

Voyage 1 Limited

Dove House

Inspection report

Derby Road
Doveridge
Ashbourne
Derbyshire
DE6 5JR

Tel: 01889560921
Website: www.voyagecare.com

Date of inspection visit:
13 September 2018

Date of publication:
01 October 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

We inspected this service on 13 September 2018 and the inspection was unannounced and undertaken by one inspector. At our previous inspection in February 2016, the service was meeting the regulations that we checked and received an overall rating of Good. At this inspection we found the service remained Good.

Dove House is a care home located in the village of Doveridge in Derbyshire and is registered to accommodate four people. At the time of our inspection four people were using the service.

People continued to receive safe support. Sufficient numbers of staff were available to support people. The staff understood their role in protecting people from the risk of harm. Risks to people were identified and managed in a way that supported people to take reasonable risks; to promote their independence. Environmental risks were managed well to ensure people's safety was considered. The practices in place supported people to take their medicine when they needed them. Staff suitability was checked before they commenced employment. People were protected by the systems in place for the prevention and control of infection.

People continued to receive effective support. People were supported by staff that received support and training. 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 and their representatives were involved in reviews of their care. This supported them to make decisions about how they wanted to receive support in their preferred way. People received support to eat a balanced diet that met their preferences and were supported to access healthcare services. People received coordinated support because the registered manager worked with other organisations and healthcare professionals to achieve this.

People continued to receive caring support. People liked the staff team who knew them well and promoted their independence and autonomy. People's privacy and dignity was respected and upheld by the staff team and they were supported to maintain relationships with those who were important to them.

People continued to receive responsive support. People were supported to maintain their interests and be part of the local community to promote equality and integration. The registered manager actively included people and their representatives in the planning of care. The processes in place for people to raise any complaints and express their views were provided in an accessible format; to enable people to give their opinions about the service provided.

People continued to receive well led support. People were supported by staff that understood their roles and responsibilities and were empowered by the registered manager to maintain a positive culture that promoted good outcomes for people. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the

quality of the service to enable the registered manager and provider to drive improvement.

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.

Dove House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13 September 2018 and was unannounced. The inspection visit was carried out by one inspector.

Dove House is a care home located in the village of Doveridge in Derbyshire and is owned by Voyage 1 Limited. 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.

Dove House is registered to provide a care home service without nursing for up to four people with learning disabilities and associated conditions in one adapted building. At the time of the inspection there were four people using the service.

Dove House met 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 and autism using the service can live as ordinary a life as any citizen.

The inspection was informed by 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 also reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information from the local authority who commission services for people. A statutory notification is information about important events which the provider is required to send to us by law. We used all of this information to formulate our inspection plan.

During the inspection we spoke with three people who used the service and observed how staff interacted with them. We spoke with the registered manager, and three care staff. We looked at one person's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they liked the staff and our observations throughout the day demonstrated that they were relaxed with the staff that supported them. One person told us, "The staff are nice to me." Another person said, "I like the staff and I like living here." Staff were clear on what constituted abuse or poor practice, and systems and processes were in place to protect people from the risk of harm. Staff knew how to recognise and report potential abuse to keep people safe. One member of staff told us, "If I had any concerns I would report it to the manager or senior." There were safeguarding procedures in place and when needed, concerns had been raised by the registered manager and safeguarding referrals made. This was in line with the provider's procedures.

People's needs had been assessed and risk assessments were in place which included the actions needed to reduce any identified risks. We saw that actions guided the staff on how to minimise these risk, whilst supporting the person to maintain as much choice and independence as possible. Discussions with staff showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised. Records were in place, to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

People were supported to keep safe in the event of a fire or other emergency that required their home to be evacuated. We saw that fire drills were undertaken with people to ensure they understood what to do. One person said, "If the fire alarms go off we all go outside." Plans were in place to support staff in responding to emergencies, such as personal emergency evacuation plans. The plans were updated at regular intervals and provided information on the level of support the person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's needs and provided staff with guidance on the support the person needed. A grab bag was also in place with essential information for use in the event of an emergency situation.

The staffing levels were based upon each person's individual support needs. We saw throughout the day people were supported to go out as they wished. For example, one person was supported to go to the cinema and go swimming. Another person was supported to go to the shops. Staff confirmed there was enough staff available to support people in spending time as they wished. Throughout the day we saw that staff were available to support people to spend time as they chose. Safe recruitment practices were in place. We looked at two staff files and saw the provider checked the suitability of staff prior to employment. The staff recruitment records seen included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Everyone that used the service required support to take their medicine. Staff confirmed and we saw they had undertaken training to enable them to support people safely. Medicine administration records (MAR) were kept and staff signed when people had taken

their medicine. We checked some medicines against the MAR and they corresponded which showed us that people had received their medicines as prescribed. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

Staff supported people to keep their home clean to ensure hygiene standards were maintained and received training in infection control and food safety. The registered manager completed audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required.

We saw that continuous monitoring was in place to ensure accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the registered manager to look for any patterns or trends; to enable them to take action as needed.

Is the service effective?

Our findings

People received support based on their holistic needs, preferences and diverse needs. People's needs were assessed using nationally recognised assessment tools and best practice guidance such as needs associated with positive behaviour support. This meant people could be assured their needs were effectively managed and monitored.

Staff continued to receive training to develop their skills and understanding. Staff that were new to care completed the induction certificate. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "There is plenty of training some is on line and some classroom based, it depends what the subject is. We get refreshers to keep us up to date." Staff confirmed they received supervision. One member of staff told us, "We get regular supervision from the manager but we can go to her at any time, as she is here working with us. The support we get is very good."

People told us the staff supported them well and confirmed they liked the staff. Comments from relatives that had been recently received by the provider confirmed they were happy with the support their relations received. For example, one person had written, 'We are very pleased that [Name] has moved to Dove House. They look so well; their appetite is amazing and staff ring us regularly.'

People were supported to choose their food and drink, and were assisted to consider a balanced diet. Meals were planned taking into account people's preferences. Risk assessments were in place regarding people's nutritional needs. None of the people that used the service required a specialist diets. We saw that people were supported by staff to purchase what they wanted to eat and prepare their meals. We saw one person prepared their lunch with staff support and they told us they had decided what they wanted for lunch.

Each person had a health action plan which provided staff and healthcare professionals with information about the person's health needs. A hospital passport was in place for when people attended hospital appointments. These provided healthcare professionals with information about the person's health care needs, their method of communication and their capacity to understand and make decisions regarding their healthcare. The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, such as the community learning disability team. We saw that information was provided to people in an accessible format that met their communication needs. Referrals were made when needed to healthcare professionals and people were routinely supported to attend appointments such as dentists, doctors, opticians and chiropodists; to ensure they maintained good health.

When people moved into the home they were supported to do this in a way that met their individual needs. For example, transitional visits were arranged to enable the person to meet other people living at the home and for the other people to get to know them. The amount of visits varied depending on the person's needs and increased to overnight stays when the person felt ready.

Dove House is a domestic style house that had been adapted to ensure regulations were met such as fire safety; this included a fire alarm panel and firefighting equipment. The people living at Dove House were independently mobile and did not require any equipment or specialist aids to support them with their mobility. People were able to communicate their needs and preferences verbally and did not require assistive technology to support them in communicating.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that all of the people that used the service lacked the capacity to make decisions and we saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision they received. Including accessing the community. All of the people had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made and approved for everyone. Two people's approval were due for review and we saw the relevant paperwork had been sent to the authorising body for these reviews to take place. Staff continued to support both people in their best interests whilst awaiting the outcome of their review. One person's approval included conditions and we saw that these were being met. Staff confirmed they were provided with training to support their understanding around the Act. We saw that people were supported as needed to make choices throughout the day, such as how they spent their time and what they wanted to eat and drink. Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve.

Is the service caring?

Our findings

People told us they liked the staff and we saw people were treated as individuals by the staff team and enabled to make decisions about how they wanted to spend their time. For example, we saw that some people preferred an active day doing a variety of different things outside of their home whilst others preferred to relax at home. One person told us, "I had planned on going out today but I changed my mind. I've decided to stay at home and chill. I've been watching a film this morning and it was good." We saw that staff spent time chatting with people in an informal and friendly environment.

We saw that staff were able to communicate effectively with people. Everyone that used the service could verbally communicate their needs and wishes. However, some people used specific words or sentences to express themselves. To support staff in understanding how people communicated and expressed themselves, their communication methods were recorded in their support plans. We saw that alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. This supported people to communicate their preferences and wishes and to be in control of their daily lives.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that two of the people that used the service were supported by an independent advocate.

Staff had a good understanding of people's needs and we saw they supported them with respect and promoted their dignity. For example, we saw that people were supported to maintain their appearance. One member of staff told us, "It is important for [Name] to look smart and we support them to do this." This person's relative had provided recent feedback that said, "[Name] always looks smart." The provider and registered manager promoted dignity in care. Two staff had achieved dignity champions status and the registered manager was in the process of completing her training.

People were supported to maintain relationships that were important to them. One person was supported to visit their relative on a regular basis and spoke to them on the telephone in between visits. Their relative had written in recent feedback, "I think my relation is very happy. They visit me on a regular basis and I am always made very welcome by staff when I visit my relative." Another relative had said, "I love regular contact and being invited to gatherings."

We saw that care records and personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

The initial assessments undertaken prior to people moving to Dove House were used to develop support plans. We saw that people and their representatives were involved in these and reviews of their support plans. Discussions with staff demonstrated they empowered people to make choices. One member of staff told us, "Each person has a keyworker and they are responsible for ensuring people have sufficient toiletries and helping people to plan what they would like to do. Each person has a daily planner. Sometimes when the day comes they might have changed their mind and want to do something different. That has happened today with [Name] and we respect that. Everyone has a right to change their mind. Every morning we ask people which member of staff they would like to support them. If two people choose the same member of staff we come to some agreement but we do try to give people that choice." Another member of staff told us, "We support people to spend their time as they wish and we do encourage people to go out but it is their choice. Some people love going out and go out every day, other people don't wish to do this and go out when they want to."

Recent feedback from people's relatives was positive regarding the support they received from the staff team to lead a full life. One relative had said, 'I feel very happy that my relative is settled and has such a good lifestyle and they are going on holiday.' Another relative had written, 'I can't find any faults. We would like for [Name] to continue with all their activities and continue growing in their abilities.'

We saw the provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Along with detailed communication plans in people's support files we saw that people were enabled to make decisions regarding the support they received and choices within their daily lives; as staff ensured this information was provided in an accessible format for them. For example, pictures were used to support people in understanding their support plans. Pictures and objects of reference were used to support people in meal planning and choosing activities of interest.

We saw that an easy read complaints procedure was in place to support people if they had a complaint or any concerns. Staff told us they spent time at weekly meetings asking people if they were happy with the support they received. One person that used the service confirmed this and told us they were happy with the support they received. They told us if they weren't happy they would speak with the manager. We saw a system was in place to record complaints received and the actions taken and outcome. No complaints had been received in the last 12 months; staff told us they would report any concerns to the registered manager.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

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 oversaw the running of the home and was supported by senior support workers and support workers.

Comments from people's relatives and representatives were positive regarding the management of the home. Comments included, 'Care is good', 'Staff are friendly' and 'The house is warm and welcoming'. Staff were complimentary regarding the support they received from the registered manager. They told us the manager was supportive, easy to talk to and approachable. One member of staff said, "I'm proud to work here. The manager has made some big improvements and we have a really good supportive staff team. We have all worked together to improve the lives of the people we support."

The provider understood the importance of ensuring staff had the right skills and knowledge to support people to develop their life skills and promote their autonomy. Staff confirmed they had regular team meetings and understood their role and responsibilities; which promoted effective teamwork.

The provider and registered manager gathered feedback to enhance the lives of people they supported and the recently received comments from relatives were positive. People were supported to express their views through weekly house meetings and reviews of their care.

Systems were in place through the provider's corporate tool to assess the service provided to people. Quality audits were undertaken each month by the registered manager. Any required improvements were listed on the 'consolidated action plan' and all staff were encouraged to take part in making any improvements. The plan was reviewed regularly along with the annual service development plan. The provider's quality team also undertook audits and we saw that any actions left were addressed by the registered manager

The registered manager ensured that people received the relevant support from other agencies as required, such as the community learning disabilities team. This demonstrated they worked in partnership with other organisations.