

# Voyage 1 Limited

# Red Gables

## 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

Red Gables is registered to provide care and accommodation to a maximum of 11 adults who have learning disability, physical disability and/or autism. There were nine people using the service at the time of this inspection.

At the last inspection in June 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

Without exception people's lives had been improved through the skills and expertise of the registered manager and support staff, who people liked and trusted. People were supported to lead interesting and fun lives. The range of activities people accessed was very broad and enriched their lives. There was a 'can do' attitude.

People's safety was promoted through safe recruitment, staffing, safeguarding from abuse, well maintained premises and arrangements should there be an emergency. Individual risk was managed in the least restrictive way. Medicine management was of a high standard.

Staff received training and support which provided them with the skills and competence to support people effectively. People's health care needs were well met. People received a healthy and varied diet and were involved in choosing the menu, buying the food and preparing it.

People's legal rights were upheld.

The service was caring. People were given choice and their views and choices respected. People received care and support in a dignified way and their privacy was upheld. People were treated with respect and sensitivity.

The organisation's values and objectives, to improve people's lives, were met. People, people's family members and professionals associated with the service spoke highly of the registered manager. The registered manager said they provided consistency without complacency.

There were effective arrangements in place to monitor safety and the quality of the service, including listening to people's views and responding to any complaints or suggestions.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Red Gables

## 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 checked 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.

This was a comprehensive inspection. It took place on 25 and 27 October 2017 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting. This was to help them prepare for the visit.

The inspection team included one adult social care inspector.

Prior to the inspection we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

We met eight of the people using the service and spoke with three of them. Some people were unable to provide detailed feedback about their experience of life at Red Gables. During the inspection we used different methods to give us an insight into people's experience. These included both formal and informal observation throughout the inspection. We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. Our observation enabled us to see how staff interacted with people and see how care was provided.

We spoke with three family members and four staff members, a visiting therapist and the registered manager. We reviewed three people's care records, two staff files and looked at quality monitoring information relating to the management of the service and safety records. We received feedback from two health and social care professionals about the service and saw other feedback from a questionnaire dated

August 2017.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. One person said, "Yes, I feel very safe here. There are always staff to talk to and go out with me." Their family said that behaviours that may challenge associated with the person's anxiety had now completely disappeared.

Staffing arrangements met people's needs. There was a minimum of five staff throughout the day and two waking staff at night. Staffing was flexible according to people's support needs. For example, more staff were deployed during activities or to meet health care needs.

People's individual risks were identified and risk assessments identified where action was needed to protect people. For example, relating to using the kitchen or leaving the home. Staff looked for the least restrictive way to keep people safe. Where one restriction was necessary the registered manager had consulted the local authority safeguarding adults team.

People were protected from abuse and harm. Throughout staffing areas information was displayed on what constituted abuse and how to respond. All staff had received safeguarding training. The registered manager had informed the safeguarding team, appropriately, when there had been altercations between people using the service. They handled safeguarding concerns correctly, in line with good practice and local protocols.

There were robust recruitment processes in place. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS checks helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed.

Medicine management was to a high standard of safety. Staff managed people's medicines in their best interest or because that was their preference. Many people needed medicines to be available should they have a seizure. To this end there were protocols to ensure the right medicines was given appropriately and in a safe way. Medicines were also audited on a daily and weekly basis.

The premises and vehicles were well maintained through a programme of maintenance and servicing. For example, gas, electricity, water and equipment checks were carried out in accordance with the level of risk. All staff had received health and safety training.

There were arrangements in place should an emergency occur. For example, an equipped 'emergency box' was situated outside of the home and an arrangement was in place to use a local hall should people need to be evacuated.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. People's family members spoke very highly about the staff at the service. Their comments included, "I am completely blown away by the calibre of staff and the care at Red Gables" and "(The person) is unbelievably well looked after. Really well looked after". Both family members described how skilled staff were managing complex health care needs and complex emotional needs.

People were of mostly non, or limited, verbal capacity and so staff had to interpret their needs and behaviours. They did this with consistency and skill. They knew people's care and support needs very well. For example, they were able to recognise when a person was about to have a seizure and understood when a person wanted other support.

Staff received regular training in all subjects relating to providing safe and effective care. They considered the training to be "really good". Mandatory training was organised through the provider and training in relation to people's individual needs was arranged through the service. Training included: diabetes, epilepsy, autism, administering insulin, first aid and infection control. Some training, such as moving people safely, was practical and some training, such as infection control, was on-line. A training matrix ensured no training was missed. Staff said they were encouraged to undertake qualifications in care. One staff member said how much they had learned from the training in epilepsy.

Staff received a detailed and thorough induction, including, for staff new to care work, the nationally recognised Care Certificate. One staff member said of their induction, "(The work) was overwhelming at first but the way the staff have settled me in is more than I could have hoped for". They described staff regularly checking that they were alright and feeling able to ask any question at any time.

The registered manager ensured that staff received regular one to one supervision of their work and a yearly appraisal ensured any previously agreed targets were reviewed.

Staff received training in how to protect people's rights under the Mental Capacity Act 2005 (MCA). Most people using the service did not have capacity to make decisions relating to their care and so decisions had been made in their best interest. Decision makers had included health care professionals and people's family members. For example, the decision to manage people's medicines for them. This showed that staff worked in accordance with the MCA. The MCA provides a legal framework for making 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most people using the service were deprived of their liberty for their safety and protection. Where appropriate the registered manager had applied for, and received, authorisation to do so.

People were supported to maintain a healthy diet. One person said, "The food is nice here". People took weekly turns to plan the menu for the service, shop for the food and prepare it. Each meal had an alternative choice available so people always had an option. There was a wide variety of foods available for people, such as lasagne and baked potato. One person confirmed that food and drink was available any time of the night or day.

People's health was promoted effectively. Complex health conditions, such as epilepsy, were managed through contact with external health care specialists. People attended local practitioners, such as dentist, with staff support. Acute illness, such as a chest infection, had led to an immediate GP appointment. A health care professional had described the care at Red Gables as "Superb". Each person had a health care passport, which provided complete detail of what their needs were and how they could be met should they require hospitalisation.



## Is the service caring?

### Our findings

The service continued to be caring. One staff member said, "Staff listen, they have patience and they don't rush people". People were consulted about every aspect of their lives and their views were taken into account and acted upon where ever this was possible. For example, each person had a costume for a Halloween party and some wanted to wear the costume the day before the party, which they did. Another was unhappy about a health check and wanted to visit their GP instead. This decision was respected and the appointment made.

Staff told us that they were able to form positive relationships with people because of the trust they were able to develop with them. One person's family member said, "Trust had been a huge issue but (the person) is much better with that now". All interactions between staff and people using the service were friendly, unrushed and warm. People came up to staff to engage with them; this was followed by smiling and other body language that showed they were happy.

The atmosphere was relaxed and the service was homely. Staff understood people's individual ways. Some people wanted to spend time alone, some wanted to spend time watching from a distance and some wanted to be very involved with others. Those wishes were respected and met through staff knowledge and support. No person was left without the attention they wanted.

Family relationships were supported. There were events to which people's family members were invited. These had included a Hawaiian BBQ and a Halloween party. One person's family member said, "(The person) is unbelievably well looked after". There was a quarterly newsletter which provided information for people.

Each person had a private room. Each was very individual to the person and nicely decorated to their taste. People chose which gender of staff helped them with their person care. One person said, "I think that is a good rule".

People's dignity was promoted. For example, people were supported to maintain cleanliness and hygiene and present as they wanted to. For example, one person had decided they no longer wanted to shave. People attended a hairdresser and went shopping to buy clothing of their choice. Staff had identified that it was undignified to have continence products within view in people's rooms. Each person now had a blanket box in their room in which the products were kept discreetly.

## Is the service responsive?

### Our findings

The service continued to be responsive. A health care professional had written to the home saying, "Staff commitment shines through as one can see the calm and relaxed environment they create, as they look so dedicated..."

People's family members said staff "go the extra mile". One praised a pre-admission assessment. They said, "The assessment was totally centred on (the person) and (the staff) listened carefully to what was really being said. The staff remained positive and were able to reassure (the person) even when the negative behaviours were being discussed. They were very professional". Since moving to Red Gables those negative behaviours had stopped. That person said, "Everything I wanted on my dream list is here. I can relax more here". Another family member said that when the person was admitted to hospital in an emergency staff from Red Gables stayed with them the entire time although they had just worked their allotted hours at the service.

There were many examples where the service had improved people's lives. One person had, on admission, required a lot of medicines to manage their behaviours, which had been a challenge to them and others. Staff had identified that the problem had been pain and were now able to recognise when the person needed analgesics; now no medication was needed to manage their behaviour. Another person had been admitted with a pressure sore and with a health risk due to their being very overweight. The sore had now gone and, with professional guidance, their weight was significantly improved. A third person had been admitted unable to weight-bear and with eating difficulties. They were now moving about independently and were a healthy, normal weight.

Although profoundly disadvantaged by their disabilities people using the service were involved in decisions about the home, its day to day running and improvement. For example, a sensory room was being completed during our inspection. Each person using the service had been involved in preparing and painting the room, including the ceiling, walls and doors.

People using the service had the same opportunities available to them as able-bodied people. One person said, "I like the trips. I like the cooking and the laundry". Another person showed us how they would be playing the drums when they attended a drumming session that afternoon. They were very excited about it. A person's family member said about activities provided, "Imagination and effort goes into providing people with a wide variety of experience". The person using the service had been on holiday, to an Elton John concert, horse riding, swimming and sailing, as examples.

During our visits people went to @Bristol in the day time and an evening disco. Evening activities also including pub visits and bowling. This showed that people had the opportunity to engage with the local community at all times. There were also arrangements in place to socialise with people from other Voyage services. For example, a summer BBQ on the beach.

Each person had a very detailed and well organised support plan in place. Staff were able to be fully

informed about each individual through that detail of information. People had been involved in their assessment and support plan reviews where they were able and to this end much of the information was in pictorial form. Each plan was regularly reviewed and updated as required.

Information was displayed about how people could make a complaint about the service. There had been one complaint to the service. The complainant told us they were happy with the way the complaint was managed. The Care Quality Commission has received no complaints about the service.

# Is the service well-led?

## Our findings

The service continued to remain well-led. 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 vision of Voyage Care is to improve the quality of life for the people they support. This they had achieved. The objective was to achieve positive outcomes by applying the least restrictive approach whilst maintaining and/or improving the individual's current abilities, and protecting their rights as ordinary citizens. This they had also achieved.

The registered manager was highly regarded. The registered manager said of the way the home was led, "There is continuity without complacency". People's family members and professionals associated with the service spoke of the consistency of management. Comments included: "Brilliant place. I have never seen (the person) as happy as she is now", "(The registered manager) is an absolute star", "Now we know (the person) feels like this is their home" and "The home is a true reflection of the dedication and professional running from the manager".

The registered manager constantly looked at ways to improve the service. For example, the garden was being completely reorganised to provide a more interesting and accessible space for people.

The staff said they felt well supported and the home was well-led. The staffing structure ensured that, at all times, support and advice was available to them. For each shift staff were allocated tasks and responsibilities, for example, fire safety and first aid and there was an on-call system for contacting a member of management out of day time hours. Where necessary, staff performance was managed for people's protection. For example, a night time visit had identified where this was necessary and disciplinary action had followed.

There were effective systems in place to ensure the quality of the service. These included in-house checks and audits, visits by the provider operation's manager, quarterly audits for the provider organisation and a yearly provider audit visit. Where an audit had identified action was needed this was followed up. For example, following a leak in the laundry the ceiling had needed redecoration.

The service worked with health and social care professionals in line with people's specific needs. This ensured people's needs were met in line with best practice.

Feedback about the service, through anonymous survey, was sought from people, their family members, staff and health and social care professionals. The responses were mostly positive with the exception of a mention for a need to improve communication. The registered manager said ways to do this were under regular review.

The registered manager understood and met their regulatory responsibilities.