

Voyage 1 Limited

# Redmond House

## Inspection report

3 George Hattersley Court  
Occupation Road  
Corby  
Northamptonshire  
NN17 1EA

Tel: 01536264522

Date of inspection visit:  
13 December 2017

Date of publication:  
31 January 2018

### 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

Redmond 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. Redmond House is registered to accommodate twelve people with learning disabilities; at the time of our inspection there were nine people living in the home.

At the last inspection in December 2015 this service was rated good. At this inspection we found the service remained good.

The service had 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.

People received care from staff that knew them and were kind, compassionate and respectful. There was sufficient staff to provide the care and support to people that they required.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People and where appropriate their relatives were involved in decisions about the way in which their care and support was provided.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were comprehensive systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

We made a recommendation about ensuring the garden was accessible to people using the service.

## 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.

# 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.

The inspection took place on 13 December 2017 and was unannounced. The inspection was undertaken by one inspector and an 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. In this instance the expert by experiences had experience of caring for a relative living with learning disabilities.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and took this into account when we made our judgements.

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

During our inspection we spoke with five people who lived in the home and seven members of staff; this included five care staff, a senior care staff, the deputy manager and the registered manager. We were also able to speak to three relatives by telephone and one relative in person.

We observed care and support in communal areas. A number of people who used the service were unable to verbally communicate with us; we undertook observations of care and support being given to help us understand the experience of people who could not talk with us.

We looked at the care records of five people and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and

arrangements for managing complaints.

# Is the service safe?

## Our findings

We observed and relatives told us that people were safe. One relative told us, "I think [family member] is very safe because he has been there about six months and he is very happy." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report any concerns they may have. One staff member said, "I would report any concerns to the registered manager or deputy; we have these 'see something, say something' posters as well to encourage anyone to report any concerns." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training.

Risks to people had been assessed and were reduced through their plans of care. One member of staff told us "People's care plans tell us what we need to do to keep them safe." People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this practice. Detailed guidance had been developed for staff to follow in reducing the known risks to people. Accidents and incidents were regularly reviewed to identify trends and the service had an effective system in place which ensured senior staff in the organisation were alerted to higher levels of risk and to ensure that the appropriate actions were taken if necessary. There was a debriefing session for staff after accidents or incidents to establish if lessons could be learnt to prevent similar incidents.

People were supported by sufficient numbers of staff that had been subject to appropriate recruitment procedures. Every person who lived at Redmond House was supported by a one to one member of staff. One relative said, "The staff are really good and know [family member] really well, I couldn't be happier." The rotas we looked at confirmed that staffing was consistent, and during our inspection we saw that enough staff were on shift to meet people's needs. People were safeguarded against the risk of being cared for by unsuitable staff. The recruitment files we viewed contained evidence that the necessary employment checks had been completed before staff commenced work at the service.

People could be assured that they would receive their prescribed medicines safely. One member of staff told us "Before I was allowed to give anyone their medicines I had to have training and be observed by other staff to make sure I did it properly." We reviewed the Medication Administration records (MAR) charts for the people living in the home and found that these were completed accurately. People had detailed plans of care to guide staff in how to administer their medicines. People who were required medicines to be given 'when required' had comprehensive guidelines to support staff to know when they should administer this medication.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place. Staff were trained in infection control, hand sanitising units were present around the service, and staff had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating from the local authority which means that they were found to have very good hygiene standards.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people, such as hoists were stored safely and regularly maintained. Hoist slings were clean, odour free and had each person's name written in them to ensure the correct size sling was used for each person and to prevent any cross infection.



## Is the service effective?

### Our findings

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).

People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. One member of staff told us "I always try to offer choices and ask people if it is okay if I do something." During the inspection we observed staff offering people choices about meals, activities and a variety of other topics. The providers' Mental Capacity Act policy outlined the way in which formal assessments of capacity should be completed by staff and we found this had been followed. Every person's plan of care gave information on how to support each person using the least restrictive approach.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. One relative told us "I was consulted a lot when [my relative] was moving in to the home to make sure that the home had all the information they needed; and I couldn't be happier with the home and the staff." Thorough assessment of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

Staff received the training, support and supervision that they needed to work effectively in their role. One member of staff told us "When I first started I spent my first week being introduced to the people living in the home, reading policies and their care plans. I spent my second week shadowing staff learning what to do. I have had lots of training and get regular supervision. I feel very well supported here." We found that staff had access to regular supervision and training in key areas that were relevant to their role.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. Any changes in people's health were recognised quickly by staff providing support and appropriate referrals to healthcare professionals were completed in a timely manner. People had been supported to complete hospital passports and Accident and Emergency grab sheets to provide guidance to healthcare professionals in the event that people required medical treatment. The registered manager worked in partnership with other agencies to improve people's experience of living in the home. For example, referrals had been made to other professionals involved in people's care such as dieticians and the community team for learning disabilities to ensure people received the care they needed.

People were supported to eat, drink and to maintain a healthy balanced diet. One relative told us "I have no concerns about meals, they know [family member] really well so if they refuse meals they will try again later or offer other things." We saw that easy read menus were in place to assist with people choosing meal

options. People who had been assessed as being at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

Redmond House is a purpose built home and the house is fully accessible to everyone living in the home. People's bedrooms were personalised and communal areas were bright and welcoming. The garden and outside grounds however were not fully accessible and there were areas of the garden people were unable to access which restricted the use of the garden. One relative told us "It is such a shame that there isn't a path all the way around the garden, it affects the use of the whole garden."

We recommend that the provider reviews the arrangements to ensure people have access to appropriate space in the garden and outdoor spaces.

## Is the service caring?

### Our findings

People were supported by a stable staff team that knew them well. We saw feedback from one person's relative that stated "The care could not be better." Staff knew people's life history, interests and individual preferences and used this information to tailor their interaction with people. For example, staff knew that one person did not like a busy environment; so they ensured that they supported the person to a quieter part of the home when necessary and this increased this person's sense of wellbeing.

People told us that the staff were good. When we spoke with people in the home they indicated through thumbs up or through nodding their head that the staff were kind. People were encouraged to express their views and to make choices about the care and support they received. People were supported to make choices through pictures and objects of references as well as verbal communication. Staff had supported people to develop a meaningful bank of pictures of community activities, meals and household chores to enable people to make choices about how they wished to spend their time. We saw that people were able to develop their daily schedules with staff and make choices about how they spent their time.

People were treated with dignity and respect. Throughout our inspection we observed that staff spoke with people respectfully and treated people kindly. Staff knocked on people's doors prior to entering their room and had developed pictorial aids for people to follow to enable them to become more independent with their personal care.

Visitors, such as relatives and people's friends, were encouraged and made welcome. People's relatives received a regular newsletter to update them on progress their loved ones had been making and activities they had been involved with. Staff prepared photos of people's achievements in the home for them to share with their family to spark conversations and to ensure that people's family members felt involved in the care of their relatives. No one was currently receiving support from an advocate however; there was information available within the home about how to make a referral for advocacy services. The registered manager and staff were able to describe when they would seek the support of an independent advocate for people.

## Is the service responsive?

### Our findings

People and their relatives had been involved in developing their plans of care which provided guidance to staff in providing consistently personalised care and support. People's care records provided detailed information about their needs and how they were to be supported. This included the support people required in relation to their personal care, their physical and psychological health, finances and social needs. People's plans of care had been regularly reviewed and updated and were reflective of their current care needs. Risk management plans were linked to the care planning process to ensure people remained safe whilst their needs were met. Staff supported people in line with their individual needs including relating to their gender and disability. This included supporting people with relevant health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures; their duration and the type of seizure, so this information could be used to identify any patterns or triggers.

People had been supported to develop personalised communication passports which provided information to staff about what was important to each person in the home. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used. The staff we spoke to were knowledgeable about the people they supported in the home and we observed that staff used their knowledge of people's life history to tailor the care that people received.

People were supported to maintain links with their family, friends and the local community. People were supported to attend community activities outside of the home such as hydrotherapy, attending speedway events, weekend breaks and attending religious and cultural festivals.

The provider had a system in place to manage and respond to people's complaints appropriately. Two complaints had been received since our last inspection and we saw that these had been investigated thoroughly and detailed notes of the investigations and communication with the complainant were transparent.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them. Staff also supported people through personalised social stories and ensured that information was provided in a personalised, accessible format.

## Is the service well-led?

### Our findings

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 registered manager was visible throughout the home and was committed to providing people with consistently high quality person centred care and support. The registered manager encouraged an open and transparent culture. Team meetings were used as an effective forum to reflect upon the care and support that people had received and to identify ways to support people differently to promote their independence.

There was a strong system of quality assurance led by the registered manager and the provider had also developed a system of 'quality checkers' who were people who used other services that the provider operated. The quality checkers completed quality assurance processes in the home and spoke to people, staff and relatives. People using the service, their relatives and staff were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Annual questionnaires were sent to relatives and pictorial feedback tools were being used to support people using the service to provide meaningful feedback. Feedback from people and their relatives was consistently positive. For example, we saw feedback from one relative that stated "The support [my relative] receives is very good." Feedback from staff included, "It is lovely working here, I am so happy to be part of this team" and "The teamwork here is great, I feel proud to work here."

People were supported to be active members of the local community and the home worked in partnership with people's relatives and other professionals involved in their care. Staff prepared reports for individuals care reviews with social care funders to ensure that people received the care and support that they needed. Throughout this inspection from our conversations with staff, people and their relatives it was evident that there was a genuine emphasis on supporting people to be part of the local community.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the home ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of care needs.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.