Voyage 1 Limited

Dorset Domiciliary Care Agency

Inspection report

6 Silver Business Park
Airfield Way
Christchurch
Dorset
BH23 3TA

Tel: 01202485407
Website: www.voyagecare.com

Date of inspection visit:
19 September 2016
20 September 2016

Date of publication:
13 October 2016

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

The inspection took place on 19 and 20 September 2016 and was announced. The service provides supported living and an outreach service to adults with a learning disability. The outreach service is provided by the same staff team and management as the supported living service. At the time of our inspection 26 people were using the service.

The service 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.

Staff had received training and understood how to recognise signs of abuse and the actions they would need to take if they suspected abuse had happened.

When a risk had been identified actions had been put into place to minimise the risk in the least restrictive way, this had been regularly reviewed. People had been involved in decisions about their risks and their freedom and choices had been respected.

People were being supported by enough staff to meet their assessed needs. Staff had been recruited safely. This had included a criminal check being completed and two references being obtained to verify employment history.

People had their medicine stored, ordered and administered safely. Staff completed medicine administration training and staff training records showed us that their competencies had been checked.

People were supported by staff that had completed an induction and on-going training, including training specific to peoples individual health needs. This enabled them to carry out their roles effectively. Staff told us they felt supported in their roles. Staff had regular supervision, an annual appraisal and opportunities for personal development.

Staff understood the need to obtain people's consent before providing support. When people had been assessed as not having the capacity to make certain decisions a best interest decision had been made in line with the Mental Capacity Act.

People were supported by staff who knew their eating and drinking requirements. When risks had been identified the appropriate actions had been taken. People had access to healthcare services. We saw that this had included GPs, opticians, dentist, psychiatrists and the community learning disability team.

People and their families described the staff as caring. We observed people enjoying a relaxed and friendly

relationship with staff, laughing and enjoying time together. Staff had a good understanding of people's interests, likes and dislikes and were having conversations with people about things that were important and of interest to them. Different methods were used to support people communicate their choices and wishes. People and their families were involved in decisions and advocacy services were available to people if they wanted independent support with decisions. Staff respected people's right to privacy and dignity and supported people to be as independent as possible.

People had individual support plans that provided information about the person and how they needed to be supported. Support plans were regularly reviewed. People's changing needs were recognised and responded to appropriately. People enjoyed a wide range of activities both in their home and in the wider community which reflected their likes and interests. Staff supported people to maintain links with their families and friends. .

A complaints process was in place and people and families felt if they used it they would be listened too. Any concerns raised had been appropriately addressed by the registered manager.

Staff spoke enthusiastically and held positive views about the organisation, management in the supported living homes and the wider local management of the service. Staff meetings were held at several levels and provided opportunities to share views, ideas and information. Staff had a clear understanding of their roles and responsibilities and were confident and professional in their interactions with team colleagues and the people they were supporting.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. Auditing processes were in place at an organisational, regional and local level. These audits gave enough information to determine quality standards and had led to positive changes for people. A quality assurance survey took place annually and captured views of people, their families, staff and other professionals with experience of the service. The provider had yet to share the results.

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.

Staff understood how to recognise signs of abuse and the actions they would need to take if they suspected abuse had happened.

Risks to people had been identified and actions were in place to minimise the risk in the least restrictive way. People had been involved in decisions about their risks and their freedom and choices had been respected.

There were enough staff that had been recruited safely to meet people's needs.

People had their medicine stored, ordered and administered safely.

Is the service effective?

Good

The service was effective.

Staff completed an induction and on-going training that enabled them to carry out their roles effectively. Staff were supported in their roles and had opportunities for personal development.

People were being supported in line with the principles of the Mental Capacity Act

People were supported appropriately with their eating and drinking requirements and when risks were identified the appropriate actions were taken.

People had access to health care services when they were needed.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's interests, likes and dislikes which enabled conversations with people about things

that were important and of interest to them.

People were supported with different methods of communication which enabled them to express their choices and wishes.

People and their families were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People had individual support plans that provided information about the person and how they needed to be supported.

People's changing needs were recognised and responded to appropriately.

People enjoyed a wide range of activities both in their home and in the wider community which reflected their likes and interests and were supported to maintain links with their families and friends. .

A complaints process was in place and any concerns raised had been appropriately addressed by the registered manager.

Is the service well-led?

Good

The service was well led.

Staff spoke enthusiastically and held positive views about the organisation, management in the supported living homes and the wider local management of the service.

Staff had a clear understanding of their roles and responsibilities and were confident and professional in their interactions with team colleagues and the people they were supporting.

Auditing processes and quality assurance surveys captured enough information to determine quality standards and had led to positive changes for people.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and other organisations.

Dorset Domiciliary Care Agency

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.

The inspection took place on the 19 and 20 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we looked at notifications we had received about the service and we spoke with a social care commissioner to get information on their experience of the service. We looked at information on the 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 our inspection we spoke with the registered manager, deputy manager, four support workers and one agency support worker and three people using the service. We visited two houses were people were being supported and observed interactions and activities between people and the staff. After our inspection we spoke with two families who had experience of the service.
We reviewed four peoples care files and discussed with care workers their accuracy. We checked three staff files, health and safety records, medication records, management audits, staff meeting records, and records of feedback from families and others.

Good

Is the service safe?

Our findings

People and their families told us the care was safe. One person said "I feel safe, I have my own bedroom". A relative told us "There's always staff around. If (my relative) has an accident they are always there. They won't let (relative) go out on their own and there is good transport". Staff had received training and understood how to recognise signs of abuse and the actions they would need to take if they suspected abuse had happened. We read information on the office noticeboard providing contact details which included the local authority safeguarding team.

Assessments had been carried out to establish the risks people were living with. When a risk had been identified actions had been put into place to minimise the risk in the least restrictive way. One person had deteriorating mental health and this had created new safety risks for them in the kitchen. We saw that this had been discussed with the person and a key pad had been placed on the kitchen door and used when staff were not in the kitchen. At all other times the person had access. We observed them popping in and out of the kitchen during our inspection and being supported with drinks. Other people living at the service were able to use the keypad and kitchen safely. This demonstrated that when a risk had been identified actions had been put into place to minimise the risk in the least restrictive way. One person had a health condition that was partly managed by their diet. We spoke with the person and they had a good understanding of their condition and the risks associated with making unhealthy diet choices. Their care plan stated 'It's (the persons) choice. It's ok to make unwise choices". This demonstrated that people had been involved in decisions about their risks and their freedom and choices had been respected.

Staff had completed fire safety training. Each person had a personal emergency evacuation plan in place which provided information about people's individual risks in the event of needing to be evacuated from their home.

Accidents and incidents were recorded and reviewed by a manager within 24 hours. The reports were comprehensive and were used to review risk and had led to changes in people's support plans. For example the manager had noted that the action of one member of staff may have inadvertently exacerbated the incident. The incident was used as an opportunity to reflect on practice with the staff member and this had been recorded in their supervision.

People were being supported by enough staff to meet their assessed needs. A support worker told us "One of the residents has had increased personal care needs. We now have a second member of staff. As people's needs change staffing increases". Agency staff were being used although the registered manager told us the hours each week had decreased due to successful recruitment. A support worker told us "Agency staff that come are exceptionally good. (People) are enthusiastic about the ladies from the agency; they are always ladies".

People were supported by staff that had been recruited safely. This had included a criminal check being completed and two references being obtained to verify employment history.

People had their medicine stored, ordered and administered safely. Staff completed medicine administration training. Staff training records showed us that their competencies had been checked a minimum of three times before administrating medicine without another member of staff shadowing. Agency staff also completed the medicine competency checks. People's medicines were stored in locked cupboards in their rooms. People received pain management when they needed it. One care worker told us "(Person) not good at expressing pain. If they look unwell we ask and if he is in pain he will say 'yes'". Staff knew the actions they needed to take if an error occurred. A support worker told us "If a meds error occurs we would report itstraight to manager and ring GP, explain what has happened and if it's going to be a problem to the person or not. We have paperwork to complete. Each person's medicine was audited every day by staff. People's medicine was reviewed regularly. We spoke with a relative who told us "At one point my (relative) was taking 14 tablets a day and now it's down to one or two". Another told us how their relative self-administered their medicine and the staff checked that they did it properly.

Good

Is the service effective?

Our findings

People were supported by staff that had completed an induction and on-going training that enabled them to carry out their roles effectively. We spoke with the registered manager who told us that new staff complete their induction training in the first week. The company mandatory training included equality and diversity, nutrition, allergen awareness, basic first aid and food safety. We spoke with a support worker who told us "I did e-learning at the house in my first week. Feel really supported by the manager and really enjoyed it and felt welcome". Some training had taken place that was specific to the people being supported. The registered manager told us "One person has recently been diagnosed with epilepsy and we sourced specific epilepsy training externally". A support worker told us "I've had epilepsy training. It was helpful as I've never encountered it before. The training has changed the way I deal with it. Without I would not be able to administer medicine. If a seizure happens now I would know what to do and not panic. I know the steps to take".

Staff told us they felt supported in their roles. A support worker told us "In supervision I'm always asked if there is anything I-you want to talk about? However small it's always discussed". We spoke with another support worker who told us "I have supervision bi-monthly. I feel supported". Staff had an annual appraisal and opportunities for personal development. One support worker told us "At my appraisal I was offered the opportunity to do my diploma level 5 (qualification in health and social care)".

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.

We found the service was working within the principles of the act. We saw in people's care records that they had signed to consent to care. We observed staff seeking people's consent before providing support, explaining their planned actions and offering choices. When people had been assessed as not having the capacity to make certain decisions a best interest decision had been made. One person was at risk of overspending and financial harm. A best decision meeting had been held which included people who knew them including a social worker and family member. The outcome had been recorded and included ensuring the person had pocket money to allow some freedom and choices on spending on treats and small items. Anything larger and more expensive was discussed and organised with the staff. We spoke with staff who were aware of any best interest decisions and conditions.

People were supported by staff who knew their eating and drinking requirements. People were involved in menu planning, shopping and cooking meals for themselves and their house mates. One person told us "We have a menu and take aways sometimes. I need to be careful what I eat". A support worker told us "We have lots of pictures of meals. Each person gets to pick two choices a week". We spoke with a person who was really looking forward to a cottage pie they had chosen for their tea. We looked in a house fridge and it had a variety of choices of food and cold drinks for people. One person's family had discussed at a review that

they were concerned their relative may be losing weight. In response To these concerns staff were monitoring the persons weight.

People had access to healthcare services. We saw that this had included GPs, opticians, dentist, psychiatrists and the community learning disability team.

Good

Is the service caring?

Our findings

People and their families described the staff as caring. We spoke with a person who told us "The staff are friendly". One relative told us "One or two outstanding people help (relative) and are very kind. (Relative) is as happy as they could be. (Relative) loves their family but doesn't feel comfortable staying here and always happy to go back". Another said "I would give them (staff) 10 out of 10".

We observed people enjoying a relaxed and friendly relationship with people, laughing and enjoying time together. One person was talking with a support worker about make-up ideas for a party, another person was enjoying a jigsaw puzzle. One person told us about their birthday and how they celebrated by having friends, family and staff come to the house for a BBQ. We observed people returning to their home having been out for the day. They were excited to be back and share news about their day with staff.

Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. Different ways were used to support people communicate their choices and wishes. We spoke with one support worker who told us "One person is good at expressing what they would like to do. Another person takes longer to answer but will make decisions. We sometimes use pictures or the internet to help people communicate. We use the internet for trailers for films if they want to go to the cinema". We read in one persons care records descriptions of common words or sentences that a person used to express their feelings. We observed staff recognising an expression and its meaning and responding as the communication plan advised.

People and their families were involved in decisions. One person told us "I go to bed when I like. There's no rules or regulations". Another person had asked for only female support workers and this had been respected. A relative we spoke with told us "They keep me informed, they're very good at that". Information about advocacy services was available to people if they wanted independent support with decisions.

Staff understood they needed to respect people's privacy and dignity. One support worker said "I always make sure the person is happy I'm in their bedroom supporting them with personal care". Another support worker told us "Any personal care provided in a bedroom I would always make sure the door is shut. When having a bath I am in there but don't stare, I look away. If (person) wants more privacy then they pull the shower curtain across the bath".

People were supported to be as independent as possible. One person told me "I cook for (housemates), either chicken and rice or sweet and sour". We observed a person planning a shopping list with a member of staff. People had been involved in making their rooms personal to them and had photographs of family and friends, activities and belongings that they liked and enjoyed.

Good

Is the service responsive?

Our findings

Pre admission assessments had been completed prior to a person moving to the house. The pre admission assessment had been used to create individual support plans for people that provided information to staff about the person and how to support them. We spoke with staff who demonstrated a good knowledge and understanding of how they needed to support people.

Support plans were regularly reviewed. We read one persons care records and saw that discussions had taken place at a staff meeting that had led to a change in a person's communication plan. Another support worker described how a person had deteriorating mental health. They were able to tell us how this had led to a change in their support needs and that a referral had been sent to a neurologist. A support worker told us "I'm up to date with what's been happening with people. I've just got back from holiday and had time to read the communication sheets". This meant that people's changing needs were recognised and responded to appropriately.

People enjoyed a wide range of activities both in their home and in the wider community. We observed people enjoying activities with staff that reflected information we had read in care and support plans. Some people had identified courses they would like to take and places had been sourced at local colleges. Another person was enjoying beach cleaning once a week with a local day centre. We saw in one home an activity board on the wall. It showed pictures of activities people had decided to do each day and a photo of the member of staff that was supporting them with it. The activities were linked to information in people's care records. We spoke to a relative who told us "(My relative) likes where they live. They get plenty of choice, including farm visits and attending clubs".

Staff supported people to maintain links with their families and friends. One relative told us how they got a phone call every day. Another told us "My (relative) visits me with a member of staff as I'm not so mobile these days". During our visit people were planning a Halloween party with staff and thinking of friends they could invite along.

Daily diaries were completed. They detailed how the person had spent their day and events that had happened. Information in the diaries linked with the care and support plans. This meant that records provided information about the quality of care people received and ensured it could be reviewed effectively.

A complaints process was in place and people and families felt if they used it they would be listened too. We checked the records and no formal complaints had been received but the service captured concerns raised. We saw that these had been addressed by the registered manager and had included supervision with staff and discussions at staff meetings. The complaints procedure included giving people information about how to appeal if they were not happy with the outcome of a complaint.

Good

Is the service well-led?

Our findings

Staff spoke enthusiastically and held positive views about the organisation, management in the supported living homes and the wider local management of the service. A support worker told us "I have found a job I enjoy and that puts a smile on my face. If there is anything I'm unsure about I can speak to a member of staff, (the registered manager), my line manager, I know I could speak to them it's a great team". Relatives told us the service was organised and efficient. One relative described it as "Excellent".

Staff meetings were held at several levels and staff told us they provided opportunities to share views, ideas and share information. A support worker told us about the house team meetings they attended. They said "At house meetings we have ideas and they are well received". They told us about an issue with a person who had a health condition that needed more stringent personal care. The team had discussed the problem and worked together to find a different way of supporting the person which had been successful. A senior staff meeting across the service was held quarterly. A senior support worker told us they enjoyed the meetings and would like them more often. They told us "When I have asked for physical support with the computer and processes the organisation have implemented it has taken place".

Staff had a clear understanding of their roles and responsibilities. We observed that they were confident and professional in their roles and their interactions with team colleagues and the people they were supporting. They told us they felt appreciated for the work they did. A support worker told us "Everybody looks out for each other. I do fully feel appreciated. Anything I have done, even something small, like taking somebody into town because somebody else couldn't, I always get a thank you".

The registered manager had a good understanding of her responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Auditing processes were in place at an organisational, regional and local level. They captured enough information to determine quality standards, were linked to the CQC standards and highlighted areas that needed improvement or actions. One audit had highlighted that some people did not have a personal emergency evacuation plan. We checked records and this had been actioned. Another highlighted that an assessment tool needed to be introduced for a person. We checked records and this had been actioned. The service had also had audits carried out by 'Quality Checkers'. This was a local authority initiative and involved a team of people with learning disabilities who visited supported living services. They are experts on how support should be as they have had first-hand experience. They had used questionnaires, carried out home visits and talked to people.

A quality assurance survey took place annually and captured views of people, their families, staff and other professionals with experience of the service. We saw that these had been reviewed by the registered manager and actions had been identified. We found the results of the surveys, any actions that had been identified and outcomes had not been shared with the groups of people who had completed the quality

assurance survey. We discussed this with the registered manager who told us they would add this to the quality assurance process.