

Voyage 1 Limited

# Voyage (DCA) Clacton-on-Sea

## 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 was announced and took place on 28 November 2016 and 15 December 2016. The provider was given 48 hours' notice because we needed to be sure the registered manager would be available for the inspection

Voyage (DCA) Clacton provides support to older people and people with a learning difficulty living in their own home and support to people living in six supported living settings. People who live in the supported living properties had individual tenancy agreements.

The service had a registered manager in place. 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.

Care and support plans contained information on the way people wished to receive their care. These were regularly reviewed in consultation with the person receiving the support. Care and support plans contained information on how risks to people were managed and put in place actions to mitigate any identified risks. The service had identified that although they gave sufficient information the design of the care plan may not always meet the differing needs of the people they were supporting. Care plans were being re-designed in consultation with care staff to ensure they were in the most appropriate format.

Staff supporting people in their own homes arrived on time and carried out the care and support required. Where people lived in a supported living environment there was a dedicated staff team meaning people had a consistency of support.

The service had identified some problems with the administration of medicines. They had worked to address these issues providing further training and support to staff.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff supported people with their community involvement and develop their interests. The service offices were used as a hub for events and meetings promoting people's involvement in the service and wider community.

There were systems in place to monitor the care provided and people's views and opinions were sought. The registered manager had action in place to further develop feedback on the service from people and staff

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People were supported to be involved in decisions about their care and support.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in their care and support

planning.

People's individual needs and preferences were understood and acted on.

People's views and suggestions were taken into account to improve the service.

### **Is the service well-led?**

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

The service recognised and responded to challenges and concerns.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

**Good** ●

# Voyage (DCA) Clacton-on-Sea

## 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 28 November 2016 and 15 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be available to speak with us. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 looked at the information in the PIR and other information we held about the service before the inspection visit. We reviewed information we held about the service including previous inspection reports and notifications sent to us by the service. Notifications are information about important events which the provider is required to send us by law.

As part of the inspection we spoke with 19 people receiving care and support and four relatives. We visited one of the supported living services and three people in their homes where we were accompanied by support staff.

We looked at records in relation to four people's care. We spoke with the registered manager and four support staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at four staff files which included recruitment processes, supervision and training records.

## Is the service safe?

### Our findings

People spoken with told us that they felt safe using the service. One person said, "I am safe and well supported." Another said, "Yes I do feel safe with them."

People were protected from avoidable harm and abuse. Care workers were provided with training in safeguarding people from abuse and understood their roles and responsibilities regarding safeguarding, including how to report concerns. The service had a computerised case management system that ensured all appropriate measures had been taken and the relevant regulatory bodies notified. The information entered on this system could be monitored by the service and by the provider. Records confirmed that appropriate safeguarding referrals had been made to the relevant authority and where required actions taken to safeguard people from abuse were taken. These included referrals to other health care professionals and further training for staff.

Care plans contained a section entitled 'Support and Risk Taking Guidelines.' This contained information on the support people received and any associated risk. Information on how the activity was managed safely was embedded into the information on how the support was delivered. For example one person displayed behaviours which may subject them to bullying or harassment from others. The care plan clearly described the behaviour and how it should be managed by staff to enable the person to feel secure.

One person told us about a meeting they had attended arranged by the service which gave them information on how to remain safe in the community. They said, "A policeman came and talked about how to be safe." This demonstrated that the service was aware of the wider safety risks for people living in the community.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. One person we spoke with told us that their support workers were, "Always on time and do the time they are scheduled to do." The majority of people we spoke with had the same person or a core team of support staff who they said understood their needs. The registered manager told us that the service had missed three support visits in the in the last year. These had been investigated and had been due to genuine mistakes by staff. The supported living services had a dedicated team of staff. This meant that the staff at these units knew the needs of the people living there and had received the appropriate training to meet them. All of the staff we spoke with told us that staffing of the supported living units had been 'stretched' in the past but that it had improved in the last three months. We discussed this with the registered manager who confirmed that there had been staffing problems with these units but with pro-active recruiting these had now been addressed.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Some people required assistance with their medicines. One person said, "My medication is in a safe and they write it in the diary." Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer their own medicines from a blister pack or handing the medicine to the person to take. Where people had their medicine prescribed to be administered 'as required' documentation clearly described when the medicine should be given. In the past year the service had had a number of safeguarding concerns regarding missed or incorrectly administered medicines. The registered manager had recognised the trend and was working with the local authority to address the concerns by providing further training for staff. A social care professional told us that they believed the actions taken had addressed the issues.

## Is the service effective?

### Our findings

People told us that they felt the staff supported them well and understood their needs. One relative said, "I feel staff have the right skills."

People were supported by trained and competent support staff. All support staff had completed an induction. This included the completion of mandatory training such as infection control, moving and handling and food hygiene. Before carrying out care and support staff shadowed an experienced member of staff until they were competent to work alone. The registered manager told us that most staff were supported to complete a nationally recognised qualification as well as other regular training updates. Records showed all the staff training, which included courses that were centred on the needs of the people using the service. For example, many of the staff had been trained in autism which was a condition lived with by a number of people living at the supported living units. All the training was monitored and kept up to date by the management team.

Supervisions were held with staff to support them within their roles. We saw that records of supervisions were kept and showed that subjects such as clients, work rate, performance and training were discussed. During our inspection we saw that both the registered manager and office staff were available for staff to speak with as they required.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

Care records contained a decision making profile of the person which described the best way to involve people in the decision making process, how to help the person understand and when was a good and bad time for the person to make a decision. For example one profile suggested that catalogues or leaflets could be shown to the person, that it was best to allow them to 'ponder' the decision and the best time and place for them to make decisions. This ensured that people were able to participate in the decision making process to the best of their ability.

Staff gained consent from people before any care was carried out. One person said, "They say, would you like to do that?" Another person said, "They take good care. They seek permission when applying cream." We saw that people had consent forms that they had signed for things such as photograph use, medicines and consent to care. One person had refused their permission for a photograph to be included in their support plan. We saw that their wishes had been complied with. During our inspection we saw that support staff communicated clearly with people and asked them for permission before carrying out any care or support.



People were supported to eat and drink sufficient amounts and maintain a healthy diet. One person said, "I buy the food myself and they [support staff] help me cook." In their PIR the service had recognised how including people in the preparation of food helped to develop life skills and build confidence. One person's care plan described the best way for staff to ensure the person maintained a healthy diet. It contained instructions for staff to remind the person that they only needed to eat one evening meal and not to leave the person without discussing instructions for their next meal. The registered manager told us that this was because the person had begun eating a cooked evening meal and then a takeaway regularly meaning they had put on undesired weight.

People were supported to access health care services. Records demonstrated that these included GP's and hospitals as well as those related to people's specific requirements such as sensory facilities, physiotherapy and dieticians.

## Is the service caring?

### Our findings

People said that they had developed good relationships with staff. One person said, "They listen to me and talk with me." Another said, "Good care, very thoughtful." Everybody we spoke with said they were treated with kindness, respect and dignity.

During our inspection we saw that staff took time to speak with people and did so in a warm and friendly manner. When we were speaking with one person in a supported living house about the garden the member of support staff gently reminded the person to tell us that their relative had made an apple pie using apples from the tree in the garden. When reminded of this the person's eyes lit up and they told us how good the pie had tasted.

Care plans contained a document which described a typical day in the life of a person and gave support staff information on how to support the person to have a good day. For example one person liked their home to be clean and tidy but was reluctant to do this. The support plan prompted staff to support the person with housework.

People were able to be involved in their own care planning as far as they were able. One person told us how they had read their care plan and had seen a spelling mistake which they had pointed out to their support worker and showed us how it had now been corrected in their support plan.

People were supported to be as independent as they could be. One person said, "I always do what I can and staff will help with anything I can't do." Care plans reflected the things people were able to do for themselves, as well as things that people wanted to work towards achieving, and how staff should support them to do so.

The service ran a support group which people who received support from the service could attend. This included people who lived in a supported living environment. The registered manager told us that this was important to get varied views and opinions. People put themselves forward as a spokesperson for people supported by the service. Previous speakers at the group had included the police and recent discussions had been had about seeing if the fire service would come to the next meeting to talk about fire safety in people's home. The person we spoke with about the group talked enthusiastically about their involvement; it obviously gave them a sense of worth and purpose. The registered manager also told us that the group provided an opportunity for people to provide informal feedback on the care and support they were receiving.

All staff spoken with confirmed they supported people in a way that respected their privacy and dignity. When we visited one person's flat the staff member asked if they were happy with us meeting them. The person told us that they would like us to take our shoes off which we did. The person confirmed that support staff took their shoes off when providing support. When visiting a supported living service we observed a relaxed and friendly relationship between the people and the member of staff present. They were very happy and cheerful throughout the visit and indicated they were very happy with the staff delivering their

care.

## Is the service responsive?

### Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. A relative said, "Staff help [person] go on courses, otherwise [person] would be stuck in the house." Comments from people included, "I go to the club," "Go walking," "I am supported with church," and, "They help me with food, washing up and clubs."

Voyage (DCA) Clacton responded to people's goals and aspirations as well as immediate needs. Staff encouraged people to plan for the future and achieve milestones in their life. Staff had a good understanding of how to support people to achieve the goals they set themselves and become active members of their community. For example a person from one of the supported living services was at a local church event, where there they noticed a theatre programme and expressed a wish to attend a show in which the Osmond's were appearing. The registered manager told us that the person enjoyed remembering songs from when they were younger and liked to sing along with music. The person was supported by staff to arrange the visit. This included checking access to the theatre and the facilities that would be available, transport arrangements and other arrangements specific to the person's health needs. The service adjusted the time the person received their support to be able to support them with the trip.

The offices of the service are in the centre of the town and the service organises meetings for the people they support to get together and discuss local resources, activities and events they would like to take part in. The registered manager told us that these meetings had taken place regularly but had recently lapsed. However, one person we spoke with told us about meetings they had attended in the recent past, remembering the input from a local police officer and a meeting they were planning to attend. They said, "I am going to the forum to talk about what we need to do." The registered manager told us that these meetings were an opportunity for people to share their experiences and thoughts and inform others of new activities or places they had not thought about previously. The service had also made up a book of local activities, places to visit and groups / clubs that were available for people to inform them of activities available in the area.

Care and support plans contained information to assist staff to provide care and support in a manner that respected their wishes and assisted them to be independent. The information in the care and support plans were written in a person centred way and showed people had been involved in the detail. The care plans included clear statements about, 'What people like and admire about me,' 'What is important to me' and 'How to Support me well.'

Changes to people's care plans were made in response to changes in the person's needs and the goals they set. One person receiving support with personal care said, "They come out regularly and update my books. I used to read it but do not bother now. It is all fine." Another person said, "I had [senior carer] come out last week and ask a lot of questions."

We discussed with the registered manager the content of care plans for people with learning difficulties and those for older people requiring support with personal care, which although personalised were broadly the

same. For example care plans for older people contained details of relationships in a 'relationship map' and care plans for people with learning difficulties did not have an easy read version. The manager demonstrated an awareness of this issue and told us how they were addressing it. This is explored further in the well-led section of this report.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of Voyage Care welcome booklet. This contained details of the service complaints procedure and was also available in easy read format.

## Is the service well-led?

### Our findings

People were supported by a team that was well led. The registered manager had a clear vision for the service which put people using the service first. A person told us, "I get newsletters and they ring up. The new management team are more approachable, I get listened to." Staff also told us that the service provided to people had improved since the current registered manager had taken over six months ago. They gave an example of increased staff recruitment meaning people received support from a more consistent staff team.

The ethos of the service was person centred. This was promoted through staff training programmes to give staff the confidence and skills to meet the specific needs of the people who used the service. This approach was also reinforced through staff meetings and one to one staff supervision sessions. The provider's policies, procedures and operational practices were designed to support this person centred approach.

People and staff were consulted about the quality of care provided and suggestions were listened to. The service annual survey of people and staff in August 2016 identified a theme that all wanted to be more involved with how the service was developing. In response to this the registered manager had introduced forums for people using the service and for staff. Although still in their infancy these forums have enabled the service to share information and receive feedback and ideas from across the service about how they would like to see things done and changed.

The service had links with the local community and encouraged people using the service and members of the local community to attend events at the service offices. An example of this was a Macmillan Coffee morning, with people the service supported organising and participating in games and activities.

The registered manager and the management team had an understanding of the challenges facing the service. For example, as mentioned in Responsive above, the care plans whilst providing the required information were not always in a format which suited different people. The registered manager had recognised this and met with senior care and support staff to discuss amendments to the documentation to ensure it was user friendly and suited the person being supported. During our inspection we saw that work on improving the care plans was ongoing with continued staff involvement. This also demonstrated that the service recognised the differing needs of the people they supported.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. The provider also carried out regular audits of the service with action plans in place for any identified shortfalls.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. The service computer system supported this activity.