

Voyage 1 Limited

# Nottingham Supported Living (DCA)

## 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 took place on 30 and 31 December 2015. Nottingham Supported Living (DCA) is a supported living and outreach service which provides personal care and support to people in their own home and in various supported living services across Nottinghamshire. On the day of our inspection 29 people were using the service.

The service had a registered manager. 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.

People felt safe and were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed and appropriately managed and people were supported by a sufficient number of staff. People received the support they needed to safely manage their medicines and were encouraged to be as independent as possible in the management of their own medicines.

Staff had the knowledge and skills to care for people effectively and felt well supported. People received the level of support they required to have enough to eat and drink and were supported to access a range of healthcare services.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. Where people had the capacity they were asked to provide their consent to the care being provided.

People were treated with kindness and respect by staff. Caring relationships had been developed and people were supported by staff who understood their personalities and sense of humour. People and their relatives were able to be involved in the planning and reviewing of their care. Staff supported people to make day to day decisions.

People were provided with support that was responsive to their changing needs and staff helped people to maintain any hobbies and interests they had. People felt able to make a complaint and the provider had taken action to raise awareness of the complaints procedure. There was an appropriate response to any complaints received.

The culture of the service was open and honest. People and staff gave their opinions on how the service was run and their suggestions were implemented where possible. There were effective systems in place to monitor the quality of the service and a service improvement plan ensured that improvements to the service were made.

## 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.

People received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs.

People received the support needed to manage their medicines.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received support through training and supervision.

People were able to provide consent and where people lacked capacity their rights were protected.

People were supported to eat and drink enough and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive and caring relationships with them.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received person centred support and staff were responsive to their needs. People's care plans were regularly reviewed and updated.

People felt able to raise any concerns and complaints were appropriately investigated and responded to.

**Is the service well-led?**

The service was well led.

There was an open and positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care provided met people's needs.

**Good** ●

# Nottingham Supported Living (DCA)

## **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.

We visited the service on 30 and 31 December 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and asked them for their views. 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.

During our inspection we visited four supported living properties and spoke with nine people who were using the service. We also spoke with three relatives, four members of care staff and the registered manager. In addition, we visited the office and looked at the care plans of four people and any associated daily records such as the daily log and medicine administration records. We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records.

## Is the service safe?

### Our findings

The people we spoke with told us they felt safe when staff were caring for them. One person said, "Yes, I do feel safe." Another person said, "I am safe, it's nice here." The relatives we spoke with also felt their loved ones were safe while receiving care from the staff. One relative said, "I do feel [my relative] is safe, I don't worry about them."

People were supported by staff who knew what to do to keep them safe and the action they would need to take to report any concerns. Staff told us they would not hesitate to report anything of concern and knew about the different types of abuse which can occur. Staff had confidence that the registered manager would take appropriate action about any concerns they may have and also knew how to report concerns directly to the local authority. Staff were provided with the required skills and development to understand their role in protecting people. Relevant information had been shared with the local safeguarding authority when any incidents had occurred.

Steps had been taken keep people safe and reduce the likelihood of harm. Staff understood the situations when people could be vulnerable and ensured that they supported them appropriately. People's care plans contained information about how staff should provide support to keep them safe which matched what staff told us. For example, several care plans noted that people may be vulnerable if carrying money and bank cards when out in the community. Appropriate steps were taken to ensure that people had access to their money whilst reducing the risk of abuse occurring. Staff also told us that they felt able to manage any situations where people may be affected by the behaviour of others and that people generally got along well together.

The risks to people's health and safety were assessed and managed without restricting their freedom. This was confirmed by the relatives we spoke with who felt that staff took appropriate steps to reduce risks to people's health and safety without restricting their freedom. One relative said, "I do feel that staff are aware of the risks and do what they can."

Staff carried out assessments to determine the level of risk to people covering areas such as the risk of falling and risks associated with people going out of their home. We saw that appropriate measures were put into place to reduce risks, such as ensuring people had access to the equipment they needed. There was also an emphasis on positive risk taking which enabled people to carry out the activities they wanted to with safety measures in place. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these. The care plans we looked at described how to manage risks whilst also supporting the person to carry out tasks for themselves.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received training in how to operate different equipment people used, such as specialist hoists to transfer people into and out of their bed and bath. The registered manager ensured all parties were happy that equipment could be safely used prior to a care package starting.

People told us there were sufficient numbers of staff to meet their needs. One person said, "There seems to be enough staff. They are always here when they are supposed to be here." Another person told us, "Yes there are enough, I get to go out every day." The relatives we spoke with told us there were enough staff to meet their loved ones needs. One relative said, "They are always on time and never let us down yet." Another relative told us that, whilst there had been some staff turnover, there were always enough staff to meet people's needs.

We saw that there were enough staff available to meet people's needs. The service was contracted to provide a certain number of support hours to people each week and this was used to devise staff rotas. Each supported living service had its own pool of staff and managed their own rota. There was also a bank of staff available to work between different services and cover for sickness. There was also a pool of staff who provided support to people who did not reside in a supported living scheme. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

Recruitment was underway to fill a vacancy and the registered manager told us they were supported by the provider to have enough staff employed to meet people's needs. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they received the support they required to safely manage their medicines. One person showed us that they managed a supply of their own medicines with support from staff. The person confirmed to staff that they had taken their tablets and felt that this arrangement gave them more independence and control over their life. Another person told us, "I tell staff when it's time to take my tablets, I always get them." The relatives we spoke with confirmed that staff provided the support their loved ones required to manage their medicines.

Staff were able to clearly describe the different levels of support each person needed to manage their medicines. Some people required full staff support to order and take their medicines, whilst others were able to self-administer their medicines. People's care plans contained information about what support, if any, they required with their medicines and this matched what staff told us. Staff completed medication administration records where required to confirm whether or not people had taken their medicines and these were generally well completed. Where staff stored people's medicines for them, they ensured this was done safely. Staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent.

# Is the service effective?

## Our findings

The people we spoke with told us that staff were competent and provided effective care and support for them. One person said, "Staff are good, they know what they are doing." Another person pointed out a specific member of staff stating, "They are good." The relatives we spoke with also confirmed that staff seemed to be competent and well supported. One relative said, "They do appear to be a happy group of staff." Another relative commented that staff were competent and well trained.

People were supported by staff who were provided with relevant knowledge and skills through training and supervision. The staff we spoke with told us they received the training they needed to carry out their duties competently and felt the quality of training was good. One staff member said, "The training has been excellent. I particularly like the face to face training." Records confirmed that staff received training relevant to their role, such as safeguarding and first aid. Staff's competency and understanding of their training was assessed. There was a system in place to ensure that training was refreshed at regular intervals and staff remained up to date with their training.

Regular supervision was provided and staff told us that they felt supported by their line manager and the registered manager. There were also periodic observations of staff practice carried out to assess staff competency and provide constructive feedback. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. New staff were provided with a thorough induction which included training and shadowing more experienced staff. A newer member of staff told us that they had been given plenty of time to get to know the people they would be supporting. In addition, staff also received an annual performance appraisal.

People told us they were very involved in their care and support package and staff made sure that they obtained consent from them. One person said, "Staff always ask me what I want." Another person told us, "I have signed my care plan and was involved in doing that." The relatives we spoke with told us that staff always asked for consent from their relation before delivering any care. One relative told us that they remained involved in their loved one's care plan and had provided consent for the care package.

The registered manager told us people and, where applicable, their relatives were fully involved in the creation of their care plan and were asked to provide consent. This was also confirmed by discussions with staff who emphasised the importance of gaining people's consent. The care plans we viewed had been signed by the person using the service where they were able to do so. This confirmed they had provided their consent to the support package that was in place. Where a relative was involved in decision making and care planning they had signed the care plan to provide their consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) and ensured their best interests were considered. The staff we spoke with understood what the MCA is designed to do and described how they supported people to make decisions where possible. When a person had been deemed to lack capacity to make a decision an assessment of their capacity had been carried out, as required by the MCA. We saw that appropriate people had been involved in the process of making a decision and a care plan put into place which reflected the decision. Staff were aware of such decisions and told us that they still helped people to make their own decisions where possible.

People received the support they needed to eat well and staff enabled people to exercise a level of independence suited to their skills. Some people told us that they prepared their own meals with minimal support from staff. One person said, "I do all my own shopping and prepare the food. Staff just take the food out of the oven for me." Other people were more reliant on staff to prepare their meals and this information was clearly documented in care records. The relatives we spoke with felt that their loved ones received the support they needed to eat well and have sufficient to drink.

Staff had a detailed knowledge of people's support needs regarding eating and drinking. This support was provided in a way which met people's individual needs. The registered manager told us the focus was on enabling people to be as independent as possible and we saw this was the case when we visited each property. Where people required more support, staff provided this and also monitored people's intake of food and drink. One person had set themselves a target to lose some weight and was being supported by staff to manage their food intake to support this goal. We saw that the person had achieved this target and was proud of their achievement and commented that staff had helped them with this.

Information about people's dietary requirements, likes and dislikes was available in care plans and staff were aware of this. Where people lived in a supported living property they planned their own menus on a weekly basis so they could eat the food they enjoyed. Staff told us that they also provided advice to people on healthier choices.

The people we spoke with told us that staff helped them to make healthcare appointments and, if required, would also attend the appointments with them. One person said, "Yes staff will call the doctor for me." Another person said, "I make my own appointments but like the staff to go with me." The relatives we spoke with were confident that staff ensured people had access to appointments with healthcare professionals when it was necessary. One relative said, "They will let me know if an appointment has been made and update me afterwards."

The staff we spoke with explained that they generally made healthcare appointments for people, although some people managed this independently. We were also told that a member of staff would always be available to attend the appointment if it was required. The records we saw confirmed that people had access to a range of healthcare services such as their GP, dentist and the Speech and Language therapy (SALT) services. Where guidance had been provided to staff this had been implemented into the person's care plan and followed in practice. For example, one person had been referred to the SALT service because they were unable to communicate verbally. Advice and guidance had been provided to staff and we saw that this was followed in practice.

## Is the service caring?

### Our findings

The people we spoke with were complementary about the staff who supported them and told us that all staff were caring. People also commented that staff took the time to build positive relationships with them and we observed this to be the case during visits to the supported living properties. One person said, "All of the staff that work here are really nice and we get on well." Another person told us, "The staff are very nice, we have a laugh together." The relatives we spoke with also commented that staff seemed to be genuinely caring and had developed positive relationships with their loved one. One relative said, "I regularly see the staff when I visit [my relative] and I am made to feel welcome. They have got to know [my relative] very well."

People were cared for by staff who enjoyed working at the service and valued the relationships they had developed. One member of staff told us, "I really love my job and enjoy spending the time with people." During our visits to supported living properties we observed that staff had positive relationships with people. Staff spoke in a warm and friendly way and also enjoyed appropriate banter and sharing jokes with people. It was evident that staff understood each person's personality and were aware of differences in people's preferences about their care. Where possible, the same staff worked at each property so that relationships could be developed over time. Staff told us they appreciated this consistency and found it helped them build relationships with people.

The positive comments we received were also backed up by the information we saw in care plans. These contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people.

People and, where appropriate, their relatives were involved in making decisions and planning their care. One person said, "We reviewed my care plan recently." Another person told us, "I decide what I want to do and occasionally we'll review my care plan." The relatives we spoke with told us that they were involved in making decisions where it was needed and felt their loved one was as involved as they were able to be in planning their own care. One relative said, "I did attend a review with the manager and care staff recently."

Staff described how they involved people in day to day decisions relating to their care and emphasised that giving people choice was central to their role. For example, people made choices in many aspects of their care and support, such as what they wanted to eat and what activities they wished to carry out. Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed with people if they wished to be involved in this process. Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "All of the staff are very nice to me." Another person said, "Yes the staff treat me with respect." The relatives we spoke with felt their loved ones were treated with dignity and respect by staff. One relative said, "The staff have all come across as being polite and respectful." Another relative told us, "I would be able to tell if

something was wrong but my relative seems very happy with the staff."

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. During our visits to the supported living properties we observed that staff spoke with people in a respectful manner. Staff told us they treated people as they would wish to be treated themselves and we observed that people were involved in all conversations. Staff explained how they ensured people's privacy was protected, such as by closing curtains and doors and encouraging people to carry out their own personal care where possible.

## Is the service responsive?

### Our findings

The people we spoke with told us they received the support they needed and it was provided in a person-centred way. One person said, "I do get the help I need." Another person told us, "The staff are always there if I need them, they are very good." The relatives we spoke with told us that their loved ones received the care they needed, one relative said, "[My relative] is well supported. The staff try to let them do some things for themselves as well."

Before people started to use the service the amount of hours support they needed was agreed so that staffing could be planned accordingly. The registered manager told us there were occasions when people did not always need all of their support hours each week. However, when this happened the extra hours were accumulated so that they could be used to provide additional support, such as accompanying the person on a day trip. Staff responded to what people wanted and adapted the support they provided according to this. For example, during the Christmas holiday period people's usual activities were not all available so alternative arrangements were made. Staff had helped some people to arrange a New Year's Eve party in their property.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. The care plans we viewed contained detailed and up to date information about people's needs. These were reviewed on a regular basis and we saw that changes were made when required. For example, it was noted that one person was not enjoying their regular activity as much as previously. Changes were made based on this information and communicated to staff.

Staff supported people to carry out any hobbies and interests they had which helped to avoid social isolation. One person enjoyed being part of a local drama group and staff helped them to attend this. Another person had a keen interest in various forms of transport and staff had arranged for them to spend time at a place of interest to them. The staff told us that, whilst they could sometimes find it difficult to keep paperwork up to date, they found that they had sufficient time to spend with people providing the support they needed. The paperwork we saw was generally fully completed and reflected the care and support staff had provided to people.

The people we spoke with told us they would feel comfortable raising concerns and making a complaint and knew how to do this if needed. One person said, "If I needed to I would speak to the manager." The relatives we spoke with also felt they could make a complaint if required, but had not needed to do so. Our pre inspection survey highlighted that not all relatives were aware of the formal complaints procedure. This had already been recognised by the provider in their annual review of the service. Action had been taken to raise awareness of the complaints procedure and people and their relatives had been provided with information about how to make a complaint.

We looked at the records of complaints received in the 12 months prior to our inspection and saw that they had been investigated and resolved to the satisfaction of the complainant. Where required, prompt action

was taken to improve the service based on the findings of the complaint investigation. The provider had recently adapted their complaints procedure to make it easier to understand and more accessible for people and relatives based on feedback received. Many compliments had also been received and staff told us that this positive feedback was passed on to them.

## Is the service well-led?

### Our findings

People benefitted from an open and honest culture within the service and told us they felt comfortable speaking with staff. One person said, "The staff are very approachable." Another person told us they would feel able to contact the manager if they needed to. The relatives we spoke with told us they would have no hesitation in contacting any member of staff or the registered manager. One relative said, "I can normally resolve any issues with the staff but I can contact the manager as well if I need to."

The staff we spoke with told us there was an open culture where they felt able to raise concerns, make suggestions and to be honest about any mistakes that may have been made. There were regular staff meetings and we saw from records that staff were able to contribute. The staff we spoke with felt that their feedback was taken on board and acted upon where possible. These meetings were held within each supported living property as well as at a senior level. This ensured that any issues at a local level were discussed by senior staff and the registered manager. This informed a service wide action plan which monitored improvements. When any incidents occurred these were thoroughly documented by staff and reviewed by the registered manager. An analysis was carried out to identify any emerging patterns or trends so that action could be taken.

The staff we spoke with told us they occasionally saw the registered manager, although acknowledged it was difficult for them to visit more often. Staff felt confident in speaking with their immediate line manager and told us they were comfortable raising any concerns or ideas they may have. The registered manager acknowledged that they were not able to visit service users and staff as frequently as they would like. However they were always available via telephone and there were management structures in place which allowed staff to discuss any concerns they may have. People were supported to maintain links with their local community such as by attending various local groups. Staff provided people with information about places and activities which may be of interest to them.

The service had a registered manager and they understood their responsibilities. The people we spoke with told us the registered manager demonstrated good leadership skills and they knew who the registered manager was. One person said, "The manager came to my care plan review. They are nice." The relatives we spoke with felt that the service was well-led and organised. People commented that when they had cause to contact the office their calls had been handled promptly.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were assigned to designated groups of staff, such as producing staffing rotas and the reviewing of care plans. Staff told us that sufficient resources were provided to maintain the quality of the service. The registered manager confirmed that they were given some flexibility within their budget and it was sufficient to ensure they could meet people's needs. Relevant updates in legislation and care sector guidance were circulated to staff so that they remained up to date with requirements relating to their role. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People were asked for their views about the quality of the service they received. Questionnaires had been recently given to people and relatives and the responses indicated a high level of satisfaction with the service. Any comments that had been made were individually responded to and this demonstrated that people's comments were taken seriously. In addition, there were regular 'house meetings' for people to attend. We reviewed the minutes of recent meetings which showed that people were able to discuss issues important to them, such as purchases for their home and upcoming activities.

The quality of the service people received was regularly assessed and monitored by a range of audits and spot checks. Detailed quarterly audits were carried out at each supported living property which identified any areas for improvement, which were monitored to ensure that action was taken. In addition, spot checks and observations were carried out on staff across all parts of the service. Recent audits had identified that paperwork relating to the Mental Capacity Act (2005) had not always been completed. We saw that improvements had been made in this area and the registered manager continued to monitor this.