

Voyage 1 Limited

Dove House

Inspection report

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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 took place on 05 February 2016 was unannounced.

Dove House provides accommodation and support for up to four people who have a learning disability. At the time of this inspection there were three people living at the home.

At our last inspection carried out in June 2014 we found that the provider was not keeping people safe because the care plans did not contain sufficient information on how to care for people. We also found that the provider had not ensured systems for monitoring quality were fully effective in assessing and managing risks relating to the health, welfare and safety of people at the service. At this inspection we found that these concerns had been addressed.

The service had a registered manager in post. The home is required to have a registered manager. 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. At the time of the inspection the manager had applied for registration with the Care Quality Commission.

People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being.

People were given the opportunity to plan their meals and had a choice of nutritious food and drink throughout the day. People were supported to maintain their interests and hobbies. The provider had a complaints policy in place to ensure people could have any problems or issues dealt with.

There were sufficient, skilled staff to support people at all times and they were recruited using thorough recruitment processes. Staff were trained and used their training effectively to support people. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

Staff were caring and respected people's privacy and dignity. They ensured they had people's consent before care was delivered. People had their independence promoted. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values. There was an effective quality assurance system in place.

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 ●

The service was safe.

There were enough staff to meet people's needs. People's medicines were being safely managed and administered. People felt safe and they were protected from harm and abuse. Staff recruitment arrangements were thorough.

There were plans in place to keep people safe in the event of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes while ensuring they always had the person's consent to care beforehand.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink. They had access to health and social care professionals as required.

Is the service caring?

Good ●

The service was caring.

Staff interaction with people was caring and people's privacy and dignity was protected. Friends and relatives could visit the home at all reasonable times.

Is the service responsive?

Good ●

The service was responsive.

People or their representatives were involved in identifying their support needs and staff respected their choices.

People were supported to follow their interests.

The service had a complaints procedure.

Is the service well-led?

Good ●

The service was well led.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Dove House

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 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.

The inspection took place on 05 February 2016 and was unannounced. It was carried out by one inspector.

Before the inspection visit we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During this inspection visit, we spoke with two people with very limited verbal communication skills and one relative. We spoke with two staff members, the area manager and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at three staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

We saw people were kept safe from avoidable harm. There were systems in place to recognise and where possible to reduce risk. Risk assessments were personalised and were reviewed six monthly or when there was a change in a person's needs. Each risk assessment identified the risks to people and the steps in place to minimise the risk. They also detailed the steps staff should take should an incident occur. Risk assessment was ongoing to ensure that the level of risk to people was still appropriate for them and did not take from their independence and their rights to take reasonable risks that they understood. For example the risk to people outside the home was assessed. One person walked to the nearest town on a regular basis rather than been driven as this was their choice and the manager ensured staff accompanied them to keep them safe.

We saw that staff understood the risk to people and followed risk reduction actions that were in the care plans. For example staff knew how to support people outside the home to keep them safe. This included risk from traffic and from other people in the community who may exploit them. Staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable risk.

Staff we spoke with told us that they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to keep people safe. All the staff we spoke with knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns they had until they were sure the issues had been dealt with. We noted that the manager had reported relevant incidents of concern to the local authority and to the Care Quality Commission. This meant that the people were kept safe from avoidable harm.

We found that there were thorough recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed. These were done before the person started work in the home and included identity checks, references from previous employers and a security check. This helped to ensure only staff who were suited to care for people were employed.

People's medicines were administered safely and as prescribed by their GP. Staff that had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). This meant that people's health was promoted as they were given their medicines as prescribed by their GP.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The service had an emergency plan in place and staff knew what to do in the event of an emergency such as a gas or water leak. This contingency plan enabled staff to know how to keep people

safe should an emergency occur.

Is the service effective?

Our findings

Staff were trained to care for people in a manner that met their individual needs. In addition to the provider's mandatory training, there were additional areas of staff training that the provider considered essential. These included communication and caring for people who exhibited behaviour that could have a negative impact on others. Other more specialised training included caring for people living with autism, how to de-escalate a situation that could put staff and the person at risk. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people effectively. The effectiveness of any training delivered was checked by the manager who spent time observing how staff cared for people. This helped to ensure staff understood the training they had completed and had a positive effect on the welfare of the people.

Staff told us that they received regular supervision from their line manager or supervisor. This allowed them to any training and development that they wanted to undertake. They told us that supervision was a two way conversation at which they discussed their training needs, their morale, any concerns they had or any issues they wanted to raise in relation to the care of the people. This ensured people's changing needs were addressed.

We observed that people's consent to care was sought either verbally or by understanding the body language exhibited by the person. For example we saw people refused offers on how to spend their time. This was respected by staff and they continued to make offers until they found something people wanted to do.

People's rights were protected and we saw that staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 the mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and we found the provider was following the requirements of the DoLS.

Staff were able to demonstrate a good understanding of the requirements of DoLS. The provider had followed the proper process when people were at risk of DoLS.

People were protected from the risks associated with poor nutrition. Staff were aware of the importance of good nutrition and supported peoples' food choices and how and when they wanted to eat. We saw that

there was a good supply of nutritious food available. Where necessary people were referred to a dietician to ensure they had optimum nutrition. We saw that snacks and drinks were freely available throughout the day.

People were supported to maintain their health and well-being. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. The registered manager had made arrangement for the GP and a dentist to visit people at the home as they found visiting surgeries 'traumatic.'

People's care plans identified any health issues that a person may have that may require particular vigilance by staff to maintain the person's health and well-being. This ensured the people had optimum physical and mental health.

Is the service caring?

Our findings

People and the relative we spoke with, told us that they were supported by staff who were kind and caring. Discussions with staff and our observations supported this. We saw people gave staff a friendly hug as a show of affection. We saw people liked this and responded well.

We saw that people were supported to live in a caring environment where choices were respected. Staff were aware of people's needs and they were able to understand people's body language in relation to their needs and wishes. We saw that staff interacted with people in a kind and caring way and that they ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner. We also saw staff gave people choices about what activities they wanted to do, what they wanted to eat, what music they wanted to listen to. This showed that people were supported to live in a caring environment where choices were respected.

Staff spoke in a positive manner about the people they supported and cared for and they had taken the time to get to know people's preferences and wishes. We found staff had a good knowledge of people's needs and we saw that this was demonstrated in their responses to people and recognition of when people required additional support. Staff had good communication skills. We saw they gave people time to express their wishes and to check with people they had understood them. For example one person was drawing and showed in a non-verbal manner they wanted staff to join them. Staff understood this and joined in. We saw the person was left smiling and happy.

Throughout the day we saw that people had their care delivered in a manner that promoted their dignity and privacy and where possible people were involved in decision making. This included when and what to eat and how to spend the day. People's privacy was respected staff knocked on people's doors before entering. People were discreetly asked what they needed. This meant that people lived in a manner where their dignity and privacy was respected and promoted. Staff showed they understood the rights of people to have their dignity and independence respected. For example people were welcomed into the office and staff stopped doing a task to engage with the person in a kind and patient manner.

Is the service responsive?

Our findings

People had their needs assessed and a plan of care drawn up to assist staff to care for them. We saw that plan of care included personal information that reflected people's wishes. The plans included information on people's physical and mental health needs; how people communicated, their behavioural and care needs and gave details on how people wished to be supported in these. Information and input from relatives and people who knew them well, had been included when the plans were developed. This ensured staff knew what care was needed and they were given directions on how to deliver the care.

People were supported to pursue their hobbies and interests. Where possible the service provided occupation for people. For example one person was assisted to paint the very large garden perimeter fence. They told us they were proud of this achievement. There was a games building that was shared with another residential service close by. This was to support people's interests in snooker and other games. Staff told us that the facilities were used two or three times a week. One person gave us the 'thumbs up' sign to show they liked using this building. Another example was one person was supported to shop independently for personal items, another was supported to visit their family regularly. This meant that people had an opportunity to live how they chose.

Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account. This meant that staff had up to date information on the person's needs and wishes. Staff told us that this helped them assist people to get the most out of their life.

Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. This meant staff had up to date information on each person and their current needs.

The home had a complaints process in place. The service offered accommodation for four people and therefore the manager said they could treat issues in a timely manner, before they escalated or became a problem. Details on how to make a complaint was in a format people understood was freely available. No complaints had been made since the last inspection.

Is the service well-led?

Our findings

At our last inspection carried out in June 2014 we found that the provider was not keeping people safe because the care plans did not contain sufficient information on how to care for people. We also found that the provider had not ensured systems for monitoring quality were fully effective in assessing and managing risks relating to the health, welfare and safety of people at the service. At this inspection we found that these concerns had been addressed.

Staff we spoke with told us that the manager was approachable and easy to talk to. Most people could not verbalise their opinions on the manager. However we saw they came into the office and spoke with them on a regular basis. The manager knew what names they liked to be called by and did this. We saw people were very relaxed around the manager.

One staff member said that the manager, "We are here for [people's names] no other reason." Another said that "The manager knows that if we are supported we can help people better. You can go to them with anything."

Staff said the manager was easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, "I can speak with any of the senior staff about anything. They are very supportive". Another staff member told us the manager was, "So knowledgeable they had a solution for everything."

The service was managed in an open manner. For example people had free access to the office and we saw the manager stop what they were doing on a regular basis to talk to them. The manager said this was usual except when they had urgent tasks to complete. The staff confirmed this. We found there was a positive culture in the home and allowed people and staff to freely give their opinions. This meant they were part of how the home was run and managed.

Staff were able to demonstrate a good knowledge of the provider's whistleblowing policy which they would use if they were concerned about issues of poor or inappropriate care or support. They were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation. This meant that poor practice was addressed before it had an adverse effect on people.

There were regular staff meetings and staff were encouraged to share their views and opinions to help improve the quality of service provided. Staff were involved in developing the service by way of regular staff meetings and opportunities to give feedback at supervision meetings. We saw that staff had contributed to discussions at a recent staff meeting. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.

The area manager completed a range of audits on a monthly basis. These, included infection control, people's finances and health and safety. Where actions had arisen from these audits we saw that these were

monitored until the registered manager was sure solutions were in place. For example providing more training if necessary. This meant that the provider was aware of the quality of the service provided.

The service offered accommodation to four people and we saw the area manager communicated with the people who were there at the time of their visit. By doing this they were aware of the welfare of people and gave them the opportunity to raise issues or concerns they may have.