

Voyage 1 Limited

Highfield Farm

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Highfield Farm is a residential care home providing personal care to autistic people and/or people with a learning disability. The service can support up to 9 people, at the time of our inspection 7 people were living at the home. The main house was spacious, with ensuite facilities. The grounds contained 3 bungalows annexed to the main building.

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

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.

Right Support

Staff were not always provided with up-to-date guidance to provide people with the right support. Risks to people were assessed and care plans were in place. However, some records were not reviewed in a timely manner and others contained conflicting information. Environmental risks were not always managed to keep people safe. The provider had systems in place to protect people from the risk of abuse. Medicines were safely managed, and people received their medicines as prescribed. People were supported by enough, suitably qualified staff.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care

The service did not have pictorial signage in place, which may assist people with a learning disability to orientate themselves around the home. Some areas of the home required redecoration, this was identified and formed part of an ongoing maintenance action plan. People and their relatives told us staff were kind and knew them well. People's rooms were individualised. People told us they were happy and were offered activities of their choice, including evening outings and planned holidays.

Right Culture

The service lacked consistent leadership. We received mixed feedback from people, relatives and staff regarding the leadership and communication of the service. Governance systems in place did not always promote positive outcomes for people and audits did not always improve quality and safety. People and staff were involved in regular meetings, where they could make suggestions, raise concerns and discuss any upcoming events. Accidents and incidents were monitored and overseen by the senior management team. Where people had experienced incidents of distress, debriefs were undertaken with the staff to explore how

lessons could be learned from these.

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

Rating at last inspection

The last rating for this service was good (published 17 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to the management of medicines and restrictive practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we have found evidence in other areas that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

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

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

Enforcement

We have identified breaches in relation to leadership and governance at this inspection.

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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Highfield Farm

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.

Inspection team

The inspection was carried out by 2 inspectors 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

High field Farm 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. Highfield Farm 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 not a registered manager in post. An acting manager was overseeing the service and the provider was actively recruiting for a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the 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 information gathered as part of monitoring activity that took place on 6 March 2023 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 3 people and 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the operations manager, acting manager, team leaders and support workers. We carried out observations of care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including 2 care records and a range of medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- Risks to people were not always mitigated and records did not always provide up to date guidance to assist staff to keep people safe.
- Risks had been identified. However, assessments had not always been updated in a timely manner and some contained conflicting information. For example, where one person had received support with nutritional fortified drinks, it was not clear if this was still required, and weight monitoring was not always undertaken as advised by external healthcare professionals.
- Another care plan detailed the use of a device to assist a person who may be choking. The device was no longer in use at the service, meaning staff did not have up to date guidance to follow in the event of this person choking.
- Whilst most environmental risks were mitigated and maintained, the providers systems for monitoring daily risks were not effective in identifying all hazards. A recent inspection from the local authority had identified concerns with the Control and Storage of Substances Hazardous to Health (COSHH) and this remained and the time of our inspection. We found 3 areas where COSHH items were not securely stored.
- Fire safety monitoring was undertaken, and staff received regular fire evacuation exercises. However, whilst firefighting equipment was in place, we found this had not replaced in a timely manner. People had personal emergency evacuation plans (PEEPS) in place to inform staff and emergency services how to support people to evacuate the premises in the event of a fire.
- People were protected from the risk of legionnaires disease. A detailed risk assessment was in place and appropriate checks were carried out.

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)

- The service was not always working within the principles of the MCA. People's capacity to consent was not always undertaken or reviewed in a timely manner. For example, one person did not have capacity assessments in place relating to nighttime monitoring and another person did not have their capacity

reassessed since 2019.

- We did see evidence DoLS authorisations were in place or were awaiting allocation. However, it was not always clear when these had been applied for.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and systems in place to protect people from the risk of unsafe harm.
- Staff were trained, understood their responsibilities in relation to safeguarding people and told us how to spot signs of abuse. One staff said, "People are kept safe."
- The management team and team leaders had reported concerns, where required to external agencies, such as CQC and the local authority.
- People and relatives told us they felt the service was safe. One person said, "I feel safe, staff are knowledgeable and friendly." A relative said, "[Name] is safe living there, [name] visits me at home and always wants to go back."

Staffing and recruitment

- People were supported by enough suitably qualified staff.
- The service had previously experienced staffing shortages which had affected staff morale. Recent recruitment meant the service now had a full core team and staff told us this had improved morale. One staff said, "Morale has improved now we have a full permanent team, confidence is being instilled."
- Staff were recruited safely, and pre-employment checks were in place. New staff received regular probationary reviews to assess their suitability for the role.
- People and their relatives told us staff were kind and knew how to support them. One relative said, "The staff are wonderful, they understand [Name] needs." A person said, "I talk to the staff, if I had a problem, I would be happy to talk to someone."

Using medicines safely

- Medicines were safely managed, and people were receiving their medicines as prescribed.
- Medicines administration records (MARS) were accurately completed and where people were prescribed 'as required' medicines, guidance was in place for staff about how and when to administer them.
- Medicines were stored safely, and regular stock checks and audits were in place to identify any concerns.
- People received regular reviews to monitor the effects of medicines on their health and wellbeing, including evidence of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 using PPE effectively and safely.
- 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 were receiving visitors in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the management team. Systems were in place to review incidents, with actions taken to prevent the likelihood of reoccurrence.
- Where people had experienced incidents of emotional distress, these were recorded and debriefs with the staff involved had taken place. Debriefs explored how and why incidents had occurred and how lessons could be learned from them. Incidents were reviewed by a dedicated positive behavioural support team, who offered guidance and support to the service.

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 requires improvement. At this inspection the rating the rating for this key question has remained 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. Continuous learning and improving care

- People, relatives and staff gave mixed feedback about the leadership of the service. The provider had some oversight of the service. However, action was not always taken to address shortfalls. For example, quality audits undertaken by a senior management team had consistently identified some quality concerns and this had not been addressed to make improvements.
- There was a lack of consistent leadership, various managers were involved in overseeing the service, whilst recruitment was ongoing for a registered manager. One relative said, "There are so many managers, I would like to be kept more informed." Whilst another relative said, "We haven't had a recent meeting, it is time we did. Staff do keep me informed about things."
- Most staff told us they did not feel supported by the management team. One staff said, "Not having a (registered manager) causes issues, we don't feel supported, there is no one to motivate the team." Another staff said, "It has not been clear regarding the situation with management. It makes an impact on the home, as it causes uncertainty about who to go to and who to report things to."
- Records were not always stored safely. We found confidential records stored in an unlocked room and other records which could not be accessed in a timely manner, due to 1 manager who was not on site, holding the keys.
- Systems for auditing the safety and quality of the service were not always effective. Records and environmental safety concerns found during our inspection were not always identified or actioned in a timely manner. Action plans were in place. However, these did not always evidence that action was taken to improve the service.

The provider did not have robust governance systems in place to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some areas of the home required redecoration. This had been identified by the management team and was part of an ongoing maintenance action plan.

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

- The layout of the service did not always promote empowerment for people with a learning disability

and/or autistic people. Some care records were person centred, whilst other records did not always promote good outcomes for people.

- Daily records did not always contain enough detail to enable the senior team to monitor people's dietary intake. For example, one person required a modified diet, and it was not evidenced through records this was provided. The manager assured us this was being provided and was a recording issue. We observed people being offered foods in line with their assessed needs.
- Pictorial menus were in place to promote mealtime choices for people. However, there was no pictorial signage throughout the service, which may assist people with a learning disability to orientate themselves around the home.
- People's own rooms were individualised to them, and their personal preferences were incorporated into their décor. People had access to their own ensuite facilities, which promoted privacy and dignity for them.
- People were supported to choose activities. This included evening activities and planned holidays. One person said, "I have friends and a good social life." One staff said, "I am always encouraging people to try different things, we have been making easter hats and people go bowling." We observed a friendly atmosphere and people appeared relaxed in the presence of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. 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

- People were involved in monthly meeting which gave people the opportunity to make suggestions, raise concerns and discuss any upcoming events.
- Regular staff meetings were held, and staff were provided with regular supervisions. Staff had access to an employee assistance programme, this was an external, confidential support system for staff, where they could discuss any personal or work-related issues.
- Feedback was sought from people, staff, relatives, and external professionals. Records showed feedback was overall positive. Action plans were in place to address any concerns following feedback.
- The provider and management team understood their responsibilities under duty of candour and were open and honest.

Working in partnership with others.

- Staff worked in partnership with external professionals to ensure people's healthcare needs were met.
- The service worked closely with the local GP and people received annual healthcare checks. Appropriate referrals were made for external health support where required. Such as, Speech and Language Therapist and Dermatologists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust governance systems in place to monitor the quality and safety of the service.</p>