Care Quality Commission

Voyage 1 Limited

The Red House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 20 February 2018 and was unannounced. The inspection was completed by one inspector. The Red House is a care service. The care service has been developed and designed in line with 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." Registering the Right Support CQC policy.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Red House is located in Ilkeston. The accommodation is in a large Victorian house close to shops and amenities and has a secure garden. Each person has a large room with an ensuite facility. There are shared spaces which include the lounge, a dining room and a quite area. The home is registered for seven people. At the time of our inspection seven people were being living in the home.

People continued to receive safe care. There was a consistent staff group and people could request staff to support them with their individual activities or pass times. Risk assessments had been completed to reflect any area of concern and we saw guidance for staff was provided to reduce any risks. Medicines had been managed safety and when necessary medicine reviews had been completed to reduce any unnecessary medicine for people's wellbeing. The risk of infection had been managed and lessons had been learnt from events which had occurred to drive improvements.

The care that people received continued to be effective. People had been supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received training for their role and the registered manager was proactive in seeking additional training when people's needs changed. People were involved in the choice of meals and guidance was provided to support their nutritional needs or long term conditions. People could personalise their space and they had been involved in the decoration of the communal spaces in the home. Health professionals had been involved in the development of peoples care and guidance was provided and followed.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. Staff knew people well and were able to balance this knowledge to consider the level of support people required. This reflected people's personal space and levels of independence.

The home continued to provide a responsive approach to people's needs. People were able to access activities of their choice and some to develop life skills. The care plans were detailed and covered all aspects

of the persons care needs history and preferences. Information was available in different formats to people. Relatives were aware of how to raise a concern.

The management of the home remains good. People felt at home and enjoyed living with the people they shared their home with. The registered manager used audits and information about the home to drive improvements and safety. People's views had been considered and used to develop any areas of change. The registered manager understood their registration and sent us information about the home. They had conspicuously displayed their rating at the home and on their website.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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The Red House

Detailed findings

Background to this inspection

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

This inspection took place on 20 February 2017 and was unannounced. The inspection was completed by one inspector. On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

People using the service were able to tell us their experience of their life in the home and we discussed areas of the home and care with three people. We spoke with two relatives at the inspection and after the inspection we spoke with one family member by telephone and a social care professional.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service; these included audits relating to, infection control, surveys to reflect feedback and audits which covered all aspects of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am happy here, staff take care of me." Relatives also felt their family member was safe. One relative said, "They are well supported by kind, responsive staff." Staff had received training and knew how to protect people from harm. A staff member said, "We need to be aware of everyone's behaviour and report anything of concern." We saw information was available to identify how to report any concerns in different formats. For example, on the notice board 'Prevent 5 steps protocol' was in an easy read version for people to raise a concern.

Risk assessments had been completed to cover all aspects of a person's care. The assessments reflected the risk and the actions and guidance required to reduce the risk for the person. Some assessments had included directions from health care professionals following hospital appointments. For example, we saw when one person had fallen action had been taken to reduce the risk of this situation reoccurring. Since the action had been taken the person had not fallen again.

People had an individual plan which identified the support they would require in the event of an emergency. We saw regular fire drills had been completed. Some of these had been held at night and staff had been blind folded. The registered manager said, "Its important staff are able to navigate out of the building and this provides practical training."

The home had established a place of safety in the event of an emergency. This was situated in the church adjacent to the home and they had stored spare clothes, sleeping bags and dried food to support their needs. We saw this was checked monthly. People were aware of this arrangement, one person said, "We do drills regular and go to the church." We saw the newest person had been given this emergency information and shown the church location.

People told us there were always enough staff to support their needs. There was a board with pictures of the staff working on that day. People referred to the board and asked about their preferred staff member who was then able to support them to their activity. The registered manager told us, "We look in the diary in advance and ensure we have enough staff to meet people's needs or appointments." Staff told us they received regular supervision and support for their role. One staff member said, "We have a great boss, you get the support, and they are fair." There was a static group of staff and we noted there had been no new recruits since our last inspection. One relative said, "Staff have been here a long time, its nice there are consistent staff." We had reflected on the recruitment practice in our last inspection and had no concerns.

People told us they received their medicine. One person said, "It's all held upstairs and I get it when I need it." We saw that the medicine was stored safely and regular audits had been completed to ensure the medicine had been dispensed in accordance with the prescription. Medicine reviews had been completed to reduce some people's reliance on medicine. A relative said, "In conjunction with the GP one medicine was reduced and staff monitored the situation. They can judge how they are."

There was a clear vision on how to protect people from the risk of infection. We saw following an outbreak of

sickness that the registered manager had implemented an infection containment box. The box contained everything you would need to support someone if they became unwell. One staff member said, "It's great, the box was introduced in the team meeting. It contains everything and a new bucket arrived today." This shows that lessons were learnt when incidents occurred.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most of the people living at the home were able to make their own decisions. However when assessments were required they had been completed and were decision specific. We saw best interest meetings had been instigated with professionals when a decision was required. We saw that in the assessments it was identified the most appropriate time to support people when making decisions. Some people had been referred for a DoLS to the local authority and staff had a clear understanding of MCA and DoLS. One staff member said, "We always talk about this in supervision. It's important to follow the correct process to support people's decision."

Staff had received training to support their role. One staff member said, "We have loads of training and there are plenty of opportunities to develop your skills." The registered manager had sought information in relation to training which related to the needs of people. For example, one person was living with dementia, to support staff with understanding they had received training and further training was being sought.

People were able to contribution to the menu planning for meals. We saw a meeting was held each week and people could express their preference of the meals they wished. Some people had a diagnosis of Prader-Willi syndrome which can cause growth abnormalities and a risk of obsessive eating. Due to this the kitchen area was kept locked between meals, however people were able to access drinks and healthy snacks between meals. This restriction had been discussed with all those living at the home and they had all agreed to this action. People were weighed weekly and any concerns resulted in a referral to the speech and language service. We saw one person had been supplied supplements; however their weight had increased so the supplements were no longer given. The staff continued to monitored nutritional needs.

People's health was observed and when people had appointments they were supported by the staff. Explanations of medical interventions were available in easy read format, for example when a person required a blood test. We also saw how staff had been reflecting on the information required when a medical questionnaire was completed. This was so they could prepare the person with any information or take along necessary documents. We saw how the home had responded to a people's needs. For example, one person had been showing low in mood in the winter months so a Seasonal affective disorder (SAD) lamp had been purchased. Staff told us, "The lamp has made a difference." SAD is a type of depression that typically occurs each year during autumn and winter. This showed there was a wider consideration other than medical to support people's wellbeing.

People were able to personalise their space. One person told us, "I plan to have a purple theme." People had been involved in the decision about the new lounge furniture. They had been able to bring their own furniture and in the lounge one person had their own chair which was respected by the other people. Pictures of people living in the home were displayed in the communal areas.

Good

Is the service caring?

Our findings

People told us they continued to receive caring support form staff they had established relationships with. One person said, "I get on with the staff. They are friendly and help when I need it." A relative told us, "I am confident they enjoy living here. I can see it in their face." We saw how people had been asked about the person who provides their support, which included a preference for gender. This was documented in the care plan and staff were aware of people's choices. Throughout the inspection visit we saw the relationship between people and the staff. It was friendly with levels of banter or interaction in respect of each person's acceptance levels. Staff knew people's trigger points of when they were anxious and the techniques to use to reduce this.

We saw people were provided with information in a range of formats. There was a large book of guides all produced in an easy read format. One staff member said, "The guides are useful and we can relate to them when we are discussing things." Another staff member said, "We use picture cards for some people and it helps with understanding."

Some people required support when they made decisions; this was usually provided by family support. However the registered manager had signed some people up to the advocacy service so they could access this at any time if this was required. An advocate is a person who supports someone who may otherwise find it difficult to communicate or to express their point of view.

People's independence was encouraged and promoted. At the weekly meeting people tasked themselves with a household chore. For example, help with the food shopping or sweep near the bins or empty the bins. A treat was provided at the end of the week if people had been consistent in supporting with their chosen task. People told us they enjoyed helping and it was an encouragement to know you would receive a treat. A relative told us, "Staff know people well, their ways and attitude. It helps when they are doing things or going places."

People's relationships had been supported. Relatives could visit anytime. One relative said, "I am always made to feel welcome. I was told I could call anytime and stay for a meal if I wished." One person told us how they had a friend coming to stay for a sleep over. Other people had been supported to visit family who were unable to travel. People told us events were celebrated. The home was planning a week-long celebration as the home was 15 years old. People had been included in the planning and talked about the event with excitement.

People told us they felt staff respected their privacy. We saw staff knocked on doors and knew when people wished to have time on their own. One staff member said, "We don't barge in, it's their home. They are adults and we must respect that." Staff had received training in relation to dignity and some staff had signed up to be a dignity champion. The champions cascaded the information and there was a folder of information to support the approach staff should take to support individual's dignity.

Good

Is the service responsive?

Our findings

When people moved to the home a comprehensive plan was drawn up which reflected all aspects of the persons care. This included history, information from people who knew them well and guidance from a range of professionals. There was a relaxed induction for people to see if the location was the correct home for them. One person said, "I came for visits, dinner then a sleepover before I made my decision." Relatives we spoke with praise the home for their openness and approachability. One relative said, "There was a clear focus on what was right for the person."

Care plans provided details of the person's needs. They were written with the person and their views had been included. One staff member said, "We talk about things with people." We saw the plans had been regularly reviewed. One staff member said, "You can update information at any time as things change. We are always making changes and updating them." The registered manager said, "The care plans are the guide to getting to know the person along with establishing a relationship in person." People's diversity and how people expressed their sexuality had been included. They also reflected their preferences such as clothes style and personality. Some people were unsure about their sexuality and they had been supported to explore this area through information, clubs and events. Staff had received equality training and all those we spoke with had a good awareness and valued peoples individuality.

People told us they were able to go out daily and over the week join activities they enjoyed. Each person had their own programme; however there was flexibility in the daily routine. We saw some people had voluntary jobs which had been supported. When people had chosen their activity, staff used that information to reflect on any progress and to support the person to meet their outcome. Other people's interests had been developed. For example, one person had expressed a wish to join a drama group. A staff member was also a member of the drama group and they introduced the person. Initially the person was shy; however after several weeks they joined in the introduction games and started to remember some people's names or routines. Over the last year the person had performed in some productions and they were to appear in a pantomime in the coming weeks. A booklet of their journey had been made to record the stages and achieved milestones. The person told us, "I enjoy going and the dances." One relative said, "The home is like a breath of fresh air, we are so glad we found it."

There was a complaints policy available in different formats; for example easy read formats and larger print. Since our last inspection the provider had not received any complaints. People and relatives who we spoke with knew how to raise a concern. One person said, "You tell the manager or any staff, they sort it out." Relatives said, "All the staff are responsive if we need to discuss things, I have no complaints here." Those people we spoke with only expressed compliments for the home and the staff caring for them.

At the time of this inspection the provider was not supporting people with end of life care. The registered manager had considered peoples end of life wishes and each person was being supported to complete a plan. We saw how the plan had recognised peoples individuality. For example, the songs they wished to be sung at their funeral, items to be included in their coffin and what they wished to be dressed in. One plan included a poem which the staff told us, 'summed up the person to a T'. The registered manager said, "It's a

delicate area, but I feel it is important to address it with people to support their understanding and gain their input". This showed that people's wishes had been represented.

Good

Is the service well-led?

Our findings

The Red House 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.

The manager understood their registration with us and had notified us of events which had occurred at the home. The last rating had been conspicuously displayed at the home and on the provider's website.

People, relatives and staff all told us the atmosphere was warm and friendly. One person said, "I enjoy living here." One staff member said, "We have an open culture here. We can tell each other if we make a mistake."

Staff told us they received support with their role. The registered manager told us, "We have recently introduced new care plan paperwork. It can take staff time to complete them, but it helps to develop their confidence and their development". One staff member said, "You can always ask for help, they are always saying if it doesn't make sense ask, and I do."

Staff told us they had regular meetings and we saw these had been documented. One staff member said, "The meetings are constructive and provide an opportunity to receive information and talk about any concerns or peoples achievements."

The Red House was also supported by a deputy manager. The registered manager told us, "They need to know and understand what I do, so they are included in the managers meetings and we have a 'share screen system' so they can view all the audits or provider information that I can see." A staff member said, "The manager uses people to their strengths, we all have a place in the wheel."

The provider and the registered manager had a planned approach to auditing the home. We saw that when audits had been completed any actions had been addressed. For example, a small sink had now been placed in the medicines room to comply with good medicine administration guidelines. The health and safety audit had identified a cracked sink in the staff toilet and this had been added to the repairs schedule. Smaller elements, for example the replacement of bins had been actioned. There was an improvement plan for the home. This identified areas which required refurbishment or repair. For example, repairs to the reception flooring and redecoration. The registered manager told us the home was supported by an operational manager who visits monthly. They told us, "When they visit, they review the audits and complete other spot checks. They also complete my supervision and annual appraisal. I feel supported and I can contact them by telephone anytime."

We saw a quarterly audit book had been completed by a registered manager from another home. This was divided in to the CQC inspection domains and scored for each section. We saw The Red House had scored 100% in four of the five categories. The outstanding aspects related to updating paperwork which we saw had already commenced. This showed the provider had a proactive approach to meeting the regulations.

The provider worked in partnership with a range of services. This included the local church, voluntary organisations along with health care professionals and social groups. The home is situated close to the town and people told us they were not only familiar with the location, but people who worked or lived in the area.