

Voyage 1 Limited

Hertfordshire Domiciliary Care Agency

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 took place on 2 & 3 February 2016. We gave the provider 48 hour notice before we carried out the inspection to ensure we could access the information we needed.

Hertfordshire Domiciliary Care Agency provides personal care and support to people in supported living schemes. The service was used by 13 people with learning disabilities, mental health and autistic spectrum disorders in six supported living locations. The service has not been inspected since it had registered on 3 June 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who were knowledgeable in safeguarding procedures and how to report concerns of abuse internally and externally to safeguarding authorities.

People were supported to understand the risk associated with their daily activities and encouraged to take positive risks and live an active life.

There were sufficient numbers of qualified and skilled staff to meet people`s needs at all times. Recruitment procedures were safe and effective and ensured that staff employed to support people were fit for the role.

People were supported to take their medicines by staff who were trained in the safe handling of medicines and their competency was regularly reviewed.

People`s consent for the support they received was constantly sought by staff using various communication methods to ensure people understood what they were consenting too. Their consent to the support they received was also recorded in their support plans.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their

liberty were being met. We found that the service was working in accordance with MCA requirements.

People told us staff was kind and caring in their approach and treated them with respect. Staff promoted people`s dignity and respected their privacy.

People had the opportunity to regularly review their support needs and where it was a need for it people`s relatives and care coordinators were involved to ensure the support was meeting their needs.

People were encouraged and supported to pursue their hobbies and interests and be actively involved in the community.

The provider actively sought people`s views on the service in regular house meetings and in addition they sent annual questionnaires to people using the service, staff, health and social care professionals and relatives. The results were analysed and a service improvement action plan was developed to ensure improvements were made to the service provision.

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 people received was safe

Staff knew what constituted abuse and how to report concerns internally and externally to safeguarding authorities.

People were supported to understand risks associated with activities of daily living and manage and mitigate these in a non-restrictive way.

There were sufficient qualified and skilled staff to meet people's needs at all times.

Staff were employed through thorough recruitment procedures which ensured staff was fit and able to support people with complex needs.

People were supported to take their medicines by staff trained in safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were well trained and had their competency to carry out their duties regularly checked.

Staff felt supported by managers, they had regular supervisions and yearly appraisals.

People were supported to have a healthy balanced diet. They were involved in cooking their own food and support was offered in case people joined various diet programs to lose weight in a planned way.

People had support from staff to keep in good physical health, to attend medical appointments, dental appointments, opticians and chiropodists.

Is the service caring?

Good ●

The service was caring.

People developed long standing relationships with staff who they trusted.

Staff involved people in decisions about every aspect of the support they received.

People were supported to be as independent as possible and they worked towards well established goals.

Staff promoted people`s dignity and privacy in a respectful manner.

People had information available about independent advocacy services in case they needed advice and support.

Is the service responsive?

Good ●

The service was responsive.

People`s care and support plans were regularly reviewed and contained up to date person centred information about the support needs people had but also their abilities.

People were encouraged to pursue their hobbies and interests and they were supported to be active members of the community.

People`s views were actively sought in regular meetings and any issues they reported were followed up by the manager to ensure these were solved.

Is the service well-led?

Good ●

The service was well led.

The manager promoted an open and transparent culture which was appreciated by staff, people and their relatives.

The manager and the provider conducted regular comprehensive audits to ensure the service they provided was at a high standard.

Accidents and incidents were collated by the manager and analysed to establish any trends, patterns or just the need for risk assessments to prevent reoccurrence.

The manager received regular support and supervision from the provider to enable them to discuss and review the consolidated action plan they were working on any other issues they had and needed help with.

Hertfordshire 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.

This inspection took place on 2 & 3 February 2016. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at four separate locations, five support staff, one senior support staff, one team leader, the manager and the director of operation for the provider. We also asked feedback from three relatives, three social care professionals and one health care professional. Following the inspection we received feedback from two relatives.

We looked at five care plans, three employment files and a range of other relevant documents relating to how the service operated. We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

Is the service safe?

Our findings

People who were able to communicate with us said they felt safe and well supported by staff. One person told us, "I have all my needs met here and I feel very safe." Another person when we asked them why they felt safe they turned towards a staff member who was supporting our conversation and they pointed and laughed. This meant that people were comfortable and felt safe when supported by staff. One relative told us, "[Staff] have a good working knowledge of [Person] needs and I believe [Person] feels safe and well supported."

People were encouraged and supported by staff to take positive risks and this ensured people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. For example, one person started a volunteer garden project at a local garden centre. They were supported by staff until they built their confidence up and they became a valued member of the team at the garden centre. They told us they were enjoyed the work they were doing and were very proud that they were promised an apprenticeship.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as nutrition, cooking, medicines, road safety, household tasks, mobility, health and welfare. For example we saw that the service assessed a person who they felt needed more time to achieve their goals and live an active life whilst staying safe. They contacted a social care professional and reviewed the person's support needs to ensure they were safe and well supported. The person had been allocated more one to one and two to one support which ensured they were safe whilst doing the activities they liked.

Staff received training about how to safeguard people from harm and they were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Staff knew where to find information and guidance about how to report concerns, together with relevant contact numbers should they needed to report any concerns.

There was enough staff to meet people's needs at all times. One staff member said, "We cannot work short staffed ever. We always cover shifts to ensure people receive the support they need." The manager told us they plan staff rota's four weeks in advance and they identify the cover they need for planned holidays or sickness. They told us they covered available hours with their own bank staff and regular staff. Safe and effective recruitment practices were followed which ensured that all staff employed at the service were of good character, physically and mentally fit for the roles they performed.

Plans and guidance were available to help staff deal with unforeseen events and emergencies. There was an on-call system for staff to request additional support and report incidents if they needed. For example staff told us they could request additional staff support for any unforeseen sickness or absence and the on-call manager ensured they organised this..

People had individual locked medicine cabinets in their room and they were helped and supported to take

their medicines safely by trained staff who had their competencies checked and assessed regularly. Medicines were stored, managed and disposed of safely. Medicine administration records were signed by staff each time they administered people their medicines.

Is the service effective?

Our findings

People who lived at the home and their relatives were positive about the skills, experience and abilities of staff who supported people. One person told us, "They [Staff] are always here for me and they know what I need when I am sad or depressed, they are brilliant." Relatives told us staff had a good working knowledge about the people they supported and the service they delivered was effective and met people's individual needs.

Newly employed staff were required to complete a structured induction programme at the end of which they obtained the `Care Certificate` qualification. During their induction they received training relevant to their roles, and had their competencies observed and assessed in the work place which ensured that they were skilled and able to carry out their job roles effectively. Staff received training and regular updates in areas such as moving and handling, food hygiene, medicines, first aid and safeguarding.

Staff members told us they felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them together with regular supervisions and yearly appraisals where they discussed their performance and future development. One member of staff told us, "The manager is very supportive and I have my regular supervision where I can bring anything up, however I can approach my manager any time I don't have to wait for my supervision." Another staff member said, "I have monthly supervisions where I can get my views across on what is or isn't working for me and I can ask for further training."

People`s consent to the support and the care they received was actively sought by staff. One staff member told us, "One person we support cannot communicate verbally so we [Staff] know how to ask questions for them to understand and give consent. For example if we [Staff] ask if they would like a bath, the person will go and run the bath. That is how we [Staff] know they gave consent to have a bath." People who were able had signed their support plans to indicate their consent and agreement for the support they received.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether people were deprived of their liberty. We found that the service actively assessed people`s capacity. There was detailed guidance for staff to follow on how to support people to take decisions. For example how people liked to

communicate, when was the best time of the day to discuss about important decision, what was the best way to present people with choices, ways and methods to use to help people understand. For example we observed one person who was not able to communicate verbally. Staff demonstrated a very good knowledge of the person`s behaviour and abilities. They called the person`s name to get their attention, lifted their hands up and offered two choices lifting right hand, one finger for choice number one and left hand two fingers for choice number two. The person then indicated which one they wanted. This meant that people were enabled to make informed choices and decisions that affected their life.

People were supported to cook their own meals and buy their own groceries. Staff supported people as and when they needed support with shopping, food preparation and cooking. Staff were very knowledgeable about people's nutritional needs and what they preferred to eat and drink. They were provided with detailed guidance about how to prepare and provide meals that supported a healthy balanced diet, which took full account of people's preferences and met their individual dietary requirements. One person told us, "I will start a diet to lose weight. Staff helped me to make an appointment to the GP to join a group to eat healthy." Another person said, "I am independent, I can cook my food and do my shopping. Staff will help if I need them."

People received care and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's complex health and welfare needs. People`s support needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. People were supported to access appropriate health and social care services in a timely way to ensure their individual needs were met.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were very familiar with their needs. One person told us, "I love it here. The staff are lovely, I love them all, they are great in supporting me." A relative said, "I am satisfied that [Person`s] needs are met by the current care team due to the stability of staffing and the capacity to build a solid relationship with them." They continued to say, "[Staff] provided excellent long term service and I commend [Staff`s] support and caring approach."

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. They had developed positive and caring relationships and were very knowledgeable about people's individual personalities, characters and the factors that may have influenced their moods and behaviours. For example, we were talking with a person who was supported by a staff member to speak to us. The staff was very knowledgeable about how to communicate effectively with the person who turned to them every time they were unsure. The staff smiled at them responded calmly and adopted a relaxed posture which the person copied and we were able to have a short conversation. When the person put their hands on the table looked at the staff member and stood up, we were told by the staff they were ready to go out and we had to finish the conversation.

People developed long standing relationships with staff who knew them well and were able to read people`s body language and this had a positive effect on people, they were smiling, relaxed and happy in staff`s company. There was a lot of laughter between staff and people, we observed that at times it was not necessary for words, staff was able to read behaviour patterns, gestures, sounds and for one person they were even able to read the person`s own version of sign language. This demonstrated to us that staff took an interest to observe people and they responded to peoples` needs with kindness, smiling and showing trust and consideration for people`s needs. People were supported to maintain positive relationships with friends and family members who were welcome to visit the home at any time. For example, one person told us that they visit their family almost every weekend and staff will help them prepare for the visit.

We saw that staff had talked with people about their care and support needs and had involved them in decisions about how it was planned and delivered wherever possible. Relatives also told us they had been fully involved in the planning and reviews of the care and support provided. One person's relative said, "The staff team is inclusive and responsive and I feel appropriately involved, informed and included in my [Relative] support. We review issues as and when needed rather than on a regular basis."

Key workers were responsible for ensuring that the guidance provided about how to care for people safely and effectively was updated to reflect people's changing needs and personal circumstances. The managers and staff provided updates to people's relatives on a regular basis and consulted them about their progress and developments where appropriate. One person's relative told us, "We get updates and newsletters letting us know what goes on. The assistant managers are brilliant with communication and are very caring." People had yearly person centred reviews with their care coordinator, relatives, staff where their support needs were evaluated which ensured they had the appropriate level of support they needed.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included support guidelines about their preferred routines, medicines, eating habits, relationships that were important to them, preferred communication and support needed for preferred activities.

For example each person had a short description about what a `typical day` meant for them and this included when they liked to get up, breakfast routine, personal hygiene support needs, entries in guidance provided about one person noted; "[Person] will awake between 7 and 8am, they will chose their breakfast, usually they enjoy a bacon sandwich and they will wash up after breakfast. Staff needs to encourage exercising in the garden." Another person`s support plan detailed, "[Person] is able to ask staff for the support they need and plan in advance for the activities. This person told us, "I know I have allocated certain hours in a week support from staff and I can plan those as I like, staff will support me." This meant that people's views and preferences had been captured into the planning and delivery of their care and support. A staff member told us, "Our primary job is to ensure we offer the support people need and want; they have the choice."

Staff also had access to detailed information and guidance about how to communicate effectively with people, particularly those who were non-verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. Support plans for people described the sounds, gestures, body language people used to communicate and also what staff thought this meant. For example, one person`s plan detailed, if they started to call staff name in the middle of an activity or repeating one word constantly, it meant that they wanted staff to join them and do the activity together.

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I am looking into going to the gym, but I go out a lot, I go shopping." Another person said, "I have a job, I like to work and go out."

People were helped by staff to decide what they wanted to do. For example some people had their own car and therefore staff were able to drive them where they wanted to go. People told us that staff took them out in the car to see the local countryside and enjoy the scenery. This helped them to relax. Another person liked to travel on buses and train; staff regularly organised trips to the town or neighbouring towns and used the train and buses to get there. Staff also helps people to plan trips, holidays and go to shows and concerts."

People's relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. One relative said, "I feel able to discuss any issue that worries me with the staff team members and managers." Complaints were investigated and responded to in a prompt and positive way. For example one person complained to the manager about

another person listening very loud music and they were disturbed." The manager met with both parties and the situation was solved to everybody`s satisfaction.

Is the service well-led?

Our findings

People, staff and relatives were all positive about how the home was run. Staff and people were very complimentary about the manager and the operation manager; they felt were both approachable, supportive and well organised. One person told us, "I like the manager, they work here sometimes."

The manager was very clear about their vision regarding the purpose of the service, how it operated and the level of support provided to people. They told us, "I regularly work shifts at the homes to ensure I know people well. I also monitor the quality of the service we provide. Our objective is to achieve positive outcomes for people and improve their current abilities." They were very knowledgeable about the people who lived at the home, their needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, "I love working for Voyage care. This is such a great job; we have all the support and guidance we need from the management team to deliver the best support for people."

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. For example, we saw that there was an incident when a person left the front door of the house open. This triggered an investigation and a risk assessment was put in place which ensured the risks associated were reduced and prevented this from reoccurring. This meant that people were kept safe from harm.

The managers were required to carry out regular checks and audits in a number of key areas, for example in relation to health and safety, staffing, supervisions and support plans. These were reviewed by operation manager of the provider and the information gathered used to develop a continuous improvement service plan. We saw that actions identified were revisited the following month which ensured actions were completed. The provider also ensured that the service had an annual quality audit done by their quality control team which checked if the service was meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the views, experiences and feedback obtained from people's relatives and stakeholders about how the service operated had been sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.