

Voyage 1 Limited

# Dove House

## Inspection report

Derby Road  
Doveridge  
Ashbourne  
Derbyshire  
DE6 5JR

Tel: 01889565141

Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
21 November 2023

Date of publication:  
09 February 2024

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dove House is a residential care home providing personal care to up to 4 people. The service provides support to people with a learning disability or autistic people. At the time of our inspection there were 4 people using the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

**Right Support:** People were safeguarded from abuse and avoidable harm. The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. There were enough staff to meet people's needs and staff had received training to support people with a learning disability. People received their medicines safely and were protected from risks of infection.

**Right Care:** People's capacity was assessed and they were able to make decisions about their care. The provider learned lessons and took action when things had gone wrong. People were supported by staff and a volunteer to access their local community for activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Culture:** Managers and staff were clear about their roles and understood their responsibilities. Relatives were able to visit without restriction and were kept informed. The provider and registered manager were open and transparent. The provider engaged with people and staff involved them with the running of the service. People and staff were encouraged to share and celebrate their own cultures.

Based on our review of safe and well led, the service was able to demonstrate how they were meeting the underpinning principles of "Right Support, Right Care, Right Culture."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 28 September 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Dove House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 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.

#### Service and service type

Dove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 1 day notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 6 relatives about their experience of the care provided. We spoke with 5 members of staff including support workers, the registered manager, and an operations manager. We reviewed a range of records. This included 1 person's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- Staff had been trained in the provider's safeguarding procedures and knew how to apply this in practice.

Relatives and people told us they were safe.

- The registered manager reported any concerns about people's safety to relevant authorities such as the local authority safeguarding team. They also notified us of any concerns. This ensured appropriate agencies had oversight of any allegations of abuse. The registered manager and staff worked with appropriate agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The registered manager reviewed people's care records and risk assessments regularly, where people's needs had changed this was recorded within the reviews, so staff had accurate, up to date information on how to support people.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire.
- The environment was safely maintained; records indicated a range of maintenance and safety inspections had been carried out.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager tracked DoLS applications, and any conditions related to DoLS authorisations were being met.
- Staff received training in MCA and DoLS and refreshed it regularly.
- We saw people were supported in line with the Mental Capacity Act. We observed staff offering people choices, such as a choice of activity.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The registered manager monitored staffing levels and ensured staff had the right skills to meet people's support needs.
- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough staff to ensure people's needs were met. One relative told us, "I do think he is safe. On all of my visits staff seem to be caring and [Person] looks clean and tidy. [Person] seems to be happy. I don't feel [Person] is anything other than safe."

### Using medicines safely

- People were supported to receive their medicines safely.
- Staff who handled medicines had completed training and their competence in handling medicines safely had been assessed.
- Effective systems were in place to identify any medicine errors or discrepancies in stock and quickly rectify any issues.
- Guidance was in place to help staff identify when people required medicines that were prescribed to be taken 'as required' (PRN).

### Preventing and controlling infection including cleanliness of premises

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was visibly clean and free from malodours. Staff had access to personal protective equipment (PPE)
- One relative told us, ""It's always clean and tidy. When [person] first went there it wasn't the case. I think it has improved on that side."

### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. Relatives told us they were able to visit, one relative told us, "I can't visit often now because it's quite a distance ... but we have lots of video calls and they send me photos of [person]. There's always been lots of communication between us."

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager completed a monthly analysis of accidents and incidents within the service. This allowed them to identify any themes, trends or action needed to keep people safe.
- Debriefs were recorded immediately after incidents. A further debrief took place with the registered manager to learn from the incident and follow up on any actions needed.
- Relatives were informed about accidents or incidents.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The registered manager and staff were committed to providing people with high-quality, person-centred care which respected their rights and promoted a good quality of life. They included people and their families in decisions about their care, this ensured care focused on what was important to individuals and took account of their preferences.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff had received specific training to support people with a learning disability and knew people well.
- Staff told us they enjoyed supporting people to access the local community and the manager told us a volunteer came in for companionship to support with some activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred. This meant we could check they had taken appropriate action in response to incidents.
- The registered manager was open and transparent throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- We spoke with the operations manager. They were clear about their involvement in the service and completed regular audits of the service.
- Action plans were contributed to by the registered manager and reviewed by a quality team to monitor completion.
- Staff told us the manager was approachable and had regular supervision meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager used different ways to gather feedback to improve the service. One relative told us, "I've had a questionnaire now and again, but like now, I can never think of any negatives to report. Nothing to improve on."
- The provider had created a learning culture at the service which improved and enriched the care people received.
- Staff told us they were encouraged to share their own cultures and traditions with people.
- One staff member told us, "We had a Jamaica day and dressed in the colours of the flags and a Jamaican menu."

#### Working in partnership with others

- The provider worked in partnership with others. They had good links with local healthcare professionals, including GP's, dentists and opticians.
- We observed professionals visiting the home on the day of the inspection, they told us the team were responsive to their advice and worked well together.