

Voyage 1 Limited

Voyage (DCA) Warwickshire

Inspection report

Stretton Lodge
68 Plough Hill Road, Galley Common
Nuneaton
Warwickshire
CV10 9NY

Tel: 02476399170

Date of inspection visit:
31 January 2018

Date of publication:
19 February 2018

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

Voyage (DCA) Warwickshire provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived at 27 individual flats within two supported living complexes and at 12 additional one, two or three bedroomed houses and flats across Warwickshire.

Not everyone using Voyage (DCA) Warwickshire receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. Thirty-eight people were receiving support with the regulated activity of Personal care at the time of our inspection visit.

At the last inspection in December 2015, the service was rated Good overall and in safe, effective caring and responsive. Well-led was rated as Requires Improvement. At this inspection we found the service remained Good in safe, effective, caring and responsive, and had improved from Requires Improvement to Good in well-led. The overall rating remains Good.

There was a registered manager in post. 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.

Since our previous inspection in December 2015, we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The provider had taken action to improve the management and governance of the service since our previous inspection. Their improvement plan included the dates the improvements would be completed by and named the member of management responsible for ensuring the agreed actions were taken.

The provider had implemented a revised management structure that ensured senior staff were supported to carry out regular quality assurance checks at a specified number of properties. Any issues identified during the audits were collated into a service-wide action plan to enable the whole staff team to learn from each other's practice.

The provider has supported the registered manager with a recruitment campaign, which had reduced the level of staff vacancies and the need to use agency staff, and thereby minimised the risks of medicines

errors. Medicines management and administration was subject to daily, weekly and monthly checks, to ensure any errors, omissions were identified and acted on promptly.

Field support supervisors had been appointed, with defined responsibilities for quality assurance work and supervision of support workers. The provider had implemented an electronic call monitoring system that ensured they knew immediately whether staff had arrived at people's homes as planned.

People were protected from the risks of abuse because support workers were trained in recognising and reporting any safeguarding concerns. The provider checked support workers were suitable for their role before they started working for the service and made sure there were enough support workers to support people as agreed.

Risks to people's individual health and wellbeing were identified with the person and their representative and care was planned to minimise the identified risks. People had health action plans and were supported to obtain healthcare services when required.

People were cared for and supported by support workers who had the skills and training to meet their needs effectively. People were supported to eat and drink enough to maintain a balanced diet that met their preferences.

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

People and support workers felt well cared for. The registered manager and support workers understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Support workers were happy working for the service. People were supported and encouraged to maintain their interests and links with the local community, in accordance with their agreed support plans. Support workers respected people's right to privacy and supported people to maintain their dignity.

People and relatives were confident any complaints and concerns they raised would be dealt with. People and their relatives were encouraged to share their opinions about the quality of the service at annual service reviews and six monthly care reviews.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved from Requires Improvement to Good.

The provider had improved the management and governance of the service, with robust quality assurance processes and procedures, including improvement action plans. Staff recruitment had reduced the need for agency staff and the consequent risks of errors in medicines management. The provider had implemented an electronic call monitoring system, which enabled closer monitoring of the support people received. People's views were sought at regular service reviews and the provider had devised an annual survey which they planned to implement.

Voyage (DCA) Warwickshire

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 comprehensive inspection site visit took place on 31 January 2018 and was announced. The provider was given short notice because the location provides a domiciliary care and supported living service; and we needed to be sure that someone would be available to spend time with us. One inspector carried out this inspection.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

The inspection was informed by feedback from questionnaires completed by a number of people using the service, support workers and healthcare professionals. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The provider had agreed to a voluntary suspension on providing further care and support to new people during the Autumn of 2014 and this had been in place during our previous inspection in December 2015. The suspension had been lifted in September 2016, when the service had recommenced accepting new people into the service. During this inspection visit, the provider was working on an on-going improvement plan for the management of the service with the local authority commissioners.

During the inspection site visit at the office, we spoke with two people who received support from the service, the registered manager, the operations manager and the previous registered manager. After our site

visit we spoke by telephone with five people who used the service, four relatives and six support workers.

We reviewed four people's care plans and daily records, and reviewed written records of the checks made when support workers were recruited and the training they attended. We reviewed management records of the checks that senior support workers and the registered manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection in December 2015, and the rating continues to be Good.

People told us they felt safe because they trusted the support workers. A relative told us their relation was always relaxed and at ease when they were with their support worker. We saw people trusted the support workers who supported them to come and speak to us face to face during our site visit. One person told us they had a money box with a key. They said support workers helped them to keep a list of how much they spent, with the receipts, to keep their money safely. Support workers received training in safeguarding and understood the provider's policies for safeguarding people and for reporting any concerns about abuse from staff through the whistleblowing procedure. They told us they had no concerns about how their colleagues supported people, but would share any concerns with the manager if they did. The registered manager understood their responsibilities to refer any concerns to the local safeguarding authority and to notify us when they did.

Support workers were recruited safely, in line with the guidance for safe recruitment of all staff who work in social care. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure support workers were suitable to deliver the service. Support workers told us they were observed in practice, to check they delivered care safely before they worked independently with people

People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of support workers needed, and the actions support workers should take, to minimise risks to people's health and wellbeing. People's care plans were regularly reviewed and their risk assessments were updated when their needs and abilities changed. Support workers told us the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and well-being.

The registered manager told us everyone had a personal emergency evacuation plan in their own home with a 'grab bag' for emergencies. The grab bag, which contained important information about the person, a torch and 'hi-visibility' vest, was checked at monthly health and safety audits by field support supervisors.

People told us their support workers were available to support them during their agreed hours. Each person had an agreed amount of support related to their individual needs and abilities, as agreed with the commissioners of care. People were able to name their usual support workers. They told us they were supported by a regular and consistent team. At the time of our inspection, the staff vacancy rate was low, which enabled consistency in supporting people.

Medicines were managed and administered safely. People's care plans included a list of their prescribed medicines, where they were stored in their home and explained when support workers should administer medicines which were prescribed as 'when required'. People told us they were supported to have their

medicines when they needed them. A relative told us staff understood when their relation should be offered pain relief medicine because the person showed pain by their facial expression. Support workers told us they did not administer medicines unless they were trained in medicines administration, and said there was always a medicines-trained support worker available.

Senior support workers, known as field support supervisors, checked people's medicines every week. They counted the amount of medicines in their home and checked the number matched the amount shown on their medicines administration record (MAR). Where any errors were identified, they were reported to the person's GP and the commissioners. Where an individual support worker was identified as having made an error, they were suspended from medicines administration until they had attended retraining and been signed off as 'competent'.

People were supported to prevent infection in their homes. Staff had training in infection prevention and control and in food safety. People's care plans included information about how to support people to prepare food safely, by washing their hands and using aprons. Field support supervisors' quality checks at each person's home included checking that the environment and equipment were clean and fit for purpose.

Is the service effective?

Our findings

At this inspection, we found support workers had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in December 2015. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Care plans included risk assessments using recognised risk management tools, in line with NICE guidance. People's needs were assessed using nationally recognised risk assessment tools, such as the MUST tool to assess people's nutritional risks. Risk assessments included information about the signs and triggers that might cause a person to become anxious and present behaviour that challenged others. Support workers told us they read people's care plans before they worked with them to make sure they understood people's individual risks, needs and abilities and the actions they should take to support people effectively.

Support workers told us they were provided with all the training they needed to be confident in their practice. New support workers worked with experienced support workers during their induction period, to make sure they understood people's individual needs and preferred routines. Records showed support workers had training in subjects that were relevant to people's needs, such as autism, diabetes and epilepsy awareness.

People and relatives told us support workers had the right skills and attitude to support them effectively. One person told us, "We get on great together. They get on with what they need to do." A relative told us their relation was supported by female staff, because, "They are like a mother figure. They know how to look after [Name]." Support workers told us they felt well prepared, because they had time to get to know people well, before they worked with them independently. They shared information about how people were and any changes in their needs by keeping daily records of how they had supported the person and how the person had responded. Everyone had an individual diary to support them to remember their weekly plans and any healthcare appointments.

There were plans in place for support workers to be introduced to the fundamental standards of care as set out in the Care Certificate during their probationary period. The provider planned for new and recently recruited support workers to attend this training and for experienced support workers to attend any or all of the five days of face-to-face training, related to their needs. Support workers told us they attended individual and team meetings to discuss issues related to the organisation, people's needs and their own needs for support.

People's care plans included information about their dietary needs, and any cultural or religious preferences for food. People were supported to make their own decisions about the meals they ate. People who were more independent told us they were supported to prepare their own meals. One person said, "I do baking, but staff do the oven for me." Where people were at risk of not maintaining a healthy weight, support workers encouraged people to adopt a 'healthy eating' plan. One person's records showed they had an agreed weight loss goal, so they could take part in a new hobby. Their records showed they were half way to

their goal at the time of our inspection.

If people were at risk of poor nutrition, support workers monitored their appetites and weight and obtained advice from people's GPs, dieticians and the speech and language team. People's care plans included details of how to support people with their specific dietary needs. Care plans included information about people's medical history and their current medical risks and needs, to enable support workers to identify any signs of ill health. One person told us, "I go 'low-sugar' shopping with my support worker", which supported their need to manage a health condition.

People told us they were supported to maintain their health through regular appointments with healthcare professionals, such as GPs, nurses and dentists. One person explained how they had learnt to manage their own health. They told us their support worker accompanied them to regular healthcare appointments, and they had learnt how to administer their own symptom-control medicine. People's care plans contained 'hospital passports', which included essential information about their medical history and medicines, as well as their support needs for communicating, eating and drinking.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act. They had assessed people's capacity to make specific decisions about their care and support. Records showed where people were assessed as lacking the capacity to make specific decisions, the decisions were made by a team of people in their best interests. The 'best interest' team included healthcare professionals, their representative and people who were important to them.

People told us they made their own decisions about their day-to-day care and support, and support workers respected their right to decide. People who had the capacity to discuss and agree how they were cared for and supported had signed their own care plan, or asked their representative to sign it. Relatives told us they were involved in the decision making process when decisions needed to be made in people's best interests. People's care plans were being updated to include a 'Decision making profile and who makes which decision' to ensure continuity of decision making. Support workers had training in the MCA and understood the importance of supporting people to make their own decisions.

The registered manager understood the requirement to adopt the least restrictive practice, when people's liberty needed to be restricted in their best interests. They were trialling an innovative strategy for one person to increase the person's confidence and decrease their anxiety in group situations. The person was able to choose by pointing, when they would prefer to wear a fitted, sports top and soft fabric bracelets, instead of the restraints as prescribed at a previous point in their life.

Is the service caring?

Our findings

At this inspection, we found people were as happy with their support as they had been during our previous inspection in December 2015, because they felt support workers cared about them as individuals. The rating continues to be Good.

People told us they felt well supported, because the support workers were kind and caring. They told us, "The staff are good at helping", "They are friendly, we have a good laugh" and "They treat you like a human being. That's so important." Relatives said, "Staff are kindness itself" and "Staff are lovely, always laughing and joking with [Name]".

Support workers told us they enjoyed their job, because they liked working with people. They told us they had plenty of time to read care plans and to get to know people, so they knew their individual likes, dislikes, preferences and routines. Support workers told us, "I'm enjoying the role" and "The staff are all friendly. I feel well supported." Most support workers worked regularly with the same people as part of their support team.

The provider told us the improvements made in recruitment had a positive impact on their ability to allocate key workers and consistently allocate the same small team of staff to each person. The provider's 'keyworker' policy, made sure that each person had a named support worker to look after their interests and to develop a relationship of trust. The provider had introduced an electronic rota, which enabled them to better match people to the same regular support workers, and ensure consistency for holidays and unexpected staff absences.

People and relatives told us they were involved in agreeing how people would be supported. They told us people were encouraged and supported to be independent and express their individuality. A relative told us they had noticed their relation had been supported to grow a beard or to be clean shaven, according to their changing preferences. People told us, "Staff help me keep my glasses clean" and "[Name of support worker] helped me colour my hair." Support workers we spoke with took pride in supporting people to be individuals with their own preferences and lifestyles.

People's care plans included the person's religion, culture, important relationships, family members and significant events, which helped support workers to understand people's habits and motivations. Support workers told us they felt enabled to support people to maintain their individual personal, cultural or religious traditions because they had training in equality and diversity and in 'person centred care'.

People's communication needs and abilities were assessed and their method of communication and the support they needed to communicate effectively was described in their care plan. This information was included in their hospital passport, to ensure healthcare professionals could use the person's usual method of communication.

People told us support workers respected their privacy and promoted their dignity. They said they were supported to be as independent as possible, because staff had a good understanding of what they could do

for themselves and the things they needed support with. One person told us, "I have a shower seat and I can wash my own hair. I just need help to wash my back".

Is the service responsive?

Our findings

At this inspection, we found support workers were as responsive to people's needs and concerns as they were during the previous inspection in December 2015. The rating continues to be Good.

People's care plans were agreed with them and their representatives and families, which ensured care and support was focused on the individual. Each person's care plan contained risk assessments and individual plans to support them, according to their needs. Care plans were reviewed every six months, to ensure changes in people's support needs and preferences were recorded and known to all their support team. One person told us, "I have a care plan and a care plan review. I know changes can be made and the plan adapted." The provider was working on updating the format of care plans to include personal goals where they were agreed with people.

Some people required 24 hour support, which meant support workers were able to handover responsibility and information to the next support worker in the person's support team. Other people only needed support for an agreed amount of hours in the day. In these cases, staff were able to read the person's daily records and staff communication book to know about any changes.

Most people's support package included supporting them to access the community, at agreed destinations or at a pre-agreed range of destinations. One person told us they had a 'planner' to remind them where they would go each day. Other people told us they chose each day, according to their mood and what their friends were doing.

The provider had updated their electronic monitoring system and had supplied mobile phones to each support worker. The mobile phones automatically sent a GPS signal to the office and the signals were monitored by the office staff. This enabled the registered manager to check that support workers arrived when they were expected, stayed for the planned length of time and supported people to access the community in accordance with their care plans and wishes.

People told us they chose whether they went out and where they went. For example, people told us, "I had a party (in the communal lounge) this week. I bought a birthday cake in town to share" and "I've had good support today. I've been out to the shops and had lunch out." Two relatives told us their relation was supported to visit them regularly, which helped maintain their family relationships.

People told us support workers understood them well and took an interest in their families and life stories. A relative told us, "I'm confident they respond to his needs. Name is being looked after well." People's care plans were in the process of being updated to include their social history and a one page profile, to enable support workers to know people well and to understand what was important to them.

People told us they had no complaints about how they were supported, but they sometimes complained about individual support worker's experience in relation to their own age and stage of life. The provider had taken action to recruit more staff, which will provide a larger of pool of staff, with a wider range of life

experience. The provider's recently implemented electronic staff rota system, will better enable people's preferences to take priority in allocating staff.

Records showed the provider responded to complaints promptly and most complaints were resolved to the complainant's satisfaction. When complaints raised questions about whether the person was living in a place and in a way that best suited their needs, the provider requested the commissioners to carry out a re-assessment. At the time of our inspection, some people were awaiting a 'review of needs' meeting, to make sure each person was supported to relocate if their needs and individual support networks changed.

Is the service well-led?

Our findings

At this inspection, we found improvements had been made in how support workers were supported, managed and led. Leadership and management of the service had improved since our previous inspection in December 2015. The rating is now Good.

The provider and registered manager had been working closely with the local authority commissioners on a service improvement plan. They had already taken action to improve some of the areas we identified at our previous inspection as 'requiring improvement'. They had taken action to improve communication channels with people's families and representatives and improved the level of detail in people's care plans.

Changes had been made to the management structure and roles and responsibilities for senior support workers. A new post of field support supervisor (FSS) had been created, with oversight for the support for an agreed number of people's support and staff's work. FSS were tasked with updating people's care plans into a more consistent format, including staff's knowledge, personal profiles and people's individual goals. They were responsible for identifying and agreeing a key worker for each person. The keyworkers were responsible for communicating with people's families and representatives, to facilitate improvements in communicating with families, as was identified at our previous inspection.

The manager had been registered with us since June 2017. They understood their legal responsibilities and sent us statutory notifications about important events at the home. The ratings from our previous inspection were displayed on the service's website. Support workers told us they trusted the registered manager and enjoyed their role of working with people. They felt supported by the management to deliver a service that focused on people's individual needs. They told us they had enough time and felt well prepared, before they worked independently with people. They told us the registered manager or senior staff were always available to support and guide them. Support workers told us, "I am very pleased to work here, and with the management" and "They are very good. I have no trouble with the management."

The provider had made improvements to the recruitment process and training programme, to ensure there was a large enough staff group, with the right skills, to meet people's needs. Head office staff had supported the registered manager with the tasks involved in recruiting staff. All the necessary checks on staff's suitability for their role were undertaken by the head office. This allowed the registered manager to focus on interviewing, to find staff with the right skills and behaviours. With support from head office staff, the level of staff vacancies had dropped to 6%, compared with 22% in April 2017. This had enabled the registered manager to avoid the use of agency staff in administering people's medicines, which had been identified as a risk during our previous inspection. The provider had decided to appoint a dedicated person for recruitment at the service, to be confident that there were always enough support workers ready to be appointed. Interviews for the post were in progress.

The provider had appointed a trainer at the service. The trainer had replaced the previous system of on-line learning with classroom based training. They had updated the support worker induction process to include a week of classroom based training and an introduction to the fundamental standards of care laid out in the

Care Certificate. The provider planned for all new staff to attend the first wave of training, followed by all staff who had started within the previous three months. Longer term plans included opportunities for long term staff to fill in any gaps in their training. The operations manager told us, "Current staff can opt to attend any one of five full day courses. Face to face training will be better as it includes opportunity to debate, discuss and better understand."

Improvements had been made to the quality assurance systems and process and each member of staff was aware of their responsibility for the quality of the service. For example, a support worker told us, "People's finances and medicines are checked for accuracy three times a day, by a support worker at each shift handover." They told us the field support supervisors conducted weekly and monthly checks of people's medicines. Where errors or omissions were identified, staff attended retraining and competency checks by a field support supervisor, before they administered medicines again. The provider told us if subsequent errors were identified, they would consider whether disciplinary action was needed.

Support workers told us they had regular, unannounced checks by their supervisor, where they were observed in practice, and planned supervision meetings when they discussed their own needs and how to support each other. Team meetings were planned in advance to enable support workers to attend.

A new electronic call monitoring system, using GPS, was due to be implemented the day after our site visit. The provider told us this system would give care coordinators immediate reassurance that people were supported at the times agreed in their care plan, and the opportunity to take prompt action to find relief staff, in the event of an emergency. The system included lists of people who received support and of staff, which enabled the registered manager to be confident that the right staff were allocated to support the right individual.

Two days after the implementation date, we spoke with some support workers. They all reported the system appeared to be working well and they had no concerns. One support worker told us they had been able to use their company mobile phone to access the list of all medicines that were available for GPs to prescribe, which they found to be a useful reference tool.

Field care supervisors prepared weekly management reports for their portfolio of households. They checked that support workers completed their medicines and health and safety checks, reported any maintenance issues to the landlord and reported any exceptions to people's usual needs. They held team meetings with support workers to an agreed agenda, to ensure policies, procedures and current issues were shared with the team.

Field support supervisors conducted monthly quality assurance checks of their services and shared the results with the registered manager. They checked people's care plans were regularly reviewed and up to date, that staff supervision meetings and training were up to date, and that the premises and equipment were safe, serviced and well-maintained. Where issues were identified, actions were planned to improve the quality of the service with a named person and a deadline for action to be taken.

Field support supervisors also conducted quarterly 'Supported living environmental health audits' for a selection of people who lived in each property. The checklist of questions in the quarterly audit changed every quarter and were based on the key lines of enquiry we use to inspect and rate services. The audits included checks and observations of support workers engagement with people and were scored by the outcome of the engagement. Field support supervisors subsequently created action plans to improve the guidance for staff.

The registered manager and provider had scheduled a series of unexpected and unannounced 'fresh eyes' visits to each person's home, to avoid the risks related to field support supervisors becoming over familiar with their portfolio of homes.

People were supported to share their views of the quality of the service, with support from their families, at six monthly person centred review and annual service reviews. The provider told us they took action to improve, based on people's views, or explained which aspects were beyond their control as the provider of the regulated activity of personal care.

They showed us a quality questionnaire they planned to issue this year. People will be able to complete this on paper, or on-line according to their preference. The provider told us, "We will ask everyone to respond. For those people who lack capacity, we will ask a best interest team of staff to complete it. We plan to collect a baseline view this year and redo it next year to analyse whether people think we have made improvements."