Voyage 1 Limited

Voyage (DCA) South 2

Inspection report

Suite So1a, Kestrel Court
Waterwells Drive
Quedgeley
Gloucestershire
GL2 2AT

Tel: 01452886300
Website: www.voyagecare.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 26 and 28 April 2017. Voyage (DCA) South 2 provides personal care in a number of supported living environments for people with a learning disability. 16 people were supported by the service at the time of our inspection.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People had not been protected against the risks of employing unsuitable staff as safe recruitment and selection procedures had not always been followed. Staff knew how to recognise and raise concerns about people's well-being but CQC had not been notified of all safeguarding incidents as required. The required notifications were made shortly after the inspection. Quality assurance processes were well established and provided oversight of the service. However, some shorftalls we found had not been identified through these processes.

People were supported by staff who received the support and training they needed to meet people's needs effectively. There were enough staff to meet people's needs with very occasional use of agency staff. Staff understood and cared about the people they supported.

People were supported to pursue their interests and aspirations. When this involved risks to them, these risks were managed so they did not miss out on exciting opportunities/activities. People's care and support was individualised and monitored to make sure care records reflected any changes in their health or well-being. People were supported to attend appointments with health care professionals and recommendations made by professionals were implemented. Staff responded well to emergencies and encouraged people to maintain a healthy diet and lifestyle.

People's rights were upheld and they were encouraged to make decisions about their day to day lives in line with the Mental Capacity Act 2005. If needed best interests' decisions were made on their behalf involving people important to them. People's privacy and dignity was maintained by staff providing personal care. People were encouraged to express their views and their comments and complaints were taken seriously.

The provider's values were upheld by staff who acted inclusively and with positivity. Where improvements were needed these were approached by managers with openness and resilience.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were not safeguarded from the risk of being supported by unsuitable staff because staff recruitment checks did not always meet the required standards and safeguarding incidents were not consistently reported in a timely way.

People were protected against health related and environmental risks and there were enough staff recruited to meet their support needs.

People were supported to take their medicines safely and plans were in place to keep them safe in the event of an emergency.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. They were well supported to carry out their roles.

People's consent to their care was routinely sought. Capacity assessments were completed when people were unable to consent to the care provided.

People received a balanced diet and were supported to have enough to eat and drink. They had good access to health care.

Is the service caring?

Good

The service was caring. Staff developed positive friendly relationships with people who used the service. People were treated with respect, kindness and compassion.

People were listened to and were involved in decisions about their care.

People's dignity and privacy was maintained and their independence was promoted.

Is the service responsive?

Good

The service was responsive. People received personalised care

and were routinely consulted about the support they received.

Staff knew people well and worked flexibly to help them follow their interests and realise their aspirations. People were enabled to maintain relationships with those who mattered to them.

There were arrangements in place for people to raise complaints.

Is the service well-led?

Requires Improvement

The service was mostly well-led. Required notifications had not always been submitted to CQC and quality monitoring audits had not picked up some shortfalls we found.

People benefitted from an inclusive service where they were valued as individuals.

The registered manager was accessible and worked openly and inclusively to improve the service.

Voyage (DCA) South 2

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 checked 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 comprehensive inspection took place on 26 and 28 April 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also asked the registered manager to arrange for us to speak with staff and to seek consent from people to visit them in their own homes.

One inspector carried out this inspection. Before the inspection, the provider completed 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. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also reviewed a report from a quality visit carried out by commissioners in August 2016.

As part of this inspection we spoke with two people using the service and observed staff supporting another three people. We reviewed four of these people's care records. We checked medicines records for two people. We reviewed the processes in place for managing medicines and the use of 'as required' medicines. We spoke with the registered manager, their deputy and the former registered manager of the service (who was registered with us to manage another of the provider's services and attended the inspection to support the new registered manager). We interviewed five care staff and spoke with an administrative staff member. We looked at the recruitment records for five staff, staff training records, policies, complaints, accident and incident records and quality assurance systems. We observed the care and support being provided to a further three people and spoke with an external health professional.

Requires Improvement

Is the service safe?

Our findings

People were potentially put at risk of being cared for by unsuitable staff due to incomplete recruitment and selection checks. Checks had been carried out in line with the provider's recruitment processes but these checks fell short of the regulatory requirements for staff working with vulnerable adults. Where staff had previously worked in health or social care, checks did not always include obtaining evidence of satisfactory conduct in these roles or verifying the staff member's reason for leaving that role. Three of the five staff whose recruitment process we reviewed had previously worked in health/social care with vulnerable adults. Checks did not meet required standards in any of these three recruitments. In one case, where the checks completed did include the relevant care roles, the information returned was not followed up as questions about reason for leaving and previous disciplinary history had not been answered by the registered manager of that service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not employed at the service when these recruitments had taken place. They understood the requirements and could see where the shortfalls were in each case. They told us they would put a checklist in place for future recruitments. Disclosure and Barring Service (DBS) checks were completed before staff started working with people and proof of staff member's identity had been evidenced. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Gaps in employment history on application forms had been followed-up by the provider's recruitment team.

All new staff worked a probationary period where their performance in their role was assessed and monitored. An induction programme was in place which included training considered mandatory by the provider and assessment of competence. New staff worked alongside experienced staff members until they felt confident to work unsupervised. Recruitment was in progress to fill three full-time vacancies but there were sufficient staff to meet the needs of the people the service supported at the time of the inspection. 'Bank' staff were employed to fill gaps in staffing hours; they were treated as other staff but worked variable hours to suit availability and need. Agency staff were used occasionally and were placed to work with the support of a regular staff member. Information folders were provided to assist agency staff to orientate themselves to the service.

Staff had completed training in the safeguarding of adults and understood how to recognise and respond to potential indicators of abuse, such as changes in a person's behaviour or unexplained bruising. Information about local safeguarding procedures was accessible to staff in the homes they worked in. Staff were confident any concerns they raised would be listened to and acted upon; they knew how to escalate concerns to the provider's senior managers or external agencies if needed. Records were kept to include any marks or bruising found and explanations were reviewed to ensure the injury was consistent with the explanation. A staff member said, "Keeping those guys safe is paramount. Their parents have entrusted us with their care. I respect and understand that".

The provider's 'see something, say something' initiative aimed to encourage people to report concerns about anything they had seen or experienced to staff. Posters about this were displayed in communal areas within people's homes.

During the inspection we identified two safeguarding incidents, occurring between people who use the service, which had not been notified to the Care Quality Commission (CQC) as legally required. A further two incidents were identified, involving people the service supported, which would have been good practice to notify, due to the potential seriousness of their nature. We reviewed the provider's response to these incidents and the legal requirements for notifications to the CQC with the registered manager. In each case, the incidents had been reported to Gloucestershire County Council (GCC) adult safeguarding team and recorded in the provider's online 'case management system'. The provider required that all accident and incident reports were entered onto their system within 48 hours, where they could be reviewed by the provider's 'case management team'. Registered managers were then prompted to make a safeguarding referral to the local authority if indicated. The registered manager was working with GCC commissioners in response to two of the above incidents, the other two had been closed by the safeguarding team.

We discussed with the registered manager how reliance on the provider's case management system to trigger notifications to external agencies, may mean local and national safeguarding processes were not followed, as these incidents must be notified/reported without delay. The registered manager was booked to attend GCC Safeguarding Level 3 course on 24 May 2017, where local safeguarding procedures would be covered. The registered manager submitted notifications to CQC for all of the above incidents following the inspection. A subsequent incident was also notified to CQC; we were satisfied with the timeliness of the notification and the action taken by the registered manager in response to the incident.

We saw people were relaxed and at ease with the staff supporting them. The two people we spoke with told us they felt safe and comfortable around staff. The external professional we spoke with said, "concerns are investigated and taken seriously". Robust procedures were followed to support people who were unable manage their personal funds independently.

Risk assessments were in place to support people to be as independent as possible at home and to access their local community safely. Staff were knowledgeable about how specific risks were managed with different people and advice from health and social care professionals was included in care plans. Regular checks of people's home environments were carried out by the provider who acted on people's behalf, liaising with landlords with regard to building maintenance.

People's medicines were managed safely. Systems were in place to reduce the risks to people, including regular stock checks and safe storage and return facilities. Accurate Medicines Administration Records (MAR) were maintained and clear protocols to guide staff in the use of as required [PRN] medicines were in use. Staff responsible for administering medicines completed competency checks before they were 'signed off' as competent. Staff trained in medicine administration had received additional specialist training in the use of an emergency medicine used to control prolonged seizures. Identified staff took responsibility for managing medicines in people's homes, when people were unable to do this for themselves. This included supervising practice of new staff members and checking MAR entries before these records were forwarded to the provider's office. A staff member said, "I cannot remember the last time we had a medication error."

Good

Is the service effective?

Our findings

People's care was provided by staff who received training and support to equip them with the skills and knowledge they needed to meet people's needs and fulfil the expectations of their role. A programme of mandatory training updates was in place and staff training needs were reviewed at their regular one to one meeting with their supervisor. Staff also received training specific to people's individual needs, such as managing epilepsy and challenging behaviours. An external professional said, "They have good, well-trained staff. They are an experienced care provider".

New staff completed an induction programme consisting of mandatory training, supervised practice, knowledge and competency checks. Staff that were new to care were awarded the care certificate on successful completion of this programme. The care certificate was introduced nationally in 2015, with the aim of equipping care support workers with the knowledge and skills they need to provide safe and compassionate care. Staff benefitted from a combination of online and face to face training, some of which was provided by the local authority. This included The Mental Capacity Act (MCA) and local procedures for safeguarding vulnerable adults.

Staff were encouraged to complete relevant qualifications in social care once they had passed their probationary period. Staff routinely completed NVQ Level 2 followed by Level 3, if they did not already hold these qualifications. Some senior staff, in deputy manager and team leader roles, were undertaking their Level 5, managerial, qualification. Staff were very positive about the support they received within the organisation. One said about the provider, "They try their very best to see that staff are looked after, for example through the regularity of supervision. They are very hot on training… It's about having the right staff at the right time; they do a good job of giving us the tools we need".

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. Staff demonstrated reasonable knowledge of this legislation and routinely supported people to make their own decisions. Each person's support plan included a 'decision making profile' which described in detail how they should be supported to make decisions. For example, one person's plan included allowing them time to process information and different ways they may communicate their wishes.

MCA assessments had been completed when people were considered unable to consent to different aspects of their care. The provider's quality assurance processes had identified some of these assessments needed reviewing/updating and we saw this was included in the registered manager's action plan, to be completed by July 2017. The registered manager was booked to attend MCA practitioner level training with the local authority in June 2017, which would assist them in completing these assessments.

When people were able to communicate their wishes they did so readily and these were respected. Staff knew which aspects of their daily lives people could manage for themselves and what they needed support

with. For example, a staff member told us one person understood that their medicines made them better but would not understand when they needed to take their medicine or any potential side effects. This person said about seeing the doctor, "They give you tablets to make you better". Staff believed this person lacked capacity to decide whether to renew their tenancy agreement. An MCA assessment was being completed with their social worker and an Independent Mental Capacity Advocate (IMCA) had been requested to represent this person's interests in making this decision.

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 are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires applications for people being supported in their own homes to be submitted to the Court of Protection, for authority to restrict people's liberty. Potential need for DoLS authorisations for identified people had been raised with commissioners in 2016, but no DoLS applications were made by the local authority. The registered manager planned to reassess the need for these applications and follow-up accordingly with the local authority.

Staff had completed training in food hygiene and were attentive to people's dietary needs. People were encouraged to follow a healthy diet and their menus included their choices and preferences. People had few special dietary needs at the time of our inspection. One person we spoke with told us they were following a healthy diet. This had been successful in helping them to lose the weight they had gained. Staff were aware of when to refer to specialist services, for example, if they were concerned a person may be at risk of choking and told us about how they had managed this in the recent past. When indicated, people's intake was recorded and their weight monitored.

People received timely support to access healthcare services and maintain their well-being. This included support to access routine health screening, dental care and specialist hospital and community based services. Records demonstrated people were referred for assessment promptly when they became unwell or their needs changed. A staff member told us how they recognised a person who was unable to communicate verbally was becoming unwell. They were also mindful that this person had a high pain tolerance, so when they reported being in pain this meant there may be something more significantly wrong. When people had health needs that needed to be monitored, detailed records were kept and these were shared with health professionals undertaking treatment reviews. Staff described good 'supportive' relationships with health professionals who were regularly involved in meeting people's needs. A staff member said access to GP appointments for people they supported was "probably better" than for most people.

Good

Is the service caring?

Our findings

Caring relationships existed between people and the staff who supported them. People were relaxed with staff and looked to them for support or assistance when they needed it. They were also comfortable to express themselves openly when they were unhappy about what was asked of them. For example, when one person was asked by staff if they would speak with us, they replied, "Not again!" They were enjoying their activity and didn't feel like giving feedback about their care, as this was something they were regularly asked to do during care reviews and service audits. The staff member told us this person didn't respond well to last minute changes to their routine and valued their own space. They described how they worked with them; making sure they were prepared to attend community based activities in good time meant they were in the right frame of mind when they arrived. When at home, staff were aware this person could potentially become isolated, so made themselves available to them, while respecting their wish for space and privacy.

Staff demonstrated caring in the way they spoke about the people they supported and in what their role meant to them. Some staff had worked with the same people over a number of years and had formed strong bonds with them; they cared about what happened to them and what their futures held. Comments included, "We are building trust all the time. It helps that they know me and know what to expect. It's not friendship, it's more professional", "I think everybody does this job for the same reason, it's a vocation" and "I love my job, although I've cut my hours down, I would never leave here as long as he's here…We do care for them, we've known them such a long time". A senior staff member told us about the work they had done in supporting one person to get a job and how "excited" they were when this person was successful at interview.

People expressed their views in different ways, some verbally, others using sign language and/or communication tools. Each person's support plan included their 'decision making profile' which described how to support them with making decisions. For one person, who was able to say what they wanted, this included using less complicated sentences, allowing them time to process information and to communicate their decisions. Another person used some Makaton signs and a communication folder with pictures. This folder had been made for them by a staff member. It included pictures of places the person liked to go, meals they had cooked and the staff who supported them. This was used to plan activities, menus and days out. The staff member commented, "So you can say it's really [person's name] choice".

People's support plans described their cultural or spiritual needs and how they wished these to be met. Records showed one of the people we visited went to chapel each Sunday. When we asked a staff member about his religion they replied, "He's not religious, he goes for a sing song. He has a good old life really". This person told us they liked Tom Jones and Daniel O'Donnell, following which they broke into 'Danny Boy'. Their needs were changing, as they were becoming more elderly, which was reflected in their activities and energy levels. The staff member said, 'I love it when he's awake and with it, singing like he was just now". They expressed their hopes for his future, including that he continued going to the day centre where people were like family to him and being able to continue to live in his own home.

People's privacy and dignity was respected and promoted. Doors were closed when personal care was being

given and/or if the person wanted time alone. People could have private time with their families when visiting, or while out with them.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs and their views were respected. People's preferences, interests and beliefs were recorded and incorporated into their care plans. They were supported to pursue their interests and to maintain close relationships through a mixture of meaningful individual and group activities. For example, three people were working in paid roles, another attended further education and another told us how staff were helping them to pursue their leisure interests. Another person had been supported to move to their own flat in town.

A senior staff member told us how two people had been supported into work. This included preparing them for interview, supporting them through the application process and making sure support hours were provided, if needed, while at work. Staff were persistent as people had not always got an interview at their first choice of workplace, or the hours offered didn't always suit the person, so other opportunities were sought. These two people received very good feedback from their manager at work who was 'really impressed' by them. One person was looking to increase their hours. A staff member said, "It's been extremely encouraging for them and has improved their self-esteem massively". For another person, who had previous work experience, staff helped them to feel a sense of pride in their work, including making sure they prepared their uniform for their shift. This person was now almost independent in this, a staff member said, "We've encouraged him massively".

People were encouraged to be independent in their personal care and household jobs. For example, one person's support record stated that they could put on their pyjamas with help. The staff member supporting them said, "He can do a lot, we just prompt him… This is what we try to do here, to promote his independence as much as we can". Another staff member described how they supported somebody else, "We try and encourage his independence, he's quite capable. We say, 'give it a try'. That's what I believe supported living is all about really".

People were asked about their sexual preferences and whether they were happy to be supported by male or female staff as part of the assessment process. Their wishes were respected. Some of the younger people the service supported were booked to attend a sexual awareness /sexuality course. This was particularly appropriate as they were of age and were starting to have personal relationships. One person's capacity to understand and consent to a sexual relationship was being assessed at the time of the inspection.

Staff knew the people who were important in each person's life and communicated with them to arrange visits and/or discuss people's changing needs. Staff worked with people's families according to their needs and wishes: Some relatives received daily communications from staff, while another person's relatives spoke with the registered manager weekly to discuss any concerns or issues. We saw that people were comfortable in speaking openly with staff including the registered manager. They didn't wait for a meeting to make their feelings/wishes known.

An easy read version of the complaints form was available to people, alongside information about external agencies and advocacy services. A complaints log had been introduced following a recent quality audit by

the provider. The registered manager told us about two complaints they had received in the past year. One of these had been resolved to everyone's satisfaction, another was recent and ongoing. This was being addressed by the registered manager in conjunction with commissioners at the time of the inspection.

Feedback about the service was sought in the annual service review. This included views from people who used the service, their friends and relatives, health professionals and social workers. As very little feedback had been obtained via this survey in previous years, managers looked for more creative ways of obtaining feedback. In 2016 this included hosting a barbeque for everybody using the service, their relatives and staff to attend. This had prompted a request for improving a garden at one of the houses people were supported to live at, which had been acted upon.

Requires Improvement

Is the service well-led?

Our findings

The registered manager understood the responsibilities of their role. While some incidents that must be reported to CQC had been notified appropriately, safeguarding incidents had not been notified. The reason given for this was the incidents had not been taken further by the local authority safeguarding team. Requirements for notifying CQC were reviewed with the registered manager during the inspection and they submitted notifications to CQC for these incidents following the inspection. A subsequent safeguarding incident, occurring after the inspection, was notified to CQC appropriately.

The provider's objective; 'to achieve positive outcomes by applying the least restrictive approach whilst maintaining and/or improving the individual's current abilities and protecting their rights as ordinary citizens' was demonstrated throughout our inspection. The provider's approach was inclusive and person centred, where everyone was valued and treated with the same level of consideration and respect. For example, pen portraits were available for everyone using the service, all staff and the provider's senior managers and directors. Pen portraits told other people things that were important for them to know about each individual person.

A staff member said, "I enjoy working for Voyage, the company are very good. They are very hot on checks, risk assessments and forms". They told us how the process for orientating new starters had improved since they started working for the provider, adding, "We've learnt about that as a company". The provider sent a weekly update to team leaders and managers which was shared with all staff. This included any national safety alerts/notices, learning from serious incidents, any vacancies and training opportunities available to staff. In the edition we reviewed, staff were asked to feedback on the 'core values' they believed Voyage [the provider] should hold, via a popular online survey tool. This was accessible to all staff as 'training laptops' were made available to them to receive Voyage-wide communications and update their online training. Information about whistleblowing, local services and sources of staff support was seen on staff noticeboards.

The registered manager registered with CQC to manage the service in December 2016, so was relatively new in post at the time of the inspection. They were supported by a deputy manager who was appointed from within the company a month before their arrival. Despite these recent changes and the large geographical area the service covers, the staff we spoke with knew them and spoke positively of them. Comments included, "She's been here a lot recently… She seems really good actually" and "I have good access to the registered manager, we communicate on an almost daily basis… She tries to be the best she can be". A staff member told us the registered manager had recently 'stood in' when extra shifts were needed to meet one person's needs. During the inspection the registered manager provided on-site support to staff, when they were informed a person needed to attend hospital for emergency treatment.

The registered manager had regular contact with the provider's senior managers and felt supported by them. Incidents and accidents were classified according to their seriousness and were readily escalated to director level if indicated. Staff were clear about their responsibilities, they knew who they reported to and felt supported in their roles. A staff member told us about staff stress assessments which had been

introduced by the provider to ensure staff 'lone working' or working long hours were 'looked after'. When issues were identified, these were followed up by the provider's human resources team to ensure suitable adjustments were made to support the staff member.

Quality audits were integral to managing and improving the service provided to people. Health and safety and medicines audits were carried out within people's shared homes by designated staff working there. Audits of the 'supported living environment' were completed by a team leader responsible for another shared home within the service. Feedback from these, including action points, was given to the team leader at the home audited. Progress on completing actions was documented and followed up at the next audit. Team leaders and managers attended a monthly meeting where progress and ideas could be shared. Service level, 'Fresh Eyes', audits were carried out quarterly by the registered manager of another of the provider's services, often from outside the area. Provider level 'managers meetings' were held where managers could get support and share ideas and knowledge. A quality audit by the provider's quality manager and a finance audit had been completed at the service in March 2017. The registered manager told us they reviewed progress, on the action plan, with the quality manager regularly and actions were due to be completed in July 2017. However shortfalls found at this inspection around recruitment processes and the appropriate notification to the CQC of safeguarding incidents had not been picked up by the provider's quality assurance processes.

The registered manager shared their combined action plan from these audits with us. We found staff were open and transparent throughout the inspection. Where shortfalls had been identified they were motivated to address these and to develop and improve the service for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were put at risk because all of the information required for new staff had not been obtained prior to employment. Regulation 19 (2)(3)