

Voyage 1 Limited

Voyage (DCA) Cambridge City

Inspection report

130 Suez Road
Cambridge
Cambridgeshire
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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

130 Suez Road is a domiciliary care service registered to provide personal care to people living in a supported living scheme and their own homes. There were four people who were receiving personal care from the service when we visited.

The inspection took place on 24 October 2017 and we gave the provider 24-hours' notice before we visited to ensure that the registered manager was available to facilitate the inspection

This was the first inspection since Voyage became registered as the provider on 1 November 2016. There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People were kept as safe as possible because staff were knowledgeable about reporting any suspicions or incidents of harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Staff were supported and trained to do their job.

Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). Staff we met confirmed that they received training and were able to demonstrate a good understanding of the MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence by being able to access a range of activities. Health assessments were in place to ensure that people were supported to maintain their health. The registered manager and support staff were in contact with a range of health care professionals to ensure that people's care and support was well coordinated.

People had adequate amounts of food and drink to meet their individual preferences and dietary needs.

People's privacy and dignity were respected and their care and support was provided in a kind, caring and a reassuring way.

People were supported to take part in a range of activities, hobbies and interests that were meaningful to them.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainants. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor and develop the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told. There were strong links with the external community.

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 aware of their responsibilities in reducing the risk of harm to people.

Recruitment procedures and staffing levels ensured care and support was provided to meet people's care needs.

Arrangements were in place to ensure that people were safely supported with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff demonstrated an understanding of the underlying principles of the Mental Capacity Act 2005.

Staff received ongoing training and supervision so that they had the support, knowledge and skills to appropriately support people using the service.

People's social, health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People received kind and respectful care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

Staff had a good knowledge and understanding of people's preferences and what was important to them.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to pursue activities and interests that were important to them.

There was a procedure in place to respond to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

The registered manager had an open management style and were aware of the day to day needs and culture in the service.

People and staff were involved in the development of the service, and their views were listened to and acted upon.

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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.

The inspection took place on 24 October 2017 and we gave the provider 24-hours' notice before we visited to ensure that the registered manager was available to facilitate the inspection

The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the 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 any improvements they plan to make

During the inspection we spoke with three people who were using the service and two relatives. We also spoke with the registered manager, two senior carers, three care staff and two of the organisations operational managers. We looked at three people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received. We also spoke with two care managers from the local authority, a psychologist and a speech and language therapist.

Is the service safe?

Our findings

People were positive about the support they received and one person said, "I am very happy living here and the staff help me with what I need." Another person said, "I have lived in my flat for a long time now and feel very happy and safe here." One relative of a person using the service told us that they had no concerns about the care and support their family member received. They also said, "My (family member) is very well cared for and I feel they are safely supported."

Staff demonstrated that they were aware of their safeguarding responsibilities. They had access to the contact and reporting details of the local safeguarding team and safeguarding reporting information. Staff and the training records confirmed that safeguarding training had been provided and refresher training had been given annually. One member of staff said, "I would not hesitate at all in reporting any incidents or allegations of harm to my manager and to the safeguarding team at social services if ever I needed to."

Care plans were complemented by up to date risk assessments to ensure, as much as possible, that the person remained safe and that care and support could be appropriately delivered both at the service and when in the community. Examples included moving and handling, managing behaviours that are challenging to themselves or others and assisting people when out in the community. Staff said they were aware of how to ensure people were kept safe in accordance with the person's risk assessments. We saw that risk assessments were cross referenced to care and support plans so that people's care needs were known and well-coordinated by the care staff team.

People told us that staff ensured that they received their prescribed medicines. The level of assistance that people needed with their medicine was recorded in their support plan. The registered manager and senior staff regularly audited medicines and corresponding records to ensure they were being safely and accurately maintained. Staff and records seen showed that medicine administration training sessions and competency checks (undertaken by senior staff) This ensured that staff safely administered medicines.

Staff only commenced work when all the required recruitment checks had been completed. We saw three staff records which confirmed this to be the case. Checks included; a completed application form, proof of identity, references and a satisfactory criminal records check carried out by the Disclosure and Barring Service (DBS). This is a service that helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff told us that they had supplied the required documents prior to commencing work at the service.

During our inspection we saw that there were sufficient numbers of staff to meet people's needs either in the community or whilst at home. This included being able to safely assist people with personal care, accompany people where needed to attend appointments, assist people to go out shopping and to attend activities when required. One member of staff told us that there was enough staff on duty so that they could assist people in their flats and to access the community with them when this was required. We saw that the registered manager monitored staffing levels. Where there were staff vacancies or shortages such as staff sickness, bank workers and agency staff were used where necessary.

Accidents and incidents were documented as part of the services on-going quality monitoring process to recognise any trends and to reduce the risk of any incident reoccurring. The registered manager monitored accidents and incidents to identify any potential recurring trends. Examples included the monitoring of people's healthcare and behavioural needs and referrals were made to appropriate health professionals where appropriate such as the person's GP. We saw that there were individual fire and personal emergency evacuation plans in place so that staff could safely assist them in the event of an emergency.

Is the service effective?

Our findings

People were supported to have a good quality of life. One person said, "The staff help me a lot with sorting out my flat, laundry and to go out and visit shops and cafes." Another person said that, "The staff help me to go shopping for food and clothes." A relative we spoke with said, "They [staff] always let me know if there have been any changes to [family member's] care and I am very satisfied with the care provided."

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. The atmosphere in the supported living scheme was homely, calm and cheerful. People were being assisted by members of staff in an attentive and unhurried way. We saw that staff on duty provided both support to people in their flats and accompanied them, when necessary, in attending their hobbies and interests in the local community. One person told us that, "I go out and visit friends and other places I like and staff help me with this when I need."

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The 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 and the training records confirmed that they had undertaken training. Staff we spoke with had an understanding on the Mental Capacity Act 2005 (MCA). At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves. The registered manager was aware of the relevant contact details and reporting procedures regarding this area.

Staff confirmed that they had received an induction and had completed other training since starting their job role. Staff said that they enjoyed and benefited from their variety of training sessions. Examples of training included, MCA, food hygiene, first aid, epilepsy, de-escalation of challenging behaviours and safeguarding people from harm. Staff told us that they were supported to gain further qualifications including the Care Certificate (this is a nationally recognised qualification for staff working in the care field). Staff training was monitored by the team managers and registered manager as part of the regular quality assurance audits. Staff also confirmed that they were informed of dates when they would need to refresh/update their training.

Staff confirmed that they received supervision sessions and an annual appraisal to monitor their development, performance and work practices. Staff we met also told us that they felt very supported and encouraged by the registered manager and senior staff. One member of staff said, "The [registered] manager is brilliant and very helpful and approachable."

Care records gave staff detailed information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. We saw that people were assisted to

take part in daily living tasks and were encouraged to make choices about activities and interests they wished to participate in. People were assisted by staff in going shopping and preparing meals and drinks and snacks with staff assistance where required. People told us that they enjoyed their meals and that they were involved in planning meals and went to local shops with staff to purchase food during the week. The staff told us that people were assisted to access appointments and seek advice from healthcare professionals such as a dietician whenever their dietary needs changed. Health assessments were in place to ensure that people were supported to maintain their health.

People had regular appointments with health care professionals and these were recorded in their care and support plan. We spoke with healthcare professionals and they were positive about the care and support being provided. They told us that they worked closely with the registered manager and staff team and that they met to review and discuss changes and issues regarding people's care and support. A care manager from a local authority told us that any advice or agreed protocols were followed by the service's staff and that they were proactive in reporting any concerns or changes in people's health care or support needs.

Is the service caring?

Our findings

People were positive about the care they received and one person said, "I like living here and the staff are very good and helpful." Another person told us, "I have lived here for a long time and I am very happy and the staff are really kind and caring." A third person said "The staff are friendly and caring." We observed that there were supportive relationships in place between staff and people using the service with lots of conversations and cheerful banter.

People's independence and choice were promoted by staff and they were assisted in being able to make choices about their lives. One member of staff said, "It's really great to help people to be as independent as possible and that we can make a difference to people's lives." One person we met said, "The staff have helped to me go out and we have been shopping together and had a visit to the pub."

Staff spoke with people in a kind and caring manner whilst assisting them. Staff knocked on people's flat doors and waited for a response before entering to respect and preserve the person's privacy and dignity. People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind and prompt way. We also saw that people were assisted to undertake domestic tasks independently as much as possible such as putting laundry away and to help organise their lunches and the evening meal. One person said, "Staff have been really helpful and I enjoy getting out and about and I am happy with the support I am getting."

Each person had an assigned key worker whose role was to evaluate and monitor the persons care and support needs on a regular basis. The key worker also liaised with healthcare professionals and relatives when required. Daily records showed that people's support needs were monitored and that any significant events that occurred were recorded. We saw that some documents in support plans we looked at had been produced in a pictorial format where required. This showed us that the provider gave people information in appropriate formats to aid people's understanding.

The registered manager told us that no one using the service had a formal advocate in place but that local services were available when required. Advocates are people who are independent and support people to make and communicate their views and wishes. People had family members who acted in their best interest. Staff said that they had contact with relatives of people using the service and involved them where possible, in the planning and reviewing of their family members care and support.

Is the service responsive?

Our findings

People told us that they had the opportunity to be involved in hobbies and interests of their choice. One person told us that, "I like to go out during the week and enjoy going to do art work at a centre." Another person said, "The staff are very good here and help me with my cooking and shopping." We saw that people had access to the local shops, going for walks and attending local day services during the week.

Some people had access to vehicles so that they were able to regularly go on day trips, as well as attend medical appointments and be able to visit local towns. One person liked to visit the service's office to assist with some administration tasks with the office staff. The person said, "I like to help in the office and enjoy doing some shredding and making tea and chatting with the office staff." This showed us that people had opportunities to reduce the risk of social isolation.

Assessments of people's support needs had been made prior to the service providing care and support. This was to ensure that people's care and support needs could be appropriately met by the service. Assessments included the person's background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care plan records showed that people's health care needs were documented and monitored. We saw that where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointments with a health care professional were recorded in the person's care plan records.

We looked at three people's care and support plans during our inspection. We saw that there were detailed guidelines for staff to follow so that they were able to assist with the people's assessed needs and support requirements. Examples of support in care plans included communication guidelines, eating and drinking and dietary needs, assistance with medicines, day and night time routines, preferences regarding how personal care was to be given, safe moving and transferring and healthcare needs. Staff we spoke with were knowledgeable about people's care and support needs. This showed that people's care and support preferences/needs were known and were being met by staff.

Care plans were up to date and we saw samples of regular reviews regarding the care and support that was being provided. We also saw that these reviews showed any significant changes or events that had occurred such as people's activities and changes to health care. We saw that people had individual activities programmes in place which were open to change should the person decide to do another activity. Examples included visiting local day services, arts and crafts centres, shopping, day trips and assistance with daily living routines including assistance with daily chores and assistance with cooking. We saw that there was a 'communication book' in place so that staff were informed of any significant changes or updates to people's care and support needs.

People could be assured that their complaints were listened to, recorded and investigated. A copy of the service's complaints procedure was made available to people and also in alternative formats if people required this. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. We saw the complaints log and saw correspondence in place that

demonstrated that complaints had been appropriately investigated and resolved.

People told us that they knew who to speak with if they had any concerns about the care and services being provided. No one we spoke with raised any concerns about the service. One person told us that, "I always talk to the staff if I ever have any worries and they help sort things out with me."

Is the service well-led?

Our findings

People who use the service, their relatives and staff were asked for their views about their care and support provided by the service. This was in various ways such as a face to face meeting and during care plan reviews. People told us that they had regular contact with the registered manager, senior staff and support workers. The service provided a positive and open culture. Staff members told us that there was a supportive staff team and that they got on well together. People we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said, "I can always speak to the staff and they listen and help me with any worries I have."

A relative said, "I often visit my [family member] and they [registered manager and staff] always talk with me about things that are going on with my [family member] and anything that is happening." Another relative said "The [registered] manager has been excellent at sorting out any concerns and they provide good leadership and are keen to provide a good quality service".

All the staff we spoke with were aware of their role in reporting any concerns or incidents of poor care practice in accordance with the service's whistleblowing policy. Whistle-blowing occurs when an employee raises a concern about poor practices they become aware of at work. Staff told us they would be confident in reporting to the registered manager and external agencies about any concerns they had witnessed regarding any poor care practices.

Staff told us that they were encouraged to be actively involved in the running and the development of the service to further enhance the lives of people they supported. Staff also told us that there were regular staff meetings which provided opportunities to discuss care issues, new initiatives and ideas for development. Minutes of recent staff meetings demonstrated that care and development issues were discussed.

People told us they had opportunities in the 'tenant meetings' and individually in talks with staff to raise any issues or concerns they have. Surveys were conducted with people using the service and their relatives to monitor their views of the support that was being provided. The results of surveys were analysed. Results of the 2017 surveys showed that people were satisfied with the service. Actions for improvement were put in place. Examples included putting up noticeboards in communal areas to advertise forthcoming activities and tenant meetings.

The registered manager and senior staff undertook audits regarding people's financial records, medicine administration, recruitment, staff training and supervision meetings. Any areas for action were highlighted and an agreed action plan was put in place to deal with concerns or shortfalls.

We also met two of the organisation's operational managers during our inspection. They told us that they were regularly in contact with the registered manager to audit the service and monitor any action plans and drive forward improvements where needed. The registered manager confirmed this to be the case and said that they felt supported by the organisation's management team. Examples of this included monitoring recruitment, training, care planning and following up on any accidents/incidents. This showed us that the

provider had systems in place to monitor the quality of service being provided and to make ongoing improvements.

The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required.

The registered manager and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. These included comments from care managers at the local authority who were in regular contact with the service. Comments were positive, they felt that any concerns and issues were proactively dealt with, and that communication and any queries with the service were responded to promptly and professionally.