

# Voyage 1 Limited

# Redbank House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 8 June 2016. The inspection was unannounced. Redbank House is registered to accommodate seven younger adults with a learning disability. On the day of our inspection seven people were using the service.

The service had a registered manager in place 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 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. People received their medicines as prescribed.

People were supported to make decisions, however the Mental Capacity Act 2005 (MCA) was not being applied appropriately in the service. People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported with their nutrition and hydration.

People lived in a service where staff listened to them and cared about the people they were supporting. People's rights to be treated with respect and to have privacy were recognised and acted on.

People were supported to be involved in the planning of their care and to enjoy a social life. People knew how to raise concerns and when concerns were raised they were responded to and acted on.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

## 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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and were supported by sufficient numbers of staff.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People made decisions in relation to their care and support; however the MCA was not applied appropriately in the service.

People were supported to maintain their nutrition by staff who received appropriate training and supervision.

### Is the service caring?

Good ●

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People were supported by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

### Is the service well-led?

Good ●

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

# Redbank 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.

We inspected the service on 8 June 2016. The inspection was unannounced. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. Before the inspection, the provider completed 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.

During the visit we spoke with five people who used the service and the relatives of two people who used the service. We also observed interactions between staff and people who used the service throughout the day.

We spoke with two members of support staff, the deputy manager and the registered manager. We looked at the care records of three people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. All of the people we spoke with told us they felt safe living in the service. One person told us, "I feel safe here." Another told us, "I am safe and I love living here." The relatives we spoke with also felt their relations were safe in the service. One relative told us, "I think [relation] is very safe there." Another told us, "[Relation] is safe there."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with understood their responsibility to report any concerns to the registered manager and to escalate these if action was not taken to protect people from harm. Both of the staff we spoke with were confident any concerns they raised with the registered manager would be acted on appropriately. Information we received prior to the inspection showed the registered manager shared information with the local authority when this was required.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example three people were at risk if they went out into the community and there was information in their care plans guiding staff on how to minimise the risk. The records of three people showed there were risks in relation to a health condition they had and we saw there were detailed plans in place informing staff how they should manage the risk. One person was at risk of falls when they went out into the community and there was a support plan in place detailing how staff could reduce the risk of this person suffering further falls.

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and systems were being serviced and maintained appropriately. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

People received the care and support they needed in a timely way. People we spoke with said there were enough staff to support them when they needed it. On the day of our visit we observed enough staff were readily available to support people when they needed or requested it and staff were also available to escort people in the community.

The registered manager told us that some people had one-to-one staffing and that the staffing levels were adjusted to accommodate appointments and activities with a core number of staff working each day in the service. Staff we spoke with told us the staffing levels arranged by the registered manager were sufficient to meet the needs of people who used the service and that there were always enough staff available.

Some people had been assessed as being safe to manage their own medicines. We saw that where people were managing their medicines there were systems in place to check this was being managed safely. Where there were concerns people were not taking their medicines as prescribed, steps were taken to reassess this. Other people had been assessed as not being safe to administer their own medicines and so relied on staff

to do this for them. People we spoke with told us that they received appropriate support with their medicines.

We found that people were receiving their medicines when they should and staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

We saw there were occasions when staff had not recorded medicines people had taken with them on social leave. There were also some protocols for medicines prescribed for people 'as and when required', which had not been completed. However the registered manager had already identified this and had planned a full and thorough audit of medicines for the day we visited to ensure these recording shortfalls were addressed. Following our visit the registered manager sent us a copy of the audit and the actions they had taken to ensure shortfalls in records did not happen again in the future.

## 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).

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.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support.

However we saw that the principals of the MCA had not been applied as they were intended. We looked at the records of two people and saw that a MCA assessment had been carried out to determine if they had the capacity to make a certain decision. We saw the forms had not been completed as intended, for example on the MCA for one person staff had recorded the person could not weigh up information about the decision but had then recorded the person fully understood the decision. At the end of the form, despite stating the person understood the information and was able to weigh up and retain it, they had been assessed as lacking capacity to make the decision. The registered manager acknowledged they had already recognised they needed further guidance and training in relation to the MCA and was seeking this. Following our inspection the registered manager took steps to rectify the issues we had found in relation to the MCA.

Additionally there was conflicting information in the records of one person about their capacity to understand the risks in relation to an aspect of their health condition. Information in their care plan detailed how staff should respond to behaviour the person may display in relation to this. However notes of a recent staff meeting and discussions with staff identified conflicting information had been given to staff, which went against what was written in the care plan regarding the person's capacity to understand these risks and how staff should respond.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

Staff had access to information to enable them to know how to support people to make decisions for themselves. People had a decision making profile in the care plans and these detailed how staff should support people to make decisions for themselves. For example the profile for one person detailed when the



person would be more receptive to making decisions and when they might find this more difficult. The plan also gave staff information on what the best environment would be to enable the person to make decisions for themselves.

People who sometimes communicated through their behaviour were supported by staff who had information and training about how to recognise and respond to this. A behavioural therapist was employed by Voyage and was at Redbank on the day we visited, and they described how referrals were made to them from staff at different Voyage services. This led to them supporting people who used the service with individualised needs around how they communicated through their behaviour. This was done through working and discussions with people who used the service and implementing support plans and individualised training for staff. The behaviour specialist described how this had been successful with a person they had been supporting at Redbank by looking for triggers and taking an individualised approach to prevent any escalation of the situation and instead promoting positive behaviour. This had worked for the individual and records showed this.

The care plans of two people contained support plans informing staff of how people's behaviour should be responded to in relation to aspects of daily living. The plans gave details of what may trigger the behaviour, how it would manifest and how staff should respond in a positive way, supporting the person to try and control their emotions. Staff we spoke with were knowledgeable about how people communicated through their behaviour and how best to support them.

People were supported by staff who were given training to enable them to have the skills and knowledge they needed to support people appropriately. One person who used the service told us, "The staff are very good." Relatives told us they felt staff were well trained and competent. One relative told us, "The staff are very good and have helped us, as a family, cope and understand [relation's condition] better." Another relative said, "They (staff) are knowledgeable, without a doubt." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training gave them the skills and knowledge they needed to support the people who used the service. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, first aid and infection control.

Staff were given an induction when they first started working in the service. The registered manager told us that two new staff were completing the care certificate and a member of staff we spoke with confirmed this was the case. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and discussed their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance. We saw records which confirmed this.

People were supported to eat and drink healthily. Some people who used the service had a condition which posed a risk to their health and their nutrition and maintaining a healthy diet was very important. We saw these people had detailed care plans in place informing staff how they should support people with their nutritional risks and to promote healthy eating. One relative told us, "They (staff) support [relation] very well. [Relation] has lost a lot of weight with their help." We saw the relative of another person who used the

service had recently completed a survey and had commented positively on the nutritional support their relation had received saying, 'Food is wonderful and very healthy.' They had gone on to comment about the support their relation had been given to lose weight and how successful this had been.

One member of staff told us, "They (people who use the service) eat a healthier diet than me." We observed people had chosen healthy options for their meals on the day we visited and there was a good stock of fresh and healthy food available in the service.

People's weight was monitored weekly and this was used to motivate people to continue to make healthy choices and maintain a healthy weight. We saw nutritional needs were being managed well. For example one person had been nutritionally at risk and had been supported to eat a healthy diet and had lost a significant amount of weight as planned. We saw referrals to the dietician had been made for specific dietary needs and their recommendations were implemented into care plans.

People were supported with their day to day health care. One person who used the service told us, "If I don't feel well they call the doctor." Relatives commented positively on how well they felt staff supported their relation with their health conditions. One relative told us, "Staff manage [relation's] condition very well."

Records showed people were supported to attend regular health reviews. Where people had a health condition we saw they were supported to attend regular appointments to have their condition assessed to ensure it was being managed appropriately. People were also supported to attend regular checks at the dentist and optician.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living at the service and that staff were caring. One person said, "I like living here." Another person told us, "I love it here." Relatives were also positive about the service. One relative told us, "[Relation] has settled in really well. We are very pleased." Another told us, "[Relation] has calmed down a lot and is more motivated."

Relatives told us they felt there was a happy atmosphere at the service when they visited. One relative told us, "When we go there is always laughter in the home. [Relation] has a good quality of life." We observed staff interactions with people and we saw this to be the case with staff displaying a caring and kind attitude to people whilst supporting them. There was a happy, relaxed atmosphere and we observed a lot of laughter and warm interactions. People looked relaxed and comfortable with staff.

Staff we spoke with told us they enjoyed working in the service and spoke positively about the people they supported. Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

We saw relatives had commented positively about the staff in the last annual survey with comments such as, 'A core of staff who have been there several years, which is good' and 'Staff seem very understanding and professional.' We saw a health professional had also completed a survey and had said, 'Although registered as a care home, the people that are supported, the staff and the environment is in my opinion the closest thing to a family unit.'

People were given choices about their care and support. One person told us they had chosen their own key worker (a named member of staff who was linked to the person) and said, "I chose my co-keyworker too." People who used the service told us about the meetings they had in the service and said they felt the meetings were productive. One person told us, "We take a vote so people can choose what they want."

We saw the minutes from monthly meetings held with people who used the service and saw they had a say on what activities they would like to do the following month. We saw that activities were chosen by the people who used the service and records showed that people were encouraged to speak up if they wanted any changes to be made. People told us they were supported to choose their food menu and we observed staff giving people choices about food during our visit.

We saw in people's care plans that staff had recorded people's preferences and how they would like to spend their day and what a good day would look like for them. The plans were detailed and included all aspects of the person's day. Observations and discussions with staff showed they had a good level of knowledge of people's likes and dislikes. People's individual methods of communication was assessed and planned for. In the care plans of two people we saw both people could communicate verbally and there were communication support plans in place detailing how they sometimes communicated different needs. These included body language indicators and how staff should respond to these.

The registered manager told us that two people were currently using an independent advocate to support them with decision making, and that a third person had used an advocate recently. We saw that information about advocates and how to contact them were displayed in the service. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to be independent. For example, we observed one person who was doing their laundry and they told us this was what they usually did. One person told us, "We have jobs taking flyers round." Another person told us, "I pay my own bills and have a bank account." Relatives told us they appreciated the level of independence their family members had achieved. One relative told us, "We are very pleased. There has been a huge change in [relative]." They told us their relation was now enjoying life.

People had different responsibilities such as answering the telephone and the door. One person was responsible for post delivered to the service and everyone had designated days where they would clean their own bedroom. We saw people's levels of independence and what they could do for themselves, and what they would need support with, was detailed in their care plans.

People's diverse needs were recognised and planned for. One person had a certain preference in relation to their religion and culture and we saw there was a detailed care plan in place informing staff how the person preferred to follow this. The plan detailed which festivals the person would like to take part in and which parts of the culture they preferred not to adhere to.

People were supported to have their privacy and were treated with dignity. People we spoke with told us they could have privacy whenever they wanted it and said they felt staff treated them with respect. People told us they went to their bedroom if they wanted privacy and one said, "I like to go and lie down sometimes." Relatives told us they felt their relations were treated with dignity and respect. One relative told us, "Staff respect [relation]."

Staff were given training in privacy and dignity values. One member of staff was a dignity champion and the registered manager told us that all staff were aware of their duty to treat people with respect and to value their privacy. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and we saw that the values were threaded through people's care plans with details of how staff should consider and respect people's privacy and dignity.

## Is the service responsive?

### Our findings

People and their relatives were involved in planning and making choices about their care and support. People we spoke with were aware of their care plan and said they had been involved in them. We saw people had signed their care plan to give consent for them to be used.

The relatives we spoke with told us that they felt they were involved in their relations' care and support and that staff kept them updated about any changes. The three care plans we looked at contained records of annual support reviews which the person, their relatives and others involved in their support had been involved in. The review looked at the persons care plan and support given by staff to see if any changes were needed.

The registered manager told us that people were invited to attend annual meetings to review their care and support and we saw records which showed this was happening. We saw that staff had recorded that people had been involved in their care planning and people who used the service had signed their plan to show they were in agreement with them.

People were supported by staff who were given information about their support needs. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. For example the records of all three people we looked at showed they had a physical and mental health condition and there was a good level of detail informing staff how best to support each person with these needs. We observed people being supported and saw that staff were putting what was written in the care plans into practice.

People were supported to follow their interests and take part in social activities. One person told us, "I like swimming and going in the hot tub." Another person told us about their hobbies and said that staff supported them with this. They said, "I do knitting, drawing and puzzles. Another person told us, "We are going out on Friday for a birthday party." Relatives told us they felt their relations were supported to have an active social life. One relative told us, "[Relation] needed pushing when they first went there but now [relation] is out all the time."

We saw people were supported to access the community and people told us of places of interest they had visited. One person regularly went to computer courses and others told us of frequent activities in the community such as shopping, going to the pub and discos. People told us they were supported to follow hobbies such as fishing, playing snooker and drama classes. They told us about being supported to go to stay with relatives for the weekend and go on holiday each year to places overseas and in the UK.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would feel confident to speak to the staff or registered manager if they had a problem or concern. They told us they felt they would be listened to. One person told us, "I talk to [registered manager] and my key worker." Another told us, "I always go to [registered manager] and she helps me." There was a 'see something say something' procedure in the service which was written in a format people who used the

service would understand.

Complaints and concerns were responded to appropriately. Records showed there had been one complaint raised in the service and this had been recorded in the complaints register and responded to via a meeting arranged by the registered manager. The concerns raised had been dealt with in an open and transparent way and had been resolved with the complainant. We saw that some negative comments had been made in the 2015 survey and in response to this the registered manager had met with the person who used the service and their relatives to discuss the concerns and to find a resolution. Again this had been dealt with in a positive and open way to ensure the concerns were resolved. Staff we spoke with were aware of how to respond if concerns were raised.

## Is the service well-led?

### Our findings

People were happy living at the service and praised the staff and the management team. One person told us, "We have excellent staff here and an excellent manager." People told us they could approach the registered manager and they would be listened to and their suggestions acted on. Relatives were also positive about the registered manager. One relative told us, "We have an excellent relationship with (registered manager)." Another relative told us, "She (registered manager) is brilliant. We are lucky to have found Redbank."

People who used the service, their relations and staff were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the registered manager could capture their views and get their suggestions and choices. One person told us, "We have meetings and people listen to us." Another person said, "You say what you want." People felt they were listened to at the meetings and we saw the minutes of the last two meetings and saw people had been given the opportunity to have their say about the service and what they would like to do. The provider was in the process of extending the service to include a further bedroom to accommodate an eighth person. We saw this had been discussed with people who used the service and their views sought on how best to support a new person to settle into the service.

We saw that annual service reviews took place and survey forms were sent to people who used the service, their relatives and visiting health professionals. Voyage 1 Limited also had a forum for people who used Voyage services to attend and give their views of the service they were receiving. We saw the posters advertising the local meetings and we heard people discussing these. One relative described going to one of the meetings and meeting other relatives from Voyage services.

We looked at the results of the last survey and saw these were generally positive. Where issues were raised these were responded to directly with the person raising the issues and there was an action plan formulated to drive improvements following people's feedback. The surveys had just been sent for the 2016 annual service review and we saw one response had been received from a relative of a person who used the service and their feedback was very positive.

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service.

People lived in an open and inclusive service. People were involved in the management and shaping of the service. One person had responsibility to write up the minutes of meetings held for people who used the service. People were also involved in interviewing potential staff who had applied to work in the service. The registered manager told us that people who used the service had been formulating some questions to be used during the interview process.

Staff we spoke with told us they felt the service was well run and said that the registered manager worked

with staff as a team and were approachable and supportive. Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to and acted on. Staff were also given an opportunity to have a say about how the service was run through an annual survey. We observed staff worked well as a team. They were motivated, efficient and communicated well with each other during the time we were there. One member of staff told us, "It is the best place I have worked in so far."

People could be confident that the service was monitored and improvements identified were implemented. The registered manager told us in the PIR that she completed quarterly audits, which led to an action plan for improvements and that this was monitored by the operations manager for the service.

We looked at the systems used for monitoring the quality of the service and we saw the registered manager undertook monthly walk around audits to check areas of the service such as infection control and the environment. We saw the quarterly service audits which focused on the five key questions used by CQC, is the service safe, effective, caring, responsive and well led. This involved audits which looked at different aspects of the service including the environment, staffing and safety. We saw the systems were effective in identifying where improvements were needed and the registered manager had action plans in place.

The registered manager's audit was then checked by the operations manager who also carried out a quarterly audit based on the five key questions to ensure the improvements were being made. Discussions with the registered manager showed she had already identified where improvements needed to be made, such as the MCA and medicines and was taking steps to improve in these areas. This showed the systems in place to monitor and identify improvements needed in the service were effective.

The registered provider had an oversight of the quality of the service through systems used to monitor incidents and feedback received on the service. The provider used an organisational system which required the registered manager to input information in relation to complaints, incidents, compliments and accidents in the service. This was used to monitor events in the service and to ensure they were managed appropriately by the registered manager.