Care Quality Commission

Voyage 1 Limited

Redmond 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

Overall summary

This unannounced inspection took place on 17 November 2015. Redmond House provides accommodation for up to 12 people with learning disabilities. At the time of our inspection nine people were living at the home. Redmond House provides care to younger people with a learning disability and some people have physical health needs.

At our last inspection in December 2014 we asked the provider to make improvements on identifying risks for people using the service and staffing levels at the home. At this inspection we saw that these improvements had been completed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People demonstrated that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabling positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were highly skilled; plans were in place for new staff to complete the Care Certificate which is based on best practice. The provider's mandatory training was updated annually.

People were actively involved in decisions about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people and their families were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and worked alongside care staff to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager and members of the senior management team of the service were passionate about people receiving person centred care and people and staff being involved and included in decisions about the future.

Summary of findings

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids and visual prompts.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

Records relating to staff files and training contained accurate and up to date records.

People living in the home and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Redmond 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 inspection took place on 17 November 2015 and was unannounced and was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

Some of the people living at Redmond House were unable to verbally express their views; however during the inspection we spoke and interacted with four people who used the service, four relatives/family members and eight members of staff including care staff and members of the management team.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

At our last inspection in December 2014 we were concerned that there were not enough staff to support the people living in the home and that risks had not been identified for people using the service. At this inspection we saw that there was enough staff to support people with all of their care needs and supernumerary staff in various support roles additional to the care staff providing care and support. We also saw that all people had comprehensive risk assessments in place and staff were knowledgeable about people's identified risk and how best to support them.

People felt safe where they lived. It was clear through observation and general interaction that people felt safe and comfortable in the home. One family member said "My [relative] is in a safe place and staff know him really well." The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed including risk to people, staff and environmental risks to minimise the likelihood of people receiving unsafe care. Care staff told us that specific risk outing for outings were reviewed after the event to discuss what worked and what could have gone better and this was carried forward to the next risk assessment. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said "Risk assessments guide us in trying to make sure activities are safe". When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw that the home regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions. At the time of our inspection some parts of the home were being decorated and we saw this was safely managed with consideration of people's needs and how this could impact on their daily routines.

There was sufficient staff available to provide people's care and support. All of the people living at the home received funding for one to one support throughout their waking hours. We looked at the staff rota for the week and saw there was enough staff to support people with their planned activities. One care staff said "Our staffing levels are good, we don't use any agency staff anymore so we are able to provide better continuity of care." We observed that there were enough staff to attend to people's needs, engage in activities in the community and to be relaxed with them during our inspection visit.

People's medicines were safely managed. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained. The home had strengthened their medicine management systems and now complete daily medicines management audits; this helped to identify any errors or missed signing for medicine or creams and ointments. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine. All people who required medicated cream to be administered had a 'topical cream chart' which identified clearly when the cream was to be applied to the body. It was the homes policy that two staff administered medicine and we saw this procedure was followed.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment

Good

Is the service safe?

histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability and Autism. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "The induction was good, I had time to read everyone's care plans and I showed experienced staff and then they shadowed me to make sure I was supporting people how they wanted to be supported." The provider was following good practice guidelines for newly recruited staff and a plan was in place that all new staff undertook the new care certificate.

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Training was also available from the Community Team for People with Learning Disabilities for individual needs specific to learning disabilities. Staff we spoke with were positive about the training received, one care staff said "I've recently been on some in depth autism training and it's helped me to 'think outside the box' when supporting people."

Staff had received training on managing behaviour that challenged the service. We saw in training records that this was covered in the induction when people first started working for the home and it was also covered in more detailed training. The home had access to the Community Team for People with Learning Disabilities (CTPLD) where staff can discuss concerns they have in supporting people with behaviour that may challenge and the team also provide specific training on peoples individual needs

People's needs were met by staff that received regular supervision; annual appraisals were planned for next few months. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. Staff said "I have regular supervision and we discuss our roles and responsibilities and changes to the service users; it's really positive."

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made and authorized for people who required a DoLS to be in place.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu using picture cards.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. One care staff showed us a person's drinking mug which had a measuring scale on it so they could accurately record the fluid intake. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered

Good

Is the service effective?

effectively. Information on health professionals and health procedures were in pictorial format to assist people with understanding the processes. Care Records showed that people had access to community nurses, physiotherapists and GP's and were referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They indicated that they liked the staff and said they were 'good'. One person took us to his bank of pictures and showed us a picture of staff and gave us a 'thumbs up'. Relatives feedback said they were very happy with the care and support provided and said staff looked after people well. Comments from relative's included "The staff are lovely and look after [my relative] well" and "It feels really homely when I come to visit."

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. Three people showed us their bedrooms and they were decorated to the person's own choice and pictures of family members and other items that had meaning to them.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style. Some people who used the service had pictorial timetables for how they were going to spend their time and this was used to support people to prepare for the day and reduce any anxieties that they may have. People had 'relationship maps' in their care plans so staff were aware of the important people in their lives and these were also used support people to purchase Birthday cards and other special occasions cards.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area.

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. One relative said "I am always treated well when I visit and get offered drink." The registered manager told us that people's families could visit when they want and they could speak with them in the lounge area or their bedrooms and relatives we spoke to confirmed this.

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had communication plans which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated, best ways to engage with the person and what communication tools they used and what was important to them. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this means to the individual and how best to support them. Parts of the care plan also had photographs to provide precise information for the staff on how to support someone. For example; picture guidelines for using hoists and slings and how someone's postural position should look if they are positioned correctly. This helped to reduce risks to people from being positioned incorrectly and also gave staff confidence with the equipment they were using.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan; this was confirmed in the care plans that we viewed. People had one to one time with their identified keyworker and any actions required from this one to time was identified and we saw that actions had been completed. People also had reviews of the service they received by the local funding authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, BBQ's and garden entertainment in summer months, indoor games and various interactive activities. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. We saw staff communicate with people using picture boards, visual prompts and assistive technology to ascertain if people required any extra support and to check people were consenting to choices they were making.

People participated in a range of activities which included swimming, Youth club, disco's and clubs, ice skating, hydro pool, cake baking and grocery shopping. People had weekly timetables which were full of activities that each person had chosen and people were trying out new activities and groups on a regular basis. One family member said "[My relative] is always active and busy; the staff do a lot with him."

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. It was clear in peoples care files that people would have difficulty making a complaint so staff needed to be vigilant with changes in behaviours and body language. There were appropriate policies and procedures in place for complaints to be dealt with including easy read versions for the people living at the home. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. Relatives said knew how to raise a concern or a complaint and we saw evidence of this and what actions had been taken and how any learning was carried forward and procedures changed as a result.

Good

Is the service well-led?

Our findings

Since the last inspection in December 2014 the provider has supported the service with improvements by providing additional support and resources and it was clear to see this had been effective. The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "I can't fault the manager and other senior people in the organisation; they have worked really hard to raise the standards in the home."

Communication between people, families and staff was encouraged in an open way; however feedback was very mixed from people's relatives. Some relatives thought that communication was poor and not very effective and other relatives thought it was good. We discussed with relatives what their concerns were and also discussed with the management team how they worked with relatives to provide good communication. It was clear that the provider and the manager wanted to ensure that families felt involved and that any communication was transparent and factual and they were committed to working to this outcome; although relatives thought there was still a lot of scope for improvement.

The provider held monthly family/relative meetings and all of the people's families were invited. We saw the minutes to these meetings and discussions focussed on moving the service forward and getting the best possible care and support for the people using the service. Attendance was good at these meetings and some families we spoke with said that they were happy to not attend all of the meetings now the service has improved.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said "[name] is always there for us, her door is always open and she encourages and supports us." Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. For example any ideas for people to attend special events.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback included "Excellent." and "[The Manager] is easily contactable and the staff are friendly." Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were able to give their opinions and feedback using pictures and objects of reference. People were generally happy and content and feedback from relatives complimented the standard of care that had been provided.

The culture within the service focused upon supporting people's health and well-being and for people to participate in activities that they chose; and to enhance people's communication skills. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were always focussed on the outcomes for the people who used the service.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.