

Voyage 1 Limited

# Ten Acre Respite Service

## Inspection report

89 Ten Acre Road  
Kimberworth Park Road  
Rotherham  
South Yorkshire  
S61 3RW

Tel: 01709558639  
Website: [www.voyagecare.com](http://www.voyagecare.com)






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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

Ten Acre Respite service is registered to provide accommodation and nursing care for up to 4 people with learning disabilities at any one time. CQC regulates both the premises and the care provided, and both were looked at during this inspection. We gave short notice of the inspection so we could make sure that people who used the service and staff would be available to see us.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection took place in August 2016 when the service was good in each domain area and rated good overall. On this visit we found the provider had not maintained this rating.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We found some shortfalls in the administration and oversight of medicines.

Some audits were not robust in identifying, responding to and improving medicines issues and the environmental audit had failed to identify an issue we found on inspection.

Staff were seen to be kind and caring and there were enough of them to keep people safe and to meet their care needs.

Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.

Staff knew about people's dietary needs and preferences and there was a choice of meals available.

We found the service was working within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and was described as approachable.

People's feedback was used to make changes to the service.

We found two breaches of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Staff had been trained in safeguarding and had good knowledge of how to recognise and respond to abuse.

Medicines were not always managed safely.

There were suitable and sufficient staff available to meet people's needs.

### Is the service effective?

**Good** ●

The service is effective.

Staff were trained and supervised to ensure people received effective support.

The service was working within the principles of the MCA.

People's health and nutritional needs were met. Staff supported people to access a range of health care professionals and supported them to maintain a healthy diet.

### Is the service caring?

**Good** ●

The service is caring.

Staff were kind and compassionate.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service is responsive.

The provider had a complaint policy and procedure in place to ensure complaints were handled in a timely manner.

People were involved in the planning and review of their care.

**Is the service well-led?**

The service was not consistently well led.

Audits were not robust for medicines and environmental audits had not picked up all issues found on inspection.

The registered manager had not always notified CQC of all notifiable incidents, these were submitted retrospectively following this inspection.

The service continued to work with other professionals involved in people's care, this included the commissioners and health and social care professionals.

**Requires Improvement** 

# Ten Acre Respite Service

## **Detailed findings**

### Background to this 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 was planned to check whether the provider was 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.

The inspection took place on 27 November 2018 and was announced. We gave the service 48 hours' notice that we were visiting so we could be sure people would be in to talk with us. The inspection was carried out by one adult social care inspector.

At the time of the visit there were two people using the respite service. Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and health professionals, who didn't raise any concerns. The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the service including bedrooms, bathrooms and communal areas. We looked at documents and records that related to people's care, including two people's support plans. We spoke with two people who used the service and four people's relatives. We spoke with two care staff, the registered manager and the operations director.

Following the visit, we also contacted two health care professionals and four relatives by telephone to seek their views. We also looked at records relating to staff, medicines management and the governance of the service.

# Is the service safe?

## Our findings

During our last inspection we found the service was safe and was rated good in this key question. During this inspection, we found the service was requiring improvement.

Medicines were not always managed safely. We found that medicines were being administered as prescribed. However, on one occasion a medicine had not been given because it had not been ordered in time. A number of medicines administration record (MAR) charts had been handwritten. These had not been signed or dated by the person making the entry or countersigned by a second person to show they had checked that the entry was correct.

We completed a tour of the home and found a prescribed cream was stored in an unlocked cabinet in a communal bathroom. This was a prescribed cream; however, the pharmacy label had worn off and wasn't clear who the cream had been prescribed for. Also, there was a risk of one person ingesting the cream due to it being left in an accessible place, in a communal bathroom. This did not demonstrate safe handling of medicines or person-centred care.

Medicines which required cold storage were kept in fridges within the medicines store room. The provider had a temperature monitoring record in place, however we found that the record had not been completed each day. It is important that medicines are stored within a temperature range to make sure they do not change their composition or lose their efficacy.

The registered manager told us that the nursing staff were responsible for the daily audit of the medicines however there was no management oversight of this. The system was ineffective in identifying and rectifying errors. Following the inspection, the operations director told us that moving forward there will be a daily and a weekly medication audit conducted to drive improvements in medicines management.

Control of Substances Hazardous to Health [COSHH] products were not always safely locked away. We found some products which may be hazardous to people were stored in a communal bathroom cabinet, which was unlocked. We brought this to the attention of the registered manager. The registered manager reported to the maintenance team so the bathroom cabinet lock could be repaired.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an infection control policy and measures were in place for infection prevention. The provider had conducted an infection control risk assessment which included information about the measures in place to minimise any risk to keep people safe from infection and contamination. We noted the service was exceptionally clean and tidy and had been recently decorated.

Relatives told us their family member was safe using the service and they had no concerns. One relative said, "I think they look after [person] very well indeed." Another relative said, "They are good at looking after [name]. I have trust in them [the staff team]."

Safeguarding and whistleblowing procedures were in place. Training records showed that staff had been trained in safeguarding. When speaking with staff they were able to explain how they would recognise and respond to abuse and how they would keep people safe. They told us they would report any concerns to the registered manager, local authority and Care Quality Commission (CQC).

Risks had been identified and managed so people were safe. Risk assessments were completed for each individual in relation to various areas of their care, including epilepsy, diabetes, eating and drinking and manual handling. The risks assessments showed what action needed to be taken to minimise risks, these were clear and easy to follow.

People's health was monitored during their stay at Ten Acre Respite and reviewed if any changes occurred. We saw from people's records that health professionals were involved when needed. The staff described how they had close contact with health professionals such as learning disability nurses and epilepsy nurses.

There were adequate numbers of staff during our inspection to provide people with the level of care and support they needed. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. We saw that any shortages were covered by bank staff.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. Appropriate background checks had been completed on staff prior to employment which included checks on their employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

Accidents and incidents were recorded. Records showed any necessary action had been taken and lessons learnt to minimise the risk of reoccurrence and ensure people were safe from further incidents. Systems were in place to monitor the safety of the service. Records showed all necessary checks such as water hygiene, fire checks and electrical checks were carried out and maintained. People had personal emergency evacuation plans (PEEP) in place in case of fire which clearly detailed the support people would need to be evacuated. Records showed staff had received fire training and were aware of what to do in an event of an emergency.



## Is the service effective?

### Our findings

During our last inspection we found the service was effective and was rated good in this key question. During this inspection, we found the service continued to be good.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care records contained decision specific capacity assessments, and examples of best interests decisions involving relevant professionals and relatives. Staff recognised the importance of least restrictive practices and balancing decision making relating to risk against people's wishes and preferences.

Staff had been suitably trained and supervised to ensure people were supported and cared for in line with their needs. Staff completed mandatory training and new staff completed the Care Certificate as part of the induction process. The Care Certificate is a set of induction standards that care workers should be working to. Staff put their training into practice and linked this information to people's individual care and support needs. Staff told us that supervisions gave them the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. Staff had annual performance appraisal in place enabling them to set individual development goals.

Health care professionals told us they were happy with the care people received. One health care professional said, "The staff have attended appointments on behalf of someone who wasn't residing with them to ensure continuity of care. They went above what was expected. They [the staff] work well with professionals and are very good at monitoring and responding to people's needs."

We observed lunch during our visit and people were being supported in line with their assessed needs. Staff were knowledgeable about people's likes and dislikes and about any additional support they needed. For example, using adapted tableware or enriching foods to help people who were at risk of losing weight. Staff told us that they supported people to have a balanced and nutritious diet whilst respecting their food preferences and people who required a special diet in line with their cultural needs were catered for.

People received coordinated person-centred care when they moved between their home and Ten Acres Respite service. There were clear records in place to instruct staff on how to support each person in line with their needs and preferences. There was detailed health information available and the provider ensured that referrals to health professionals were taking place. Staff told us, "[Name] has been put on an enriched diet due to losing weight, this has been reported to the diabetic nurse as its impacting on blood sugars. Professional advice is sought when people's needs change." We spoke with a health care professional who said, "Ten Acre staff have been dealing with a person with complex health needs and I believe that they have

gone over and above what is expected of them. They have helped with the development of a really good discharge plan for when the person leaves respite and goes home which will help greatly with continuity [of the persons care]."

Ten Acre Respite service was decorated in bright and appealing colours. The property well maintained and equipped for people's needs. The communal lounge and dining room was spacious and people had the use of suitable space. The accommodation had just recently been decorated and was inviting and airy. There was access to outside areas through patio doors. Staff said this space was regularly utilised during the nicer weather.

# Is the service caring?

## Our findings

During our last inspection we found the service was caring and was rated good in this key question. During this inspection, we found the service continued to be good.

Relatives and professionals, we spoke with, spoke highly of the service. One relative said, "The staff are kind and caring." Another relative said, "They know [my relative] really well. Its super the best one [respite service] we have used. I can go away on holiday and relax knowing everything is taken care of, that's worth millions to me and my wife." A professional who we spoke with said, "Ten Acre are really on the ball, and very thorough." Another said, "Staff have been fantastic."

We observed staff being respectful of people's choices and preferences and relatives confirmed they had been involved in planning the care and support provided.

Staff supported people in a caring and responsive manner. We saw that staff had good knowledge of people's communication needs. They assisted one person to go out into the community for a walk as soon as they made them aware that was what they wanted to do. They met the request in a timely manner so the person was not kept waiting for too long.

Peoples care records and staff personnel records were stored securely which meant peoples could ensure their information was confidential.

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them

Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

People's needs and preferences were recorded in their care records. There were clear detailed records of how to communicate with people who used non-verbal communication methods such as Makaton or the use of pictures. Staff could describe the ways in which they got to know people such as talking to them and reading their care files, which included information about people's likes, dislikes and life history.

People looked smart and clean in their appearance. One relative said, "[Name] is always clean and looked after. We can only use a shower at home so [name] loves to come here for a bath. We observed staff treated people with dignity and the relatives we spoke with confirmed their family member's dignity and privacy was respected. Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering and closing curtains and doors when providing personal care.

## Is the service responsive?

### Our findings

During our last inspection we found the service was responsive and was rated good in this key question. During this inspection, we found the service continued to be good.

There were thorough and detailed care plans in place for people. Relatives had been involved in completing and regularly updating them. One relative said, "When [my relative] first came here I did a daily routine which went into the care plan. The staff always ask me if there have been any changes so they can update it [the care plan]. I'm happy with the care here." The care plans we checked were clear and showed staff how to support people in line with their assessed needs, there were details on people's likes and dislikes, personal history, what was important to and for them and thorough details on health needs. Details on how to communicate with people following their preferred method of communication were in place for each person. One person used Makaton and we observed staff using this way off communication during our observations.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and were supported as required.

The provider had a complaints procedure in place and included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. A relative said, "I have not needed to make a complaint in over fifteen years. I have no concerns what so ever." Staff told us that they were confident that any complaints that were raised would be handled appropriately.

The service did not provide any support to people at the end of their life currently but had been provided in the past. The registered manager told us they were equipped to care for people in this way should it be needed and all staff were trained in end of life care.

## Is the service well-led?

### Our findings

During our last inspection we found the service was well led and was rated good in this key question. During this inspection, we found the service was requiring improvement.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their roles and responsibilities of being a registered manager.

We found quality assurance systems were not effective in recognising or improving the issues found at this inspection. Regular management oversight of medicines was not taking place to identify, monitor and address medicines errors. We discussed this with the registered manager and operations director who agreed that this area needed to be improved. After the inspection, they told us a weekly managers audit in addition to a monthly audit was put in place. We will check this at our next inspection. We also found the environment audit was ineffective in identifying and responding to a maintenance concern found on inspection, reported on within the safe domain of this report. Although the registered manager was proactive in reporting the error once we pointed it out this should have been picked up sooner because of risks to people's safety.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or because of, the provision of care and support to people. We checked the providers incidents and found that incidents were being recorded but we had not been made aware of two safeguarding incidents. The provider had taken appropriate action to deal with the incident's. We discussed this with the registered manager who notified us of them retrospectively and gave assurances that moving forward this area would be more robust.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with knew the manager by name. The manager was visible throughout the duration of our inspection and knew people's needs. Information we requested was made available promptly. Relatives, professionals and staff we spoke with told us they felt the service was run well and they were able to contribute their ideas and opinions to its running.

People, relatives and staff were aware the provider was in talks with the local authority about proposed changes to the provision of service at Ten Acres Respite service. The registered manager said it had been a time of upheaval and uncertainty and they were still not sure what the future would hold for the service until further discussions had been had with the council. Staff told us that they felt the provider had been transparent with them and had kept them well informed about the proposals for change and this had helped them to have confidence in the provider.

The provider continued to work in partnership with other organisations and told us they were committed to keeping people informed as soon as they had any information. Relatives said the service was invaluable to them and their family and although they didn't want any changes to occur they understood that some changes may happen. However, felt confident that the provider was keeping them as informed as they could through regular meetings and updates.

The service continued to work with other professionals involved in people's care, this included the commissioners and health and social care professionals. Healthcare professionals we spoke with consistently gave positive feedback about the care delivered and staff approach to people using the service. Comments included. "Always good care from Ten Acre."

It is a requirement that providers display their latest inspection rating on any website ran in relation to the service and within the home. We found that the provider was meeting this requirement.

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 registered provider did not ensure the safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audit systems were not effective in identifying improvements.