

Voyage 1 Limited

Voyage (DCA) Scotia House

Inspection report

Flats 1-11, Scotia House
High Lane, Tunstall
Stoke on Trent
ST6 7JE

Tel: 01782814899

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 June 2016 and breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to Regulation 12, safe care and treatment and Regulation 17, good governance. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Voyage (DCA) Scotia House on our website at www.cqc.org.uk.

Voyage (DCA) Scotia House are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. Personal care was provided in a supported living setting, which meant accommodation was provided under a separate private tenancy agreement to people who used the service and the office was based within the same building where people had their own independent flats. People who used the service also had access to two communal lounges. At the time of the inspection the service supported 11 people in their own homes.

There was a registered manager at the service. 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.

Some improvements had been made to the systems in place to assess and monitor the quality of the service. However, some systems to mitigate risks to people had not been fully implemented at the time of the inspection.

Further improvements were needed to ensure that people's care records contained an accurate account of their needs.

People's risks were not always planned and managed in a way to protect people from the risk of inappropriate and inconsistent care.

Improvements had been made to the management of medicines, which ensured people received their medicines as prescribed.

Staff and the registered manager understood their responsibilities to protect people from abuse and were able to explain the actions they would take if abuse was suspected.

We found there were enough staff available and staffing was managed in a way that ensured people received their care when they needed it.

The provider had safe recruitment procedures and we found that the required checks had been carried out, which ensured that staff were suitable and of good character to provide care to people who used the service.

The provider had implemented an improvement plan to make changes to the way people received their care. The registered manager was working through the actions and the provider was involved in the checking and monitoring of these actions.

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 was not consistently safe.

People's risks were not always planned or managed to keep people safe from the risk of inappropriate and inconsistent care.

Improvements had been made to the way medicines were managed to ensure people received their medicines as prescribed.

People were protected from the risk of abuse because staff and the registered manager understood their responsibilities to identify and report any concerns.

There were sufficient staff available and the provider had safe recruitment procedures in place.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Some improvements had been made to the systems in place to assess and monitor the quality of the service. However, some systems to mitigate risks to people had not been fully implemented at the time of the inspection.

Further improvements were needed to ensure that people's care records contained an accurate account of their needs.

The provider had implemented an improvement plan to make changes to the way people received their care. The registered manager was working through the actions and the provider was involved in the checking and monitoring of these actions.

Requires Improvement ●

Voyage (DCA) Scotia House

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 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 19 October 2016. We carried out the inspection unannounced because we were following up on concerns we found at the last inspection.

The inspection team consisted of one inspector.

Before the inspection, we reviewed information that we held about the service. This included notifications the provider is required to send us by law about incidents and events that had occurred at the service.

We were unable to speak with people who used the service because of their communication difficulties. We spoke with three relatives, four care staff, the registered manager, the quality and development manager and the quality and compliance manager. We viewed five records about people's care and support, this included records that showed how medicines were managed. We also viewed records that showed how the service was managed, which included four staff recruitment and training records.

Is the service safe?

Our findings

At our last inspection, we found that there were risks to people's safety and welfare because people's risks were not always planned and managed to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that some improvements had been made. However, further improvements were needed to ensure people's risks were planned to ensure they received consistent and safe care.

We found that improvements had been made to the way people's risks were planned and managed. However, we found that there were inconsistencies in how people's risks were managed. For example; the risk assessments for one person indicated that they may display behaviours that could challenge. There was no guidance available for staff to identify what would trigger this person to display these behaviours. The care plans did not give staff guidance on the support they needed to provide to alleviate this person's anxieties. Staff we spoke with knew this person well, but we received inconsistent accounts of the actions they needed to take to when this person displayed behaviours that challenged and the records we viewed did not always match what staff told us. We spoke with the registered manager who showed us a template that had been forwarded by their in-house therapist, but these had not been completed at the time of the inspection. This meant that there was a risk that staff who did not regularly support this person did not have the information to support them and mitigate their risks.

At our last inspection, we found that there were risks to people's safety and welfare because people's medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to the way medicines were managed.

We found that where people needed 'as required' medicines improvements had been made to ensure there was guidance available to inform staff when these should be administered. The guidance contained information for staff to assess when people needed this medicine and the signs people may display if they were unable to communicate their needs. For example; one person needed to be administered an 'as required' medicine if their anxieties reached a certain level and details of how staff needed to recognise this were included. Staff we spoke with confirmed what the records stated. We found that medicines had been recorded when they had been administered and there was a system in place to ensure staff were competent in administering medicines. This meant that improvements had been made to the way medicines were administered, recorded and managed.

Relatives we spoke with were happy with the amount of staff available to support people. One relative said, "I am a lot happier with the staff availability and my relative is happy too". Another relative said, "There has been improvements to the staffing and my relative generally has the same carers unless there is sickness". Staff told us that they felt there was enough staff available to meet people's needs and improvements had been made to staffing levels due to the recruitment of further staff. Staff told us and we saw the staff rotas that showed they were regularly assigned to the same people who used the service. Staff and the registered manager told us that in the event of a staff shortage the staff employed at the service provided cover where

needed. This meant that there were enough staff available to meet people's needs.

We saw the provider had safe recruitment procedures in place. The provider had undertaken Disclosure and Barring Service (DBS) checks for staff to ensure that they were suitable to provide support to people who used the service. The DBS is a national agency that keeps records of criminal convictions.

Relatives we spoke with told us they felt their relatives' were safe when they were being supported by staff. One relative said, "I'm happy with the care and my relative is well looked after and safe with the staff". Staff explained the action they would take if they felt someone was at risk of abuse and said they would report any concerns that someone was not being treated properly to the manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. We saw that where there had been concerns about a person's safety this had reported as required. This meant that people were protected from the risk of harm.

Is the service well-led?

Our findings

At our last inspection, we found that there were not effective systems in place to monitor and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that some improvements had been made, but further improvements were needed to ensure that the service was consistently monitored.

We found the records we viewed did not always contain up to date assessments or risk management plans when people's needs had changed or incidents had occurred. For example; staff knew people's risks and were able to explain how they needed to be supported to keep them safe, but the records we viewed did not reflect this. Staff told us that they felt the records had improved since our last inspection, but we identified that records did not always contain enough detailed information to ensure people received consistent care. We were told by the management team that the operational manager undertook spot checks of records when they visited the service, but we were not shown evidence that these had been completed. The registered manager was not aware of the concerns we identified and told us they would ensure these records were updated immediately. This meant that people were at risk of inconsistent and inappropriate care because there was not an effective system in place to ensure that there was an up to date and accurate record of people's current needs.

We saw that an improvement plan was in place for the service, which contained actions to be completed to make improvements to the service people received. There was an action plan in place that highlighted specific areas that needed improvements. We saw that specific members of staff had been allocated to undertake the actions. The operational manager told us and we saw that where actions had been completed these were signed off and sent to the senior managers to ensure they had an overview of the improvements made. We saw that there were still some outstanding areas that needed improvement and the management team were in the process of working through these actions. This meant that the service had made some improvements to monitor and mitigate risks to people, but further improvements were needed to undertake the actions in a timely manner.

We found that the provider had made some improvements to the systems in place to ensure the service was regularly monitored. For example, the provider had implemented medicine audits, which identified if there were gaps or errors in recording and we saw that action had been taken to prevent further errors, such as medicine refresher training for staff and discussions in staff supervisions. We also saw that other systems had been implemented to ensure that the environment was safe and people's views were gained about their experiences. This meant some improvements had been made to the systems in place to monitor and manage risks to people.

Staff told us they now had mobiles in each person's home so they were able to call for assistance when they were providing one to one support to people. Staff told us they were now able to alert other staff quickly when a person needed two staff for support or in the event of an emergency. We saw that there were lone working risk assessments, which gave staff information and guidance on how to manage times when they were working alone with people who used the service. Staff we spoke with were aware of these assessments.

This meant that the provider had made improvements to ensure that staff were had the appropriate resources available to them to ensure that people received support when they needed it.

Staff we spoke with told us that they felt that there had been some improvements at the service since our last inspection. One member of staff said, "There have been improvements the management is more structured and we are working as a team. It is a lot better now". Another member of staff said, "The communication has improved and the care plans are better now and the management tell us if we need to do things for people in a better way". Staff and relatives told us that they felt the registered manager listened to them and said they had confidence that any concerns or suggestions would be acted on. We saw there had been staff meetings undertaken to ensure staff understood the provider's policies and procedures and staff had an overview of what was expected of them.