writing to them.
• Staff had access to information about people's past history. For example, things people had been involved in, things they liked and disliked.
• A staff member told us one person enjoyed gardening. Later on in the day we heard them offering them a choice of activities of which included going into the garden to do some weeding.
• One person who used the service needed routine and their care record provided staff with information about, 'a good day.' Access to this information ensured the care and support was within a suitable routine for the individual.
• Staff took the time to understand people's individual communication styles and develop a rapport with them.
• We saw care plans were detailed and specific to the individual's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People were involved in their care planning and had a say in the way they were supported.
• People were given time to listen, process information and respond to staff.
• Staff took the time to understand people's individual communication styles and develop a rapport with them.
• We saw care plans were detailed and specific to the individual's needs.
• People were supported to access independent, good quality advocacy.

Requires Improvement

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Governance processes were ineffective and did not always help to hold staff to account or to keep people safe.
• On the day of our inspection a quality audit manager was present to review the quality of the service provided to people, but they did not stay due to us carrying out an inspection. We were informed routine unannounced visits were carried out by the quality manager.
• We found quality monitoring systems were ineffective to ensure consistent good practice and to make sure people were always safe. For example, staffing levels were not always consistent to ensure people received their one to one support which, they had been funded for.
• Prior to our inspection visit the home had an outbreak of COVID-19. Quality audits were ineffective to mitigate the risk of avoidable infections. We observed infection, prevention and control systems were not robust.
• The regional support manager told us fire drills should be carried out every three months. Quality monitoring did not ensure fire drills were carried out at these frequencies. This meant where people's needs may have changed, so may have the process of evacuation. The regional support manager was unable to confirmed whether or not staff had received fire awareness training.
•Quality monitoring did not ensure all staff had access to regular on-going training. This could compromise staff skills which, could have an impact on the quality of service provided to people.

Due to the lack of oversight of the quality of service provided to people this is a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• At the time of the inspection the registered manager was on long term leave. The home was being run by the regional support manager and a deputy manager from another home within the organisation. Both had a good understanding of people's needs.
• The regional support manager informed us of the registered manager skills, knowledge and experience to perform their role and a clear understanding of people's needs.

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

• The registered provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
• During our inspection visit we observed inclusive and empowering practices. People were at the fore-front of everything staff were engaged in. This included tasks carried out in the home and general discussions.
• Care plans were person-centred and provided detailed information relating to the person's specific needs and how to meet them. We found staff were aware of the individual's characteristics and valued each person in their care.
• The regional support manager told us people were involved in staff interviews and were supported to ask questions and to make a decision to who they would like to work with them.

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
• Where an error had been made with the administration of medicines, the registered manager was open and honest. They shared information with the relevant agencies and informed the relative of the error. Appropriate action had been taken to mitigate the risk of this happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Staff encouraged people to be involved in the development of the service. For example, changes to the service was discussed with them. The regional support manager told us prior to new staff starting to work at the home this was discussed with people, so they were aware of 'new faces' working and supporting them.
• A staff member told us they used to have access to staff meetings, but these had not been carried out for a long time. However, they felt supported in their role and said their views and opinions were listened to.
• The regional support manager told us the absence of recent staff meetings was due to the size of the home, the pressures of COVID-19 and the home's recent outbreak of COVID-19.
• The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care
• The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
• The regional support manager talked about embracing the opportunity of people having a more positive presence within their local community.
• The regional support manager informed us of their ambition to review and implement more staff development and training.

Working in partnership with others
• The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
• The provider worked with other agencies such as the local authority, healthcare professionals and advocates to promote a seamless service. Access to these services was evident in the care records we looked at.

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 Insufficient systems and practices placed people at risk of contracting avoidable infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of oversight of the home and ineffective monitoring systems meant people were at risk of accessing chemicals which could be harmful if ingested. Monitoring systems were ineffective to ensure all staff received on-going training and had access to regular fire drills.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient staffing levels were not provided to ensure people received one to one support they were assessed and funded for.