

Voyage 1 Limited

Voyage (DCA) (West Midlands)

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 

Overall summary

This inspection took place on 9 February 2015 and was announced. We gave the provider 48 hours notice that we intended to inspect the service. This allowed the provider time to collect information about the care people received in their homes which we might have wanted to review.

Voyage (DCA) (West Midlands) is a domiciliary care agency which provides care to people who have learning disabilities in their own homes and in supported living

schemes. At the time of our inspection 35 people were receiving personal care from the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

Summary of findings

At our last inspection in May 2014 the provider was compliant with all the regulations we looked at.

All the people we spoke with told us that the service protected people from the risk of harm. Staff knew how to recognise when people might be at risk of harm and how to respond and the provider had made relatives aware of how to raise concerns. There were enough staff to safely meet people's needs.

Staff received regular training and were confident they had the skills and knowledge to meet people's need. The relatives expressed their confidence that staff looked after their loved ones very well. Staff received training updates as people's conditions changed so they knew how to meet people's current care needs.

The provider was aware of their responsibilities under the Mental Capacity Act 2005. Staff knew how to obtain consent from people and best interest meetings were held when assessments identified that people lacked capacity. Staff often signed care plans when people were unable to sign themselves. There was a risk that staff would not be impartial to people's needs.

People received sufficient nutrition to keep them well. When necessary the provider arranged for people to be supported by other health care providers to ensure they maintained their health.

Staff spoke affectionately about the people they supported and relatives told us that staff were very caring and compassionate. The provider respected people's privacy and dignity and supported people to be as independent as they wanted.

The provider was responsive to people's care needs and respected their wishes. People were supported by staff they said they liked and were supported to maintain relationships which were important to them.

People were regularly encouraged to comment about the service they received and felt confident the provider would respond to their concerns. The provider had a process to review concerns and incidents to identify how to reduce the risk of similar events from reoccurring.

Staff felt supported by the manager and understood their roles and responsibilities.

The provider had an effective system in place in order to evaluate the quality of the care they provided. The provider took prompt action when necessary in order to improve the quality of the service.

Summary of findings

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 safe. Staff knew how to recognise when people were at risk of abuse and take the appropriate action.

The provider had ensured there were enough staff to meet people's care needs.

The provider had identified when people were at risk of harm and taken action to reduce the likelihood of it occurring.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective. People were supported by staff who had the skills and knowledge to meet their care needs.

Staff supported people to eat and drink enough to keep them well.

The provider supported people to access other health care professionals in order to maintain their health.

Good



Is the service caring?

The service was caring. Staff knew people's personal preferences and ensured care was provided in line with these wishes.

People had built up caring relationships with the members of staff who supported them.

The provider respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. The provider responded to people's wishes when supporting them with care.

People felt confident to contact the provider and that the provider would respond to their concerns.

Good



Is the service well-led?

The service was well-led. Staff expressed their confidence in the service's leadership and understood their roles and responsibilities.

The provider conducted regular checks to evaluate the quality of the service.

The provider took action to improve the quality of the service.

Good



Voyage (DCA) (West Midlands)

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 9 February 2015 and was announced. We gave the provider 48 hours notice that we intended to inspect the service. This allowed the provider time to collect information about the care people received in their homes which we might have wanted to review.

The inspection team consisted of two inspectors. We visited the provider's office, met with a person who used the service in their own home and spoke to people who used the service, their relatives and staff by telephone.

Before the inspection, we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service, the relatives of five other people, the registered manager and six members of staff. We visited one person in their home to observe how their care was provided. We looked at records including four people's care plans and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised.

After our inspection we spoke to a person who commissioned the service to obtain their views of the care people received.

Is the service safe?

Our findings

All the people who used the service and their relatives told us they felt the service kept people safe. Relatives we spoke with told us; “[My relative] tells me they feel safe and trusts their carer”, “They respond quickly to any signs of ill health” and “I am sure people are safe.”

We spoke to six members of staff and they were all able to explain the provider’s policy for keeping people safe. This included an awareness of how to recognise when people might be at risk of harm and the provider’s process for reporting any concerns. We noted this was in line with local authority safeguarding practices. Staff said they received training in how to safeguard people from harm and records confirmed this. The registered manager explained how they worked with other agencies when they had received information of concern in order to keep people safe. The provider had conducted investigations when people had been at the risk of harm in order to keep them safe and reduce the risk of incidents from reoccurring. Relatives told us that they had received information from the provider about the actions they could take if they felt a person was unsafe and felt confident to do so. This protected people from the risk of abuse.

The provider took action to ensure people were supported safely and respected people’s rights to receive care in line with their wishes. This included conducting assessments to identify any risks of harm and how they could be reduced. Staff we spoke with said care records contained information which enabled them to support people safely and guidance about the risks associated with their specific condition. Staff we spoke with were available to demonstrate these preferences and relatives told us that they were regularly involved in supporting people to express their views and how they wanted their care to be

delivered. Care records were regularly updated to reflect people’s care needs and wishes as they changed. This protected people’s rights to express their choices and control how they were supported.

All the relatives we spoke with told us that they felt there were enough care staff to meet people’s care needs. A person told us that their relative was always supported by the same group of staff. Staff we spoke with also told us there were enough staff to meet people’s care needs and records showed that staff attended people at the required time and people were supported by the correct number of staff identified as necessary in their care plan. The registered manager had access to the provider’s pool of bank staff to ensure that appropriate staffing levels were maintained. Relatives and staff told us that when people were supported by bank staff, they were usually known to the person and were knowledgeable about how to meet people’s specific care needs. The provider had ensured that there were enough suitable care staff available to meet the needs of the people who used the service.

People’s medicines were managed safely. Staff were able to explain the provider’s medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines appropriately. Medicines were stored appropriately to ensure they were safe and maintained their effectiveness.

People’s care records contained details of the medicines they were prescribed, any side effects, and how they should be supported in relation to medicines. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when this should be used. The manager conducted audits to check that people had received their medicines as prescribed and had taken the appropriate action when errors had been identified. Therefore the people received their medicines in line with their care plans.

Is the service effective?

Our findings

All the relatives we spoke with expressed confidence that people were supported to live their lives in the way they chose and said people experienced good care from the service. A relative told us, “Staff give excellent care,” and “[person’s name] is happy and well cared for.” Another relative told us, “This is a very good service, I am really pleased how they look after people.” A person who commissioned care for some of the people who used the service told us that they had no concerns about the service and said that the provider had worked effectively with them to ensure people received the care they needed.

Staff we spoke with all expressed their confidence in the service’s ability to meet people’s needs. The registered manager told us it was important to them that the service met people’s individual needs and that, “We don’t want people to lose their identity.”

Staff told us that they supported the same people and had managed to build up a detailed knowledge and understanding of their specific care needs. For example a member of staff was able to explain how they supported a person who exhibited behaviour which could challenge other people so that they and others were kept safe. Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. We saw that staff had undergone additional training when necessary so they could continue to support people as their care needs changed. Staff had the skills and knowledge to meet people’s specific needs.

Due to people’s specific conditions most of the people who used the service had limited verbal communication skills. Staff however were able to demonstrate they had the necessary skills to communicate effectively with people who used the service. A member of staff explained how a person they supported liked to be spoken to in short, simple sentences without, “Abbreviations no one can understand.” The relative of a person who used the service told us that care staff were able to communicate with a person because they had learnt what the person’s eye movement and body gestures meant. People also had access to communication aids such as pictures and photographs to help them express their views. This ensured that people were well matched with the staff who supported them.

The registered manager and staff we spoke to understood the requirements of the Mental Capacity Act 2005 (MCA). Staff were able to explain how they sought people’s consent to the care they received. A member of staff told us, “[Person’s name] is better at understanding things in the morning, that is the time to discuss things.” Another member of staff confirmed they had received training in the MCA and could identify when decisions might need to be made in people’s best interests. Best interest meetings had been held when people were felt to lack capacity and records of one best meeting showed how a person was supported to go on a holiday of their choice without spending too much money. We saw that when possible people had signed their care records to state they consented to how their care was going to be delivered and people were also involved in regular reviews of their care. We noted however that when a person was unable to sign, a member of staff often signed on their behalf. There was no evidence that staff had the right to consent on behalf of people who used the service.

Relatives told us that staff knew how to support people to eat and drink enough to keep them well. Staff expressed a good knowledge of what people liked to eat and if they had any dietary preferences. When a person had been identified of being at risk of choking, we saw that staff had received training in their specific condition and care records contained guidance about how to keep the person safe. There were care plans for people who were known to be at risk of malnutrition and records which monitored their nutritional intake and weight were up to date. When necessary the provider had supported people to access support from a nutritionist in order to identify a healthy eating plan. People were supported to eat and drink enough to keep them well.

People were supported to maintain their health and welfare. Relatives told us they had regular discussion with the manager about the support people needed and how they could support their relative who used the service to stay well. We saw that when necessary the provider had involved other healthcare professionals such as dieticians, in people’s care. A relative also told us that the provider had supported a person to attend health care appointments in the community when they had been unable to provide support.

Is the service caring?

Our findings

A person who used the service told us they thought staff were very caring. They told us, “They refused to give up on me [when the person became unwell]”. A relative told us, “Staff are outstanding individuals.” Another relative said, “Staff are very careful and thoughtful.”

A relative told us that they were once called at home by a member of staff to reassure them that the person whom they had been visiting earlier in the day was no longer upset by their departure. The relative said they could hear the person laughing and talking in the background and felt this was down to the compassion and caring nature of the member of staff supporting them.

All the staff we spoke with said they enjoyed supporting people and spoke affectionately about the people who used the service. Staff knew how people wanted to be supported and we saw that staff had supported them to enjoy the interests they said they liked. Staff told us that they constantly supported the same people and this had enabled them to build up close relationships. Care records contained details which enabled staff to deliver care in line with people’s wishes and preferences.

People were supported to express their views about their care. Relatives we spoke with told us that they felt listened

to and their views were respected. Staff knew people’s specific communication needs and how to present information in ways which meet people’s personal preferences. The provider conducted spot checks to observe how staff supported people in their own homes and regular quality reviews to check that people were receiving care which met their needs and was in line with their wishes. This enabled people to have their needs regularly assessed.

Relatives told us that staff supported people’s privacy and dignity. The relative of a person who used the service said, “Staff teach him to be more private with his personal care.” Another relative told us, “Staff are very good at protecting [person name] privacy and dignity.” Staff we spoke with said they had received training in how to respect people’s privacy and dignity and there was guidance available in people’s care records. Care records identified when people wanted to be supported by staff of the same gender and both staff and relatives told us this was respected when staff provided personal care.

We observed a person being supported in their own home and saw that they were encouraged to support themselves as much as they wanted to. Records showed that when possible people were also supported to prepare meals, wash laundry and clean their homes. This helped people to maintain their independence.

Is the service responsive?

Our findings

People told us that the service responded to their care needs. A relative of a person who used the service said, “Staff help [person’s name] make choices based on information [they have for him].” Another relative said, “We are fully involved and included in regular reviews and development of the care plans,” and “Staff are very responsive to any signs of ill health by seeking advice from the GP.”

The provider responded to people’s wishes when supporting them with care. People were supported by staff they said they liked and care plans contained sufficient information for staff to know people’s preferences. A member of staff explained that a person liked to go out for lunch and how they supported them to do this, we noted this was in line with the person’s care plan. Relatives we spoke with told us that people were supported to visit their families and maintain contact with people who were important to them. We noticed that two of the people who used the service had a close relationship. Care records contained details of how these people had expressed they wanted to be supported in maintaining their relationship and staff we spoke to were able to demonstrate that they supported the people in line with their wishes.

People were supported to comment about the service they received. Relatives told us that the provider asked for their opinions on the service and they were regularly invited to reviews about the care people received. This supported

people who used the service to express their views and all the people we spoke to felt that care plans reflected people’s care need and how they wanted their care to be delivered.

Relatives told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. One person told us, “The manager is very approachable,” and, “We only once raised a minor issue and it was dealt with immediately.” Another person also told us that they had only needed to raise small issues and these had been dealt with appropriately and in good time. Relatives told us that they had received information about the provider’s complaint policy when they joined the service and confirmed that this information was also available in people’s homes. People felt confident to contact the provider and that the provider would respond to their concerns.

The provider had a process to review incidences to identify any common themes. This meant the provider had a system to learn from untoward events. The relative of a person who was subject to a safeguarding investigation by the provider told us that the registered manager had kept them informed of their investigation and put measures in place to protect the person from the risk of harm in the future. The relative said they were pleased with how the registered manager had responded. Records showed that the registered manager had taken action when concerns were raised in order to protect people from harm or the risk of harm. This included conducting investigations and raising alerts with the local safeguarding authority when appropriate.

Is the service well-led?

Our findings

People we spoke with said that they were happy with the care they received and how the service was managed. Relatives told us they felt the provider included them in how people were supported and notified them promptly if people's care needs changed. A person told us, "They make the family feel included in all aspects of [person's name] care." Another person said, "The manager is very approachable and staff keep me informed on a weekly basis."

Staff we spoke with all said they enjoyed working for the service. One person told us, "I have been here for six years, it's lovely." Another member of staff said, "You can raise anything and are always dealt with appropriately. You feel you are valued". The provider promoted a positive culture.

Staff said the senior management team was approachable and responded to their concerns promptly. One person told us, "Managers are responsive and always return your call immediately." Care staff also told us that senior managers were available when they were working outside of normal office hours. One person told us, "I have good 24/7 access to the on call manager for advice and support if such an occasion rose." Staff had access to support and guidance when they needed it.

Staff had regular supervision and staff meetings. Staff told us they could openly express their views of the service without fear of recrimination and that the provider welcomed their comments. During our inspection we observed a staff meeting and saw they care staff were

encouraged to speak up and the manager made suggestions on how the service could be developed based on the views people expressed. This enabled the provider to share their visions of service and review how the culture of the service was developing.

All the people we spoke with told us that they were supported to comment on the quality of the care they received and how they wanted care to be delivered. This included meetings with senior staff to express their views. Staff had regular contact with senior staff to review their performance and identify their concerns and support needs. Records showed that the provider had taken action when staff raised concerns such as requiring additional training or reviewing people's care needs. The provider promoted a positive and empowering culture.

The service had a registered manager who understood their responsibilities. This included informing the Commission of specific events the provider is required to notify us about by law and working with other agencies to keep people safe and protect their human rights.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider monitored complaints, incidences and accidents and kept a log of each event. Records were reviewed for common themes and the provider had identified what action they needed to take in order to improve the quality of the service people received. These included how people were supported to attend college and reviewing people's care plans with other health care providers when their needs changed.