

Voyage 1 Limited

# Shakespeare 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

Shakespeare house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Shakespeare House provides accommodation and personal care to up to three people who might need support with the mental health or may be living with a learning disability. There were three people living at the home when we inspected.

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

### Rating at last inspection

At the last inspection, the service was rated 'Good.'

### Rating at this inspection

At this inspection we found the service remained 'Good'.

### Why the service is rated Good

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People continued to lead the lives they wanted to, people were supported to meet friends, follow their hobbies and to get jobs if this is what they wanted.

People felt safe and well supported by enough trained and caring staff. Staff knew how to recognise and respond to abuse, there was a feeling of mutual respect, trust and equality. The stable experienced staff team knew people very well and everyone had the support they needed. Staff were checked before they worked with people.

Everyone was involved in the cooking and cleaning and the premises suited people's needs. The home was clean and well maintained. People had support to keep well and healthy and to take the medicines they needed. People were involved in making decisions about what happened at the service so that they all had a say. Risk taking was managed well so that people were not restricted but enabled.

The registered manager had been managing the service for several years and was experienced and skilled at supporting people with learning disabilities. There was a clear vision for staff to follow and audits and checks of all areas of the service were carried out regularly. Any accidents, incidents or complaints were reviewed and learned from. There was a clear complaints procedure that people knew about.

Staff worked together with people and their representatives to make sure everyone had the right support. People's needs were regularly assessed and support plans gave staff clear instructions about people's needs and hopes and dreams for the future. People's support plans were held securely and included information about what support people wanted at the end of their lives.

Further information is in the detailed findings below.

## 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.

# Shakespeare 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.

This comprehensive inspection took place on 6 January 2018 and was announced. We telephoned the service the night before the inspection visit and inspected at a weekend because the service was a small care home for younger adults who are often out during the day. We needed to be sure that people would be in. The inspection was carried out by one inspector as the service was small.

Before the inspection the registered manager completed a Provider Information Return. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We met and spoke with two people, together over breakfast and with one in private. We spoke with two members of staff and to the registered manager. We sampled various records including one care plan, medicine records, audits, checks and handover sheets. We observed how people were supported and how staff interacted with people.

# Is the service safe?

## Our findings

People told us they felt safe and they felt well supported. We observed a very calm, supportive atmosphere. People looked relaxed and there was a cheerful banter between people and staff, there was joking and laughing. People told us the staff were 'good' and one person said "They know me well."

There continued to be systems in place to protect people from harm and abuse including safeguarding policies and procedures. Staff completed training in safeguarding people from abuse and staff could tell us, when asked, about different types of abuse and how they would report any suspicions or concerns. Detailed information about reporting and whistleblowing was displayed in the staff office and on a notice board in the kitchen. Staff knew about 'whistleblowing' and explained to us what this was. People were supported to know about personal safety, one person told us they had a mobile phone that they used when they were out to call the staff if there was any problem. People were supported to look after their own money; people told us that this system worked well for them.

Risks to people continued to be identified and assessed. Staff took action to mitigate risks to people. One person was at risk of choking if they rushed their food. This was detailed in a risk assessment. We observed that staff prepared the person's food to reduce the risks; they reminded the person about taking their time to eat and about chewing their food. Staff remained discreetly in the room while the person ate in case there was a problem. Staff had attended first aid training and could tell us what action they would take if the person did choke and this corresponded with what was recorded in the person's support plan.

People were not restricted and were supported to take risks as part of an active life. For example, people took part in activities, went on holiday, went out on their own, this was all assessed so that people could do the things they wanted to do safely, without restriction. Any accidents and incidents were recorded; the registered manager reviewed these to look for any patterns or trends so they could learn lessons and prevent further incidents. A monthly summary was sent to the head office so a further review could be carried out. There had only been one accident since the last inspection. The environment was checked regularly to make sure it was safe. This included fire safety systems, water temperatures and checks of equipment.

There continued to be a stable, long standing staff team with no staff vacancies. Staffing was planned around people's activities and appointments. People told us that there was always enough staff on duty to support them. There was a 'rolling rota' so staff knew well in advance what shifts they were working and people knew who would be supporting them. The registered manager explained that staffing needed to be consistent; they said "People need staff they know and trust."

During the inspection people went out with staff on a one to one basis leaving staff at home to support others. No new staff had been recruited since the last inspection. Previously, staff recruitment practices were satisfactory in that staff completed an application form, had an interview and supplied two references and had a police check before working with people.

Medicines continued to be stored and managed safely and people had as much control of their medicines as they wanted to, for example some people stored their medicines safely in their rooms. Staff were trained in how to manage medicines safely and were able to tell us about people's medicines. Records were clear and accurate and showed medicines had been administered to people at the right times and the right dose. People told us they had the support they needed with their medicines and that the system worked well for them.

The home was clean and smelled fresh. People were supported to keep the house clean, everyone took part in the cleaning and people were supported with their laundry.

## Is the service effective?

### Our findings

People told us that they thought the staff were well trained and that staff had the skills to meet their needs. One person said "The staff are all good, they know what they are doing."

People's needs had been assessed before they moved into Shakespeare house, although no one had moved in for a long time because there were no spare rooms. People's needs were regularly assessed and more frequently if their needs changed. A person's needs had changed due to illness, so a new assessment had been completed, this led to a short term support plan that staff followed until the person became well again and their usual support plan was re-instated. The assessments were clear and regularly reviewed to note any changes however subtle. The person told us they were feeling much better and they were back to their usual self. Staff had worked closely with health care professionals to ensure the person had the support they needed.

Staff continued to have the training, support and supervision they needed to give good support to people. Training was provided to staff which the registered manager tracked by computer to make sure all staff were up to date. It was clear from talking to staff and observing that staff knew people well and put their training into practice. For example, staff reminded a person to take their time when eating and to have a drink to reduce the risk of choking. Staff discreetly checked that a person had some money and their bus pass before they went out. Staff talked with understanding and empathy about people's needs, they had supported a person through a very difficult period and their support meant the person stayed at Shakespeare house and was now nearly backing to their usual self. Staff had up to date essential training as well as training related to people's needs including person centred active support.

Staff worked with staff from other organisations to make sure people had the support they needed. Staff had close contact with staff in local cafes and leisure facilities, with staff from social services and health services. Staff promoted relationships and friendships and people told us about the people they knew and friends they had made in local shops, cafes and at bingo.

Everyone was involved in planning the menu, going food shopping and cooking. People enjoyed a cooked breakfast on the morning of our visit; they said that this was their 'Saturday morning treat'. Snacks and fruit were readily available in between meals. Everyone got together to plan the menu so it included people's favourite dishes. The kitchen was open and accessible to everyone. One person told us they were looking forward to going out to a local Chinese restaurant for a meal that week.

Healthy eating and exercise was encouraged. People went out and about either on foot or by bus into the local town. Everyone was registered with a GP and dentist and people told us that staff supported them to attend appointments. People's health needs were recorded in their support plans and staff could tell us in detail about people's physical and mental health needs. Staff acted promptly if anyone became unwell.

Staff continued to have a good understanding of the Mental Capacity Act. People made their own decisions and when their capacity fluctuated decisions were made in their best interest by people who knew them



well and this was recorded. People's choices were respected and people had the support they needed to weigh up information and make decisions.

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 interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person was subject to constant supervision and so had a DoLS authorisation in place.

The home continued to be suitable for people's needs. People told us they liked their bedrooms and the bathroom was suitable for them. One person said "I like it here, it's quiet."

# Is the service caring?

## Our findings

Staff continued to be kind and compassionate. People told us that they thought the staff were kind and caring. We asked one person "Who is your favourite member of staff?" and they replied "All of them."

We observed during the morning when people were having breakfast and getting ready to go for the day. There was chatter and debate and a feeling of mutual respect and equality. People joked and laughed with staff and arranged their day with staff making suggestions and offering support discreetly. People went out to do what they wanted to do and staff gave the right amount of support for it to be a success, for example by suggesting a person might need their coat and asking if they had their door key. This was all done quite naturally so people remained relaxed and felt in control.

Staff spoke about people with empathy and understanding; staff had high regard for the people they supported. The staff team was very stable and experienced and people knew the staff well and vice versa. Staff knew about people's backgrounds and life histories and this helped them to understand people's needs and behaviours. Everyone was involved in having a say about how the service was run from who was on duty to support them with certain activities to what colour the lounge would be painted.

People had monthly meetings with a key worker who helped them to air their views. People chose their keyworkers who acted as a link between them and the rest of the staff team and others including families and care managers. Regular house meetings were held and subjects discussed included the staff rota, the menu and other important issues. There was information on display about advocates and advice lines that people could access.

People told us that their privacy and dignity was promoted. Staff explained how they ensured people's dignity was protected in the bathroom; they talked about using towels and the shower curtain to maintain people's privacy.

We observed that staff spoke to people and to each other with patience and respect. There was an atmosphere of equality and mutual respect with people and staff coming in and out of the kitchen dining room, chatting, making drinks and passing the time of day. People were as independent as they wanted to be, some people went out and about on their own and others had staff support. People were encouraged, as much as possible, to do things for themselves. For example, one person had staff support to attend an art and craft session, they were now attending on their own due to staff gradually fading the support.

The provider ensured staff had the time, training and resources they needed to give good support. There were consistent numbers of staff on duty so people could go out and about when they wanted to if they needed staff support. Staff were male and female so people could choose who they had support from. People told us they chose what staff member they wanted to support them. Visitors and friends could visit at any time, people told us about the new friendships they had made including new work colleagues. One person told us about how the staff helped them to write to their friend.

People's records were up to date and held securely. Computer records were protected by passwords to protect confidentiality.

## Is the service responsive?

### Our findings

People continued to receive personalised care that was responsive to their needs. People told us that staff were there when they needed them and that staff always responded to their needs.

Each person was fully involved in having a say about what support they wanted, the registered manager ensured people were involved in monthly meetings with their key workers and that they contributed to their review meetings. Support plans were written with people so they were involved in saying what they did and did not want. Each person had a support plan that was individual and personalised to them and their individual needs. People's personal goals and aspirations were identified and recorded with plans in place for staff to help people achieve their goals. People had enjoyed holidays, gained employment and signed up for various courses as part of their goal plans. These achievements were celebrated and staff spoke proudly about people's achievements.

Support plans were up to date and had been regularly reviewed with people's involvement. The registered manager explained that these reviews were carried out with people in the way that they wanted, so for example one person liked to have an informal chat over a cup of tea and a biscuit so this time was used to talk through their care and support and recorded afterwards.

One person told us about their job in a local café, another person told us about their shopping trips into town by bus that they enjoyed. The registered manager planned ahead to make sure there were staff on duty with the right skills to support activities and that the right resources were available including access to the car attached to the service. People had bus passes and said they enjoyed using public transport as they would often see people they knew from the local community. People had friends and knew lots of people in and around the local area, they told us about people they knew at shops, local leisure facilities and neighbours. People went out individually during the inspection, they had chosen to do what they wanted to do that day and staff supported this.

People had a variety of interests and this was recorded in their support plan. Staff knew about these hobbies and interests and supported them wholeheartedly. For example, one person chose staff who enjoyed bingo to go with them to the local bingo hall; another person supported a football team so staff made sure they knew how the team were doing so they talk to the person about their team, another person enjoyed local discos and playing pool. People's birthdays were remembered and celebrated with parties, meals out and special trips arranged.

People had been asked about the care they wanted as they got older and the care and where they wanted to be at the end of their life. This was recorded in detail in people's support plans. People had been supported when they had lost loved ones, staff remembered anniversaries and talked about people's loved ones with them when they wanted to.

People told us they knew how to make complaints, saying they would talk to the staff or to the registered manager. The complaints procedure was displayed and detailed who people could raise concerns with

including more senior managers, care managers and the CQC. The complaints procedure was produced in a way that was meaningful to people so it was easier for them to access and use. The registered manager talked us through the complaints procedure and showed us the complaint book; there had been no complaints since the last inspection.

## Is the service well-led?

### Our findings

There was a registered manager who had been managing the service for several years. The registered manager was experienced in managing services for people with learning disabilities and mental health conditions.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by an area manager and other senior managers, administrators and head office staff including human resources managers.

People told us they liked the registered manager and thought the registered manager did a 'good job.' People were relaxed and happy and chatted to the registered manager throughout our visit. One person said that they got sausages and bacon ready on the days they registered manager came to the service as they enjoyed having breakfast together.

The provider had a clear purpose and five values of Empowerment, Together, Honest, Outstanding and Supportive. The provider's purpose, 'Voyage Care's purpose is to deliver great quality care and support, and our vision is to make a lifelong difference to the people we support, and their families', was displayed in the staff office. Staff were aware of the provider's purpose and values. The registered manager checked that these values were put into practice by working alongside the staff, observing staff and giving feedback at one to one meetings.

The registered manager engaged with the staff team, holding regular staff meetings and one to one meetings so staff felt valued and included. Staff we spoke with said they 'loved' working at the service and proudly told us about people's achievements, however small they seemed, including a person going out more independently and another person planning a trip abroad now that they were well again. People were involved in having a say about how the home was run. Meetings were held that everyone joined to talk about the meals they wanted, activities, holidays and to discuss any issues they had. Some people preferred a one to one meeting with staff and the registered manager made sure these happened. People's views were recorded and an action plan written and followed up at the next meeting, this was also the case for staff meetings.

Surveys were sent to people, their loved ones and other stakeholders. The responses were collated and any suggestions acted on and an action plan written to improve. For example, people said that they would like to have the lounge decorated and wanted to be involved with this, in choosing the colour scheme etc. The registered manager had organised this and was arranging dates for the redecoration. Staff continued to work closely with people's representatives and other stakeholders including care managers, relatives and staff from local healthcare teams. Contact details were clearly recorded and staff were aware of the people who were important to everyone.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. Records were clear and up to date and were held securely.

Staff and the registered manager carried out regular checks of records and the environment including the fire systems and water temperatures. Records were kept and showed that action was taken when any issues were identified. Other managers from the provider's other local services carried out 'peer audits' on occasions to give a more independent view of the quality of the service. The registered manager told us in the Provider Information Return about plans include the service including plans to develop the garden further and people had planted some seeds that they were nurturing indoors and hoping to plant out in the warmer weather.

The registered manager had oversight of the service, they spent time with people, worked alongside staff, observed the support that staff provided and gave feedback to staff. The registered manager analysed any incidents, accidents and complaints to look for any patterns to try to reduce further incidents. A monthly summary was sent to the provider's head office for further analysis. The rating for the service of 'Good' was displayed in the hallway for people to see and was displayed on the provider's website.