

Voyage 1 Limited

# The Red House

## Inspection report

49 Wharncliffe Road  
Ilkeston  
Derby  
Derbyshire  
DE7 5GF

Tel: 01159447869  
Website: [www.voyagecare.com](http://www.voyagecare.com)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 7 June 2016. The service was registered to provide accommodation for up to seven people who have a learning disability, autism or a mental health condition. At the time of our inspection six people were using the service.

The home offers accommodation in a period house close to the town centre of Ilkeston. This provided good access to local shops and services. 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.

People who used the service told us they felt safe and well cared for. There were always plenty of staff on duty to meet the needs of the people and they were able to be flexible to meet people's needs. Staff told us they received a broad range of training to support them in their role. The provider had a robust recruitment policy and this was followed.

We found staff were considerate in the way they spoke and supported people. They were respectful of people's choices in relation to privacy and space and understood the importance of protecting people's information. .

People were able to choose the meals they wish to eat and alternatives were provided. Healthy eating and lifestyle was promoted. We saw that medicines were managed safely and administered in line with people's prescriptions. Health needs had been considered and referrals or appointment had been made to the relevant professionals when required. .

Staff used their extensive knowledge of people who used the service as the basis for their care planning, reviews of their care plans and risk assessments. People's care plans were personalised and they had been encouraged to be involved if they wished so that their own wishes and words would be reflected.

Staff continued to look for new opportunities and hobbies which they thought would be interesting to people, based on their personality and observations of similar experiences which they had enjoyed and benefited from. Any complaints had been addressed and resolved in a timely manner.

People told us they found the service to be warm and welcoming, like a family home. We found the management of the service was very visible, open and approachable. Staff felt supported by the management and there was a clear process in place to cascade information about the service and the needs of people. There was a clear procedure for audits and continuous improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. People received their medication as prescribed and medicines were managed safely. The recruitment practices in place checked staff's suitability to work with people. There were sufficient staff to support people's choice of daily activity and personal needs.

### Is the service effective?

Good ●

Staff received training and an induction that helped them support people. The principles of the Mental Capacity Act 2005 were followed. When people lacked capacity, decisions were made in people's best interests. When people were being restricted this had been considered and authorisations were in place. People were encouraged to make choices about their food and had support available to maintain their health. Referrals were made to health professionals when needed and guidance followed.

### Is the service caring?

Good ●

We saw all staff were kind, caring and considerate in all their interactions with people who used the service. People were encouraged to maintain contact with people they chose. Staff supported people to maintain their dignity and privacy.

### Is the service responsive?

Good ●

Staff understood people's individual needs. People received consistent, personalised care, and support. Activities were encouraged in line with individual choices and staff continued to look to new ideas or pursue people's request. People felt able to raise any concerns they may have and felt confident they would be responded to effectively

### Is the service well-led?

Good ●

People told us and we saw there was an open culture at the service. Staff told us they were supported by the manager. The provider had effective systems in place to monitor and improve the quality of the care people received. People had been

consulted about changes to their environment. The manager understood the responsibilities of their registration with us.

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# The Red House

## Detailed findings

### Background to this inspection

We carried out this inspection visit 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 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. Our inspection was unannounced and team consisted of one inspector. This was the services first comprehensive ratings inspection.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with three people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff and the manager. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at care plans of three people to see if the care matched the support which had been documented. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe. One person said "I feel safe here." Another person told us, "I feel safe, the staff have told me, if I don't feel safe to tell them." One relative we spoke with said, "I have no concerns and feel [name] is safe." The staff received ongoing training in relation to safeguarding. Staff we spoke with knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "We are asked as a standing item in supervision if we have any issues. I would go to the manager if I had any concerns or the local authority we have all the details on the notice board."

We saw when one of the people had won a local competition that their details had only been shared after they had followed the provider's policy on sharing information and with the person's permission. The staff member told us, "We need to ensure they are safe in the home and that we don't give any third party information, we need to follow the policy." This showed the provider protected people and their information.

We saw that risk assessments had been completed for the individual's needs and their environment. These were proportionate and centred around the person's needs. For example some people had behaviours that challenged. We saw that these had been clearly documented with any possible triggers and the strategies of how to support the person when these events occurred. Restrictions were minimised so that people felt safe, but also had the freedom to access and participate in their choice of daily life skills.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People told us and we saw there were enough staff to support them with their needs for the day. One staff member told us, "Great staff team, we know each other's strengths and weaknesses and support each other." The manager told us they had a 'bank' of staff that had the appropriate training and knowledge to step in to support for staff holidays or sickness. They told us they don't use agency staff as people needed the consistency of the staff who knew their routines and person needs. Staff confirmed this, one said, "We often stay on later, or we sometimes change the plan for the day, however this is the last port of call." Another said, "We don't need to use agency staff, we all fill in the gaps. That's best for continuity."

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to any previous criminal records. One staff member told us, "I could not start until all these were in place."

People knew about their medicine and had been consulted on the best practice for them to receive it. One person told us, "The staff give me my medicine everyday on time." We observed people received their medicines correctly and that staff who administered medicines were trained to do so. Staff who administered medicine received training which included observations and regular monitoring. The manager also received an annual refresher on medicines management and the completion of audits. We saw these

audits had been completed to ensure stock was maintained to meet people's needs and that staff had administered the medicine in line with policy. Where people required medicines on an 'as required' (PRN) basis, there were clear guidance to record the reason for the medicine so that any reoccurring concerns could be monitored.

## Is the service effective?

### Our findings

We observed throughout the day the staff team were knowledgeable in how to support people. This was evident from the way in which staff interacted with people.. Some of the people who used the service needed consistent guidance and reassurance. We saw this was reflected in the care plans and all staff used the same approach, which meant the person received the correct support as part of their normal routine.

Staff told us they had gone through an induction prior to starting their roles, with a combination of training online and classroom based learning, along with shadowing with experienced staff. One staff member told us, "The experienced staff knew people well, so everyone helped me to get to know them. No one wants to see anyone fail."

Staff told us and training records confirmed that staff re-trained regularly to ensure they had up to date knowledge. One staff member told us, "We get a lot of training; the manager is always looking to improve our knowledge." We saw the manager had recently requested some local training from the providers training section on, values and attitudes and report writing. The provider had made this available and we saw the manager had booked staff to attend the training. The manager had also requested some classroom training on dementia to enable staff to support one of the people who had recently been diagnosed. As the training was taking time to arrange they ensured staff completed some online training to give them some initial understanding. One staff member told us, "It was interesting to see the different types of dementia and gain some understanding of the type [name] has."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. Where a person was being deprived of their liberty, an application had been submitted to the local authority for an authorisation to be considered.

We found people's mental capacity had been appropriately assessed and this had been carried out on a decision specific basis. Where people had been assessed they had been supported by an advocate. In the cases we saw, this had been a family member, but the service had access to independent advocates where they were needed. An independent advocate is a person who helps people to communicate their thoughts and wishes when they are not able to do so without support.

The assessments detailed the level of decision making the person was able to make and what additional information would be required to support them being able to make that decision, such as pictures or written



information. There was also information about the best time and situation to enable the person to be able to make those decisions, along with times when the person would be unable to make clear decisions.

Where a person lacked capacity to make their own decisions or had requested support in this area. We saw that best interest meetings had been completed to cover each decision. For example some people had support with their financial needs, which they had requested. This meant that people's human rights were being protected and that the registered provider was working within the current legislation.

Staff had received training in the act and understood about people's level of decision making. One staff member told us, "Some people have best interest meetings if they lack capacity or if it is in their best interest to change the decision." We observed throughout the day that staff asked people and waited for permission before approaching them. When people requested support this was acknowledged and provided in line with their wishes.

People told us that every week they decided what they wished to eat. One person said, "I do the food shopping with staff and write the menus." Each person had a day per week which was of their choice and on the other days they could choose an alternative. We saw the menu was planned and displayed and people we spoke with were able to discuss the process and what was on the menu for the week.

The kitchen was locked outside of meal times and was only open when a staff member was present. This was due to the medical diagnosis of some of the people who were at risk if the kitchen had open access. The provider had set up a drinks station, where people could make themselves refreshments through the day, we saw this happened. This meant people were supported to get a drink when the kitchen was closed.

We saw that some people required support with the monitoring of their weight. Some people required supplements and encouragement to eat and drink. We saw this was provided and recorded. Other people required support to reduce their weight. One relative told us, "They ask every week and have a choice. They have kept [name] weight down, which is good."

The manager had recently joined a NHS initiative to promote healthy eating and lifestyles. Staff had received training and three people from the service had agreed to join the twelve month challenge. One staff member told us, "Each week there is a challenge, this week it's a food quiz." They also added, "The project is an easier way to understand and be more interactive in learning, next week is about portion control." The people engaged in the project told us they felt it would help them in their weight control. This showed the provider supported people to maintain their nutritional needs

We saw from looking at people's care records that there was evidence that all the people who lived at the service had regular visits from or to health professionals, to ensure that their on-going health and well-being were monitored. We saw that some people had seen a GP and when they received emergency medicine or guidance for their health that staff had ensured this was followed. One person had visited the dentist and the staff documented the information and passed it on to other staff to continue the support required for that person. Staff also ensured the person understood the information they had received and what that meant to their routine.

## Is the service caring?

### Our findings

People who used the service told us, "It's a nice place to live." Another person told us, "I love the Red House and feel loved and cared for." A relative told us, "The service is good for [name]; they have their own room and understanding staff."

We saw that without exception staff were kind and caring when interacting with people who used the service. One person said, "The staff are caring, they have a laugh with you." We heard staff and people having conversations, which reflected respect for person and showed a genuine interest in their point of view or in sharing information about their event or life.

There were occasions when people who used the service were not open to staff interaction. Staff were able to recognise this and when the person was ready to re-engage in relation to their daily routine, they knew the approach to take to guide the person. For example at mealtimes to encourage the person to eat or have a drink or to engage in an activity. One staff member told us, "It's a vocation, supporting people that need us."

People told us staff respected their privacy. During our visit one person offered for us to see their room. When we came to the person's room, the manager checked with the person that it was still ok and asked if they wished to show us their room themselves. The person told us they had been able to choose what colour they had their room painted and the things in their room were of their choosing.

We saw people had their own room and were able to spend time in their own space if they wished. Staff said, "People are entitled to their own space. You must always knock and ask if it's ok, it's their home." Some people chose to spend a lot of time on their own, this was respected. Staff made regular checks to make sure the person was safe and did not require any support. Due to the knowledge of the person's needs staff knew when they could encourage the person to engage for example the time of day or in relation to a specific television programme or film.

We saw the provider had dignity champions and this was an area they planned to develop further. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right and works to embed dignity standards within the service.

Relationships that mattered to people were encouraged. We saw that contact had been made with relatives on the person's behalf at their request. One person had initially stated they did not want contact with family, then changed their mind and this was acknowledged and responded to by making contact. People told us and relatives confirmed that they were welcome to call anytime and that people also called family members on the telephone. One relative told us, "You can talk to staff, they are very understanding." This demonstrated that the service supported people to have relationships with people of their choice.

## Is the service responsive?

### Our findings

We looked at the care records which people had been encouraged to participate in. One person had added their comments to each section about the level of care and how they wish to receive it. Other people confirmed they had been part of the care plan process and were happy to sign what had been documented as a true reflection of their needs.

The plans were detailed and individual to each person. There was a one page profile which provided an overview of the person's needs and what was important to them. Other aspects of the care plan reflected how the person would like to be supported and what a 'good day' should look like. Guidance was provided to staff in relation to the level of support required to maintain people's independence levels, for example when they required assistance with their personal needs. We saw records were reviewed regularly or when a change occurred, the records were amended to reflect the changes.

People were encouraged and supported to identify their own goals as part of their care planning. On a weekly basis each person completed an activities plan with their key worker. These plans reflected the activities for the coming week. Staff rotas worked flexibly to meet the needs identified. For example the group decided they wish to go to Skegness for the day, staffing levels were reflected to ensure there was enough staff support on the day. Another event requested by people was to attend a monthly disco. Staff were available to provide this support so some of the people who wished to attend could do.

People told us they enjoyed the activities, one person said, "Staff support me with my choice of activities." We saw that some people had a regular programme of activities and had established friendship groups with people so that when they went out they felt part of the local community. The manager told us, "We are always looking for different things for people to do." Recently one person had accessed some new activities and some people had taken up paper rounds or volunteering.

We saw that the service could be flexible to accommodate people who requested something spontaneously or linked to an opportunity. One person requested to go for a walk, they were encourage to wear suitable footwear and sun cream as it was a very hot day, then they obtained funds to purchase a drink. Another person who was not always keen to participate was offered to attend the hairdresser, as this was accepted by the person the staff enable the opportunity to happen. This showed us that the provider listened to people's wishes and responded to support them to access them were possible.

People and their relatives told us they felt able to raise any concerns and if they had a complaint, it would be dealt with. One person told us, "I can go to the manager anytime or the staff." A relative told us, "The manager is approachable; however I have no need to complain." We saw where complaints had been received these were dealt with in line with the policy and in a timely manner.

## Is the service well-led?

### Our findings

People told us they liked living at the Red House. A relative told us they felt there was a "Lovely homely atmosphere which was friendly and welcoming." Staff felt the atmosphere was helped by the consistency of the staff team. One staff member said, "People have had regular staff in their lives that helps them to enjoy a comfortable environment."

We observed an open culture at the home, the office door was open and people and staff felt able to approach the manager at any time. People told us and we saw they could approach the manager if they wished to discuss or request anything. The manager responded to each person individually and gave them time or provided information to answer their enquiry.

Staff told us they felt the manager was approachable, one staff member told us, "She is good, fair and wants you to progress." They added, "She would help you to move on career wise, even if it meant you left the service." Other staff members we spoke to reflect this attitude. One staff member said, "She is very supportive and balances flexibility for staff with the needs of the service."

We saw staff received supervision. One staff member said, "I like supervision, I can speak openly and I get positive feedback." The staff told us they have a monthly meeting. One staff member said, "We review each person, their needs and other aspects of the service." We saw there was a standard agenda on the notice board which staff had added items too.

The manager received her own support from an operations manager. They also accessed a group telephone conference monthly. The manager said, "It's a good sounding board, bouncing ideas, someone might be dealing with a similar problem."

The manager had a range of audits across the service to maintain the environment and the requirements of the service. The provider had a system which meant the senior management audited areas covered by the manager. Any audits and the learning which had been gained from them was shared with staff at their regular staff meetings. We saw the next meeting was due to reflect a recent quality audit and a financial audit completed by the provider. The manager had already put in measures to respond to actions identified in the audits, for example receipts for the use of all petty cash spent. The manager had an effective system to manage people's financial expenditure and this was acknowledged by the high score in the recent audit.

The provider had completed questionnaires with staff and friends of the service. We saw the information had been collated and any concerns raised had been responded to. For example on the staff survey there were several comments about the provider employing domestic support, this is currently part of the staffs role. The provider had responded saying they no longer employed domestic staff at their services. Friends of the service had given positive feedback some comments were, 'first class friendly caring home' and 'communication is excellent.'

The provider had an ongoing improvement plan. The Red House is an old building and we saw that changes

had been made to the layout of the building to make the space more suitable for people's needs. For example a door had been sealed in the lounge area and an opening to the downstairs dining area had been created for easier access. Floor that was loose and unsafe had been replaced with more serviceable flooring. People had been consulted about eh changes and had the opportunity to choose the colours used on the walls. The manager shared the planned improvements which will enhance the environment for the people using the service.

Registered providers has a duty to notify us of any notifiable events which take place, and we saw that this was being carried out in line with the requirements of their registration.