

Voyage 1 Limited

The Red House

Inspection report

49 Wharncliffe Road
Ilkeston
Derby
Derbyshire
DE7 5GF

Tel: 01159447869
Website: www.voyagecare.com

Date of inspection visit:
22 November 2023
23 November 2023
29 November 2023

Date of publication:
06 February 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

The Red House is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 7 people. The care home is an adapted and extended domestic style building.

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

Right Support

People were not always supported to make important choices about their money. Best interest decision processes were not always in place. For example, there was no evidence that people, or their appointees, had consented to pay the provider a weekly charge in respect of the care home vehicle.

Some aspects of people's living environment were not always safe and the provider's quality monitoring processes were not always effective at spotting those issues and rectifying them in a timely way. Staff supported people in the least restrictive way. They supported people to be as independent as possible. People were supported by staff to pursue their interests and work towards achieving their aspirations and goals. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist healthcare support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs, and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was Good (published 17 March 2018).

Why we inspected

We undertook this focused inspection to check whether the previous rating was still accurate, given the length of time since the last inspection. We reviewed the key questions of Safe, Effective, and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed 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 The Red House on our website at www.cqc.org.uk.

Enforcement

At this inspection, we have identified a breach of regulation in relation to the provider's quality monitoring and governance processes. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

The Red House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection prevention and control 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

The inspection was carried out by 1 inspector.

Service and service type

The Red house 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. The Red House is a care home which does not provide 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 a registered manager in post. However, the registered manager was absent from work during the inspection site visits. The day-to-day management of the service was being carried out by the deputy manager, with additional support from one of the provider's operations managers.

Notice of inspection

The inspection site visit on the evening of 22 November 2023 was unannounced. We then made 2 further visits to the care home on 23 November 2023 and 29 November 2023. Those 2 further site visits were announced because it is a small service and we needed to be sure the deputy manager and operations manager would be available to support the inspection.

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 also obtained feedback from the Local Authority social services team. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and observed staff interactions with people. We spoke with the deputy manager, operations manager, and care staff. We received feedback from 6 care staff. We reviewed 3 staff recruitment files and elements of 3 people's care plans and risk assessments. We reviewed various records and copies of the provider's policies and procedures. We also received feedback from 4 family members, and 5 external health and social care professionals, who had regular contact with the service.



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 some aspects of safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's living environment was not always safe. For example, hot water temperature safety checks were not being carried out appropriately. This increased the risk of harm due to potential scalding if water temperatures were too high. There was also an increased potential risk of legionella infection if some water temperatures were too low.
- The provider had not implemented some required fire prevention measures. For example, unsealed gaps between floors in the service ducting increased the risk of flames and smoke spreading more quickly in the event of a fire.
- The inspector raised these safety issues with the provider, who took action to address the safety concerns immediately.
- People had individual risk assessments in place, which were used to inform their care plans. This meant staff had relevant information available to them about how to support people safely.
- People were involved in managing their own risks and in taking decisions about how to keep safe. For example, a person had been involved in their assessments and discussions with healthcare specialists around their potentially increased risk of choking on some types of food.
- People, including those assessed as being unable to make some decisions for themselves, had as much freedom, choice, and control over their lives as possible because staff managed risks to minimise the need for restrictions.

Preventing and controlling infection

- People lived in an environment which was not always clean and hygienic. For example, a person's ensuite shower room had significant areas of black mould on the ceiling. Moulds produce allergens (substances that can cause an allergic reaction), irritants and, sometimes, toxic substances. This was raised by the inspector with the provider who arranged for the black mould to be removed.
- A person's bedroom carpet was heavily stained and unhygienic. This was raised with the provider who told us they would arrange for the carpet to be deep cleaned or replaced as part of the ongoing refurbishment of the property.
- The service prevented visitors from catching and spreading infections. Staff had access to appropriate personal protective equipment (PPE) and were supported by the provider to access COVID-19 testing and vaccinations if required.
- The service's infection prevention and control policy was up to date and the service supported visits for people living in the home in line with the guidance in place at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- A family member told us the registered manager had taken the time to listen, and hear the underlying meaning of a person's recollection of a concerning incident. That enabled swift action to be taken to prevent a potentially abusive situation arising. They told us they were reassured by the way the registered manager had dealt with the situation, to keep the person safe.
- People told us they felt safe living at the care home. For example, a person told us, "Yes, I am safe here, I would tell someone if I wasn't."
- Staff recognised when people experienced emotional distress and knew how to safely support them. For example, we observed staff taking the time to listen to, and reassure, a person who was explaining how they had experienced restrictions in the past (in a different care setting) which caused recollections which were upsetting to them.

Staffing and recruitment

- People were supported by enough staff who had the necessary training and skills. People were supported to take part in activities in the care home, and in the local community, when they wanted.
- The provider ensured all staff had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment and induction training processes were in place. The training and supervision staff received helped to ensure they knew how to consider people's individual needs, wishes and goals, when providing care and support to them.

Using medicines safely

- People's prescribed medicines were safely managed. The service ensured people's behaviour was not controlled by excessive or inappropriate use of medicines.
- Staff received appropriate training to provide the support people needed to take their medicines safely and as prescribed.
- People were supported by staff who followed the provider's systems and processes to administer, record, and store medicines safely.

Learning lessons when things go wrong

- People were supported by staff who managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The managers in the service investigated incidents, and shared lessons learned, to reduce the likelihood of recurrence.
- The provider, and staff, apologised to people when things went wrong, and gave people honest information and appropriate support.
- The staff were open with information about incidents. A family member told us, "The staff always inform me if there has been an incident, they are very proactive with reporting, and then ensuring the safety of all the residents."

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not always followed. For example, individual best interest decisions were not in place in respect of the provider's decision to charge people for use of the care home vehicle.
- The provider decided how much to charge people each week, based on people's individual entitlement to welfare benefit, and the provider's own estimate of how often the person might use the vehicle, rather than their actual usage of the vehicle each week.
- People's care records contained no evidence that paying the transport charge had been assessed as being in their best interest; or whether other transport options had been considered for each person.
- People's ability to make use of the care home vehicle was significantly limited by the provider's lack of staff authorised to drive the vehicle. This meant people often used public transport or received lifts from relatives, whilst still being required to pay the weekly transport charge to the provider.
- A staff member told us, "The resident vehicle, in my opinion, is not used to its full potential due to only having 2 drivers. One of those drivers has been off poorly." Another staff member told us, "The vehicle is only regularly used for 1 resident on a weekly basis, apart from the odd outing, so otherwise people use public transport."
- The provider had not always explained to family members about the transport costs. A person's family member, told us, "I don't think we were ever told that [the provider's transport charge] was optional. We just assumed it was a standard charge we had to pay, and so we have just paid it each week. [Person] sometimes uses taxis, and the staff's own cars, and I think [Person] has to pay extra for that from their own money."

- The inspector raised this with the provider who sent us a copy of their transport cost recovery policy and procedure. The provider's policy specified a best interest decision making process should be carried out for each person and be regularly reviewed. However, the provider's policy had not been implemented at The Red House.
- The provider subsequently told us they would immediately stop charging for access to the care home vehicle until appropriate best interest decision processes, including the consideration of other travel options, had been carried out with each person at the care home.
- Care plans contained details of any DoLS authorisations in place and any specified conditions associated with them were being complied with.

Adapting service, design, decoration to meet people's need

- The provider was in the process of refurbishing the care home. Some areas, such as the dining room and corridors, appeared bland and impersonal. However, the deputy manager told us work would soon be taking place and people would be involved in choosing the colours and decoration to make those areas feel more homely.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The design and layout of the care home met the needs of the people living there at the time of the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had completed a comprehensive assessment of each person's care needs either on admission or soon after. This meant staff had information available to them to guide how they supported individual people.
- People's care and support plans were personalised, holistic, strengths-based and reflected their needs and aspirations. They also included physical and mental health support needs.
- People's support plans set out current needs, promoted strategies to enhance independence, and demonstrated consideration of the longer-term aspirations of each person. For example, we saw a person was being supported by staff to gradually work towards their aspiration of working in a café.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received relevant training to enable them to support people effectively. This included training about the strengths and impairments people with a learning disability and or autistic people may have.
- A staff member told us, "I love my job and I enjoy working at The Red House. I feel I am supported with my training to help the people at The Red House to achieve their full potential."
- The service checked staff's competency to ensure they understood and applied training and best practice. For example, staff who were authorised to administer people's prescribed medicines had their skills and competency regularly assessed.
- Staff received support in the form of team meetings, supervision, appraisal, and recognition of good practice.

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 and were involved in choosing their food, shopping, and planning their meals. A person told us, "The food is nice here."
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- The provider had reasonable arrangements in place to control access to the kitchen area. This was in

response to care needs identified in a person's individual risk assessment and support plan. The provider ensured staff supervised people's access to the kitchen area whenever they wanted it, so the safety arrangements did not have a negative impact on people.

- Mealtimes were relaxed and social occasions, and a person told us, "Sometimes we go out to eat as well."

□

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health action plans and health passports which were available to be used by health and social care professionals to support them in the way they needed.
- People were registered with local GPs and were supported to attend annual health checks, screening, and community-based health care services.
- People were supported to attend specialist external health care services, if required, to support their wellbeing and help them to live healthy lives.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was sometimes 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

- The provider's routine quality monitoring processes within the care home were not always effective. Cleaning audits had not always identified issues of concern, such as the black mould in a person's shower room and unhygienic carpet in a person's bedroom.
- When the provider's quality audits identified issues of concern the audit report was not always reviewed and actioned before being filed away. This meant the quality audit process within the care home was not always effective at ensuring people were kept safe.
- Managers and staff did not always understand their roles in respect of safety monitoring tasks. For example, staff recorded temperatures of water outlets on a regular basis. However, the provider's records showed hot water was not circulating at the temperatures required to prevent the potential growth of legionella bacteria.
- Staff did not demonstrate an understanding of the importance of how and why to measure water temperatures. Neither the staff, nor managers, had recognised the hot water temperatures were being incorrectly measured. This increased the potential that people might be harmed because of ineffective safety monitoring of water temperatures.
- The provider's governance processes were not always effective. For example, the provider had a travel cost recovery policy and procedure, but their quality monitoring had not identified this policy had not been implemented at The Red House.
- People were therefore being charged significant amounts by the provider for travel costs which there was no evidence they had consented to. No best interest decision making processes had been carried out upon which to justify the raising of the invoices the provider had been sending out to people or their representatives.
- The provider's governance processes failed to ensure fire risk assessment action plans were completed in a timely manner. For example, the provider's fire risk assessment identified safety work was required to address a 'serious breach' by 17 August 2023, but work had not been carried out by the provider. This meant people had been at an increased potential risk of harm if there had been a fire at the care home.

The provider failed to establish effective governance processes to assess, monitor, and mitigate the risks relating to the health, safety, and welfare of service users. This placed people at increased risk of harm and was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager and senior staff understood the requirements to notify external stakeholders, including the CQC, about incidents. This enables the CQC to fulfil its monitoring role and is a statutory requirement on care providers.
- The deputy manager, and staff, had the skills and understanding to perform their role and a clear understanding of people's needs. This helped ensure people received the care and support to meet their individual care needs.

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

- The registered manager, deputy manager, and staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality and enabled them to develop.
- The provider was alert to the culture within the service. The provider carried out staff surveys, and other checks, to monitor the culture of the service. Managers also spent time with staff, discussing behaviours and values.
- People achieved good individual outcomes at the care home. For example, an external professional told us, "There has been some reduction in [Person's distress]. This is due to good working relationships that have grown between [Person] and the staff at The Red House."
- Staff told us they felt respected, supported, and valued by senior staff. Staff told us they felt able to raise concerns with managers without fear of what might happen as a result. This supported a positive culture.

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

- The registered manager apologised to people, and people's relatives, when things occasionally went wrong. The principles of the duty of candour were understood.
- Staff gave honest information when they recorded incidents and accidents, and ensured people received appropriate support.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff encouraged people to be involved in the day-to-day aspects of the service. For example, menu planning, shopping, and decisions about activities.
- People's equality and diversity support needs were identified by the provider and included in people's care plans and risk assessments if needed. That ensured staff had information to refer to and helped ensure people received appropriate support.

Working in partnership with others

- The service worked well in partnership with community health and social care organisations, which helped improve the wellbeing of the people who used the service.
- An external health care professional told us, "[Registered manager] I find to be proactive in referrals to our team and they responded quickly and thoroughly when our guidance was put in place." This helped ensure people received co-ordinated care when multiple agencies were involved.

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 failed to establish effective governance processes to assess, monitor, and mitigate the risks relating to the health, safety, and welfare of service users. This placed people at increased risk of harm.</p>