

Voyage 1 Limited

Redcliffe 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

Redcliffe House is a residential care home providing personal or nursing care for people who have learning disabilities or autistic spectrum support needs. The care home is an adapted building, and there were 8 people receiving a service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 8 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People lived in a care home that was safe and clean. Staff understood how to keep people safe from the risk of abuse; and knew how to raise any concerns with the appropriate authorities. Regular health and safety checks were carried out and the registered manager told us they would replace a shower we found to exceed safe hot water temperatures. Enough staff were employed to meet people's needs, and the administration of people's prescribed medicine was carried out safely.

People's rights under the mental capacity act were respected. Some people were not at liberty to leave the care home without being supported by staff, and those restrictions had been authorised by the relevant authorities. However, some of those authorisations had been given on the basis that the care home could only be exited via key coded external doors, when that was not always the case. Staff received the necessary training and provided support that met people's needs. The building had been adapted to meet people's care needs and they were supported to eat and drink enough to meet their nutritional needs. Staff supported people to access healthcare services when needed.

People were well supported by compassionate staff who understood their needs, respected their privacy and maintained their dignity. People were supported to increase their skills and to express their views on the service they received.

People were supported to engage in meaningful activities which they chose. Care plans were detailed and guided staff on how to support people effectively. Staff supported people to maintain contacts with friends and family; and supported them to engage in activities within the local community.

People were supported to achieve outcomes which were important to them. The registered manager understood their responsibility to keep people safe and to be open and honest when things went wrong. Care staff understood their roles in providing the support that people needed. The care team worked in partnership with other agencies to continuously improve the quality of the service and to ensure people received the support they needed.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Redcliffe House

Detailed findings

Background to this inspection

The 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Redcliffe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider, or registered manager, would be available to support the inspection. We also needed to give the provider enough time to explain, to the people living at the care home, that the inspector would be visiting.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and observed interactions between staff and the people they were supporting. We spoke with five members of staff including the registered manager and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality audits carried out by other agencies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Water temperatures were checked regularly. However, the temperature of one shower unit could exceed safe levels and there was the potential for people to be scalded. This was brought to the attention of the registered manager who immediately took the shower out of use. After the inspection they told us a replacement shower unit would be installed.
- People's risks were assessed. However, we found some people's assessments did not identify the risks to people, who had epilepsy, and who were supported with bathing or swimming. This was discussed with the registered manager who updated the risk assessments and support plans immediately.
- People's risks were managed positively. For example, when a person behaved in a way which challenged others, care staff managed the situation in a positive way and protected the person's dignity and rights. The registered manager worked with the person, and external specialists, to support them to learn to manage their own behaviour and reduce the risks it might present.
- Staff knew what to do in an emergency. The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks. Care staff had received fire safety training and personal emergency evacuation plans were in place, so people could be supported to exit the care home in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were safe. A person told us, "It's safe here. I like it. I've lived here for a long time."
- People had positive and trusting relationships with their care staff who understood how to safeguard them from abuse. Staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.
- People were protected by the provider's procedures. The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Staffing and recruitment

- Staff were recruited safely. The provider had an effective recruitment policy and procedure in place and staff pre-employment checks had been carried out. This helped to ensure people employed as staff were suitable to work with vulnerable people.
- There were enough staff employed to support the care needs of the eight people who lived at the care home.
- People were supported by care staff who had the right mix of skills to meet their needs. The registered manager had recruited a consistent staff team, so people were supported by staff they knew well and

trusted.

Using medicines safely

- People received their medicines as required and medicine management systems were safe. The provider followed safe procedures for the receipt, storage, administration and disposal of medicines. Medicine audits were carried out by the registered manager. This helped ensure medicine management was safe and the likelihood for error reduced.
- Care staff were trained in how to administer prescribed medications, when people required them, and their competence had been assessed by the registered manager before they were able to supply medicines to people.

Preventing and controlling infection

- People were protected from the risk of infection. People's bedrooms, communal bathrooms/toilets and other areas were clean. The care home had a homely feel. Hygiene in the care home was maintained without creating the impression of it being a clinical environment.
- Staff understood how to prevent and control the spread of infections. All staff had completed infection control training. Personal protective equipment, such as disposable gloves and aprons, was available for use. This protects people, and care staff, from acquired infections.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed incidents to identify themes. These reviews were shared with care staff, and relevant partner organisations. Support plans were revised because of learning from incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS assessments were not always accurate. Some DoLS applications were authorised on the basis that the building had key code locks on all external doors and that people were not free to leave. There was a key code lock on the main door, but the rear door was not locked with a key code. People could freely leave the building, into the garden, and from there exit to the adjacent road through an unlocked garden gate.
- The DoLS assessments were discussed with the registered manager who told us people, who may be at risk if they left the building, usually had 1:1 staff support provided to them. The registered manager told us they would review the current arrangements and discuss with the DoLS assessor.
- People's rights under the MCA were respected. Care plans contained details of any DoLS authorisations in place and any conditions associated with them. Appropriate referrals to the local authority DoLS team had been made and DoLS conditions were met by the provider.
- Mental capacity assessments were in place. Care plans included mental capacity assessments and details of best interest decisions. This helped ensure any decisions taken on people's behalf were in their best interest.
- Staff received training, in relation to MCA and DoLS, and worked within the principles of MCA. Appropriate referrals to the local authority DoLS team had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received support which met their needs. Care staff delivered support in line with best practice guidance received from external agencies. The registered manager monitored the effectiveness of the

support and ensured the care team took a consistent approach.

- Comprehensive assessments were in place. Assessments informed people's care plans which provided guidance for care staff to follow. A staff member told us, "I read them all during my three weeks induction and shadowing. I still check them, because there's no way we can remember it all."

Staff support: induction, training, skills and experience

- Staff received suitable induction training. New care staff worked alongside experienced care staff. Care staff told us they received the training needed to meet the needs of the people who lived at the care home. We observed care staff using their skills to support people effectively and sensitively.
- People were supported by staff with the right competence, knowledge, and skills to carry out their roles. The provider had a training plan to ensure staff were kept up to date with training.
- The registered manager supervised and supported the staff effectively. Care staff told us they had regular handover sessions and supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's diet and weight.
- People were offered a variety of food and drink they enjoyed and were involved in planning the menu. Alternatives were readily available if they preferred something else. A person told us, "The food is nice here. I had chips and beans yesterday for dinner, I liked that." People also went out for meals in the local community, which increased the variety of food and drink options available to them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively across services to understand and meet people's needs. Some people were supported to attend local day centres where they accessed a range of activities. A person told us they enjoyed spending time with their friend at the day centre.

Adapting service, design, decoration to meet people's needs

- The building met people's housing needs. The care home was adapted to meet people's needs and promoted their independence. For example, privacy film had been applied to some windows to protect people's privacy.
- The layout of the building had been adapted to meet the needs of the current occupants. For example, a room had been converted into a sensory area and we saw people enjoying spending time there. This room was a safe space which people could choose to use as a way of reducing their anxiety and agitation.
- People had personalised their bedrooms. This meant people were enabled to express their creativity by deciding how they wanted their bedroom decorated and furnished.
- The care home was homely. At the time of the inspection the communal areas of the care home were extensively decorated with Christmas decorations which a person had put up themselves. This was clearly important to the person; and the other people in the care home, and staff, appreciated the work the person had done.

Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. For example, staff had supported a person to access specialist support and advice about bereavement. The additional help enabled the person to cope better with their loss.
- Staff supported the people in their relationships with health care services. Care staff made appropriate referrals to healthcare agencies when required.

- Staff supported people with oral healthcare. People had been supported to improve their dental hygiene skills and care plans were in place to guide staff on how to support people with this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff cared about the people they supported. For example, the staff had identified a person found it relaxing to listen to stories in the sensory room, especially ones which rhymed. We observed the person appeared happy and relaxed when listening to staff reading. There was a strong, visible person-centred culture.
- Staff were compassionate. Staff told us how proud they were of the achievements of the people who lived at the care home.
- There were many positive interactions between people and staff. Staff were attentive, and it was clear from the jovial exchanges, smiles and laughter, that people had developed positive and trusting relationships with staff.
- People's disability support needs were met. The registered manager assessed the people's equality and diversity support needs and ensured those needs were considered when planning their support.

Supporting people to express their views and be involved in making decisions about their care

- People's views were listened to. The staff helped people to express their views on the care they received. A staff member told us, "We have a weekly meeting with each person to see what they want to do and how they feel about things, choosing menus, and also helping them to remember family birthdays and other important things."
- Staff understood the people they supported. They recognised when a person was unhappy or tense, and how those emotions were demonstrated. Staff were skilled at trying to resolve any conflicts and helping the person to reflect on how to resolve them positively.
- People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences. For example, we saw a person supported to decide whether to use a bus, or the care home vehicle, to get to an activity they wanted to attend in the community.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be more independent and learn new skills. The registered manager told us a person had been supported to overcome their fears and was now enjoying learning to ride a horse. The registered manager explained this was a major achievement for the person.
- People's privacy and dignity were respected. A staff member told us, "We knock on the door before we go into people's rooms. We check they are happy to receive support and we always ensure the doors are closed when people are being helped with personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which met their individual needs. People told us they attended numerous activities they enjoyed. This meant they spent their time in ways they chose.
- Care plans contained personalised information. They were comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities. This meant care staff knew how to meet people's care needs.
- Staff were attentive to the person's changing needs. A care staff told us, "Some people have done really well since coming here. Places they have lived before haven't always worked out well for them, but we can see they are developing and doing really well." This meant support continued to meet the person's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Communication needs were recorded in people's care plans. We saw evidence that information was available in a variety of formats. For example, easy read documents and posters were present. However, staff took the time to explain things verbally to people, so they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their relatives. People used the care home phone to call their relatives, who also visited the care home whenever they wished. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.
- People were supported to develop and maintain friendships. A person told us how they enjoyed spending time with their friend at the day centre and that, "[Person] makes me giggle!" This support helps to widen people's social network.
- People were supported to access activities in the community. This included trips to local events, shopping, meals out and leisure activities. The staff had gently persevered with encouraging a person to try new things at their own pace. This enabled the person to start accessing a local gym and develop new interests.

Improving care quality in response to complaints or concerns

- There was a complaint procedure in place. The provider had received no formal complaints about the service since the previous inspection.
- Although there had been no complaints, the registered manager, and staff, understood the provider's complaints policy which was also available in an easy read version.
- Compliments had been received. The registered manager showed us a compliment from a person's relative about a social event, and a compliment from a health care professional about the positive way the staff had supported a person whose behaviour had been a concern.

End of life care and support

- Where appropriate, people's wishes for their end of life were included in their care plans. These included preferences relating to their culture and spiritual needs.
- End of life planning was supported by the provider's policy and procedures.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service helped people achieve good outcomes. For example, a person enjoyed attending Church, but aspects of their behaviour made that difficult for them. The staff team had worked with the person to enable them to reduce their anxiety and to attend Church again. This had been achieved by consistent support and reassurance for the person.
- The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A staff member told us, "It's a nice place because we get on with everyone we support, and there is always something new every day."
- The registered manager provided supportive leadership. Care workers told us the registered manager was approachable and they felt supported by them.

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 registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.

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

- The provider ensured the necessary notifications had been made. The registered manager understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place. The provider carried out regular quality monitoring of the care home and had a continuous improvement action plan in place. That ensured the service continued to be good quality.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people, care staff, and relatives to contribute their opinions on the service through

satisfaction surveys and by asking people for their views. Issues identified were acted on by the registered manager.

- People's equality and diversity characteristics were identified throughout their care plan. The care plan was available to guide care staff and was supported by the provider's policies.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing issues, to ensure people received good quality care and support. For example, the registered manager identified that some people found it difficult to get up in the mornings; which had a negative impact on their personal hygiene and wellbeing. The care staff then tried different ways of encouraging a change, and that led to an improvement in people's willingness to engage in personal hygiene tasks.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and agencies, such as GPs, day centres and community health services to ensure people received the care and support they needed.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure people's views about the care being provided was listened to. For example, the registered manager sent regular update emails to those family members who preferred communication in that format.