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

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Hertfordshire Domiciliary Care Agency is a domiciliary care agency and a supported living service. It provides personal care to people living in flats inside a supported living service. It provides a service to older adults and younger adults who have a learning disability. The service was supporting seven people with the regulated activity of personal care at the time of this inspection. The service was supporting others but they were not receiving assistance with the regulated activity.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 felt safe and staff knew how to recognise and respond to any concerns. Individual risks were assessed and mitigated. Medicines were managed safely and infection control was practised.

People were supported by enough staff who were trained, supported and recruited through a robust process. People had care that met their needs and respected their choices and preferences. Staff knew people well and care plans were clear to support their knowledge of how to meet people's needs. Confidentiality was promoted and privacy and dignity were respected.

People and their relatives knew how to raise concerns and were confident they would be responded to appropriately. People, relatives and staff were positive about the management of the service and felt there was clear leadership. There were systems in place to monitor the quality of the service and address any issues that were found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We did not request a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection commenced on 13 November 2018 with a visit to the provider's office. The inspection was announced and carried out by two inspectors. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. Following the office visit, we visited two people in their homes and made calls to relatives to gather feedback about the service provided.

During the inspection we spoke with two people who used the service, two relatives, four staff members, a care co-ordinator and the registered manager and the operations manager. We reviewed information from service commissioners and health and social care professionals. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also told us that they felt people were safe using the service. One relative said, "I think [person] is safe. When they [became unwell] they were soon off in an ambulance."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. There was information available to people about what to do if they were worried or someone had treated them badly and staff supported people to make wise decisions.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were colour coded in a 'stop, think and go' format to help raise their profile. Risk assessments were in place for areas including household tasks, health conditions, mobility and general safety. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. All accidents and incidents were logged on the provider's electronic monitoring system so that they could be reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

Staff told us that there were regular checks of fire safety equipment and fire drills were completed, which included evacuating and involving people who used the service. Staff knew how to respond in the event of a fire.

People and their relatives and staff told us that there were enough staff available to meet people's needs. One person told us, "I get my support on time, but if running late will let me know." Another person who relied heavily on routine told us that they received their calls when they needed them. We reviewed the electronic call monitoring system and saw that missed or late calls were flagged to a member of the management team. This was then explored. The co-ordinator told us that this happened when phones were out of signal or a staff member had forgotten to log in. These instances were followed up with calls to staff and the response noted. There were staff vacancies but the management team were working to fill these and care was provided in staff absence by staff or agency staff known to the people they were supporting. Members of the management team also provided support if needed.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. This included written references and criminal record checks. There was a spreadsheet kept of staff and all recruitment documents, performance and any changes to help ensure they maintained compliance with the provider's policies and regulations.

Some people needed support with their medicines. Staff received training and regular competency assessments. There were also daily checks by staff and monthly audits to ensure safe practice was followed.

There were systems in place to help promote infection control. Staff had received training and the subject of

cleanliness was discussed at tenant's meetings with people they supported.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place. One staff member told us, "We have handovers and discuss what's going on. It's a good team, we all communicate really well. We are here to support the people."

Good

Is the service effective?

Our findings

People told us that they felt staff were skilled and knowledgeable. One person said, "They taught me how to do on line shopping." A relative told us, "New staff spend time with [person] when they start, they are not just left with [them] straight away."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling, first aid, fire safety and safeguarding. There was also training relating to needs of people such as epilepsy management, and mental health awareness. Staff told us that there was enough training. One staff member said, "I have supervisions and I had an induction. Training is always discussed. I have training sessions booked." Staff told us that they felt supported and were able to approach the management team for additional support at any time.

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 checked whether the service was working within the principles of the MCA and found that they were.

Some people who were supported by the service had capacity to make their own decisions. Others had fluctuating capacity. People were supported to make their own decisions about how they spent their day. One person said, "Staff talk to me ask me what I want. I go out when I want." Staff supported people to ensure they had all the information they needed to make an informed decision. Best interest decisions were made with all people relevant to the person and the decision to be made. A staff member told us, "Always assume they have capacity because choice is important. Choice is the biggest thing, we always ask what people want."

People were supported to eat and drink if needed. Some people managed this independently. One person told us, "They cook with me and give me advice on healthy food." Staff told us how they had worked with another person to increase their ability to cook for themselves. They said, "The big thing we have worked on with [person] is [their] cooking. This helps support [their] independence."

People were supported if needed to manage their day to day health needs. If they were unable access to health care and social care professionals independently, staff assisted them with making and attending appointments. One person who had experienced a health issue told us that during their recovery staff were there with them every step of the way and provided the care and support they needed.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "Staff are kind, if I need something they bend over backwards to help." They went on to say, "Staff are lovely they are not hypocrites. We have a great relationship, they're like friends to me." Another person said told us, "Staff are helpful and kind, they make me feel comfortable."

One During visits to people's homes we noted that staff were kind and friendly with people. We saw them interact with people in a warm and caring way. Staff listened to people and gave people time to verbalise what they were communicating. Staff respected people and supported them with dignity.

People were involved in reviews of their care. Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. People were at the heart of the plans and the way they wanted to be supported and live their lives. One person told us, "Every month we sit down to discuss my care. I am very involved. I am happier than ever. They are much better than the last [company that provided care]." A relative told us, "I feel much more involved since [registered manager] has been there." Plans included what people liked about the person, their strengths and how to support the person well.

Staff had about a good understanding of people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests. We found that people's preferences and wishes were respected. For example, one person only wanted personal care delivered by female staff and this was always respected. The operations manager told us it was important that this was respected. They said, "I would feel uncomfortable so I would imagine it could be the same for everyone."

People were encouraged maintain relationships in whatever form they took. This included with family member and friends. Staff supported people with visits to family members and contacting them.

People's records were stored securely to promote confidentiality for people who used the service.

Good

Is the service responsive?

Our findings

People told us that they received care that met their needs. One person said, "If I need help, I can call them." We noted that support was changed when people's needs increased or decreased. Another person said, "The care has been very good, I had a [health condition] and they have been excellent."

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. We saw, and people told us, that people were involved in all reviews and were the key person to make and agree plans for care and support. Staff confirmed that they read the plans to ensure they had up to date knowledge of people's needs. One staff member said, "We have to read and sign the care plans to show we have done this." Plans included what a typical day should look like to help them support people in the way they liked.

The service did not routinely provide nursing care and the registered manager told us that they had not yet needed to provide end of life care for people. However, they had prepared for it by ensuring there was a policy and process to follow should the need arise.

People were supported to take part in activities in and outside of their own homes which reflected hobbies, interests and preferences. We saw that people were supported and encouraged to take on employment or attend college. Workbooks were in place to help people prepare for this. People told us that staff supported people to do things that they enjoyed. Staff knew what people enjoyed and facilitated this.

Complaints and concerns raised had been fully investigated. People told us that they knew how to raise concerns but had not needed to. One person said, "I know how to complain and who to contact." A relative told us, "Since [registered manager] started, if things do come up, they are dealt with much quicker." People were involved in meetings to discuss any issues or suggestions to the service. The registered manager also visited people regularly to obtain their views. One person said, "[Registered manager] comes to check how things are with me."

Good

Is the service well-led?

Our findings

People and their relatives were positive about the service and how it was run. One person said, "I have confidence if they say they will do something, they will do it they don't let me down." One relative said, "Things are better since [registered manager] came."

Staff were also positive about the service and the registered manager. One staff member said, "I feel supported by manager."

There were quality assurance systems in place. These were used consistently and appropriately. These included in house audits, observation of staff practice, operations manager audit and an annual audit from the provider's quality team. As a result, any issues found were added into an action plan so that they could be addressed.

Registered managers from other of the provider's locations carried out peer visits to give an objective review of the service and additional support to the management team if it was needed. The registered manager told us that the registered managers had a good support network through their peers and line managers.

The local authority commissioners had awarded the service a Good rating at their last monitoring visit.

There had been a survey completed and we saw that the feedback was mainly positive. The responses were collated and then reviewed to see if any actions were needed. Feedback about the service was sought not only from people they supported but also their relatives, staff who supported them, neighbours and professionals who supported people.

The provider had a range of newsletters, magazines and guidance booklets for people. These helped keep people informed about the service but also advised them of what was going on the community and was a source of advice when needed.

The provider also ran quality roadshows and domiciliary care workshops to help share knowledge and experience across managers and come up with new tools and ideas. The registered manager told us these were very helpful.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about updates with the provider, the community and good practice. One staff member said, "We have monthly meetings and we get a copy of the minutes. But we don't need to wait to talk about stuff."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. We found that the registered manager had notified the CQC appropriately.