

Voyage 1 Limited

Surrey and Hants Domiciliary Care Agency

Inspection report

The Old Grove Centre
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 15 November 2016. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to see people during the day. This was the organisation's first inspection since their registration in July 2014.

Surrey and Hants Domiciliary Care Agency provides personal care and support for people with a learning disability living in the community. The care and support is provided for people living in their own homes and one supported living service for three people. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing support for 20 people however only three people were receiving personal care. The level of personal care provided is minimal and most of the support they provide is about learning to live and work independently within society. We based our inspection at The Old Grove Centre, where all the people receiving a service visited at some time throughout the week. We met two people receiving personal care, and spoke with one person receiving support that did not involve personal care. We also observed how people interacted with staff and whether they were relaxed and happy.

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.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Staff had a very in-depth understanding of people's needs and how they preferred to be supported both in their home and within the community. People were able to talk with senior staff in the office at any time as there was an open door policy and all staff in the office knew them well. People who received care and support from Surrey and Hants Domiciliary Care Agency indicated they were happy with the service provided. Two parents of people being supported by the agency said the registered manager and staff were open and approachable and cared about personal preferences and maintaining independence.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. All support plans contained evidence to show they had been consulted about their care and they had agreed the content of their care plan. Support workers had comprehensive information and guidance in support plans to deliver consistent care the way people preferred. We found staff were motivated and committed to ensuring people received the agreed level of support. Each person had a core team of support staff specifically assigned to them. This ensured people were familiar with the staff who supported them and had managed to build trusting relationships.

Staff told us the training they received was good; one staff member said the training could be very specific to

people's needs if something was identified. They explained they had attended autism awareness training and recently MAPA training. This is Management of Actual or Potential Aggression training. This training enables staff to understand how to de-escalate potentially challenging incidents. The staff member said this gave them the skills they needed to recognise and react positively before an incident became challenging.

We observed people were cared for and supported by staff members who were polite, compassionate and caring. They had a very relaxed and cheerful relationship with the support workers supporting them throughout the day. Staff spoke passionately about the care and support they provided whilst maintaining confidentiality.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

The registered manager had a clear philosophy for the service provided, which they explained was put together with staff and people using the service. "Our aim is to provide flexible person centred support that will enable people to access a range of opportunities and live the life of their choice. Our focus is to work with individuals and support them to achieve their aspirations and a life in their communities." This philosophy was supported by staff who sought to ensure people achieved the best they could.

The service had a complaints policy and procedure that was included in people's support plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. People were involved in staff recruitment. This meant the staff team could then be matched to the person on the basis of their personality and interests, as well as their knowledge and skills. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

The organisation's quality monitoring system for the supported living unit was very residential care focused. For example, one comment was that the service had failed to check mattresses. Although the accommodation is multiple-occupancy, the flats are still the persons own home. We discussed this with the manager who explained the audit is one developed by the organisation for the area operational managers.

We made one recommendation. We recommended the provider reviews their quality assurance system to reflect a supported living service recognising that people are tenants living in their own flats.

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 were protected from the risk of abuse as staff had been trained to recognise and report abuse.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

People's legal rights were respected and protected.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff were kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale

Surrey and Hants Domiciliary Care Agency

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 was announced and took place on 15 November 2016. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to see people during the day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Surrey and Hants Domiciliary Care Agency provides personal care and support for people with a learning disability living in the community. The care and support is provided for people living in their own homes and one supported living service for three people. People who live in the shared supported living property have individual tenancy agreements. At the time of the inspection they were providing support for 20 people however only three people were receiving personal care. The level of personal care provided is minimal and much of the support they provide is about learning to live and work independently within society.

We based our inspection at The Old Grove Centre, where all the people receiving a service visited at some time throughout the week. We met two people receiving personal care, and spoke with one person receiving support that did not involve personal care. We also observed how people interacted with staff and whether they were relaxed and happy.

We spoke with three staff members as well as the registered manager, and a family member, following the inspection we also received an email from another family member. We looked at records which related to people's individual care and the running of the service. Records seen included two care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People we met were unable to tell us if they felt safe. One person smiled and laughed loudly, their care plan indicated that this meant they were happy. A relative said they were very happy and very confident their relative was safe. They told us, "It is wonderful [the person] has built up relationships with her support workers and I feel she is very safe."

We found that people were protected from the risk of harm and abuse. The service had policies and procedures in place regarding the safeguarding of people, which included details of the local authority procedures. Staff told us, and records seen confirmed that all staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One support worker said, "I have every confidence in not just the manager but the organisation as a whole, they would act accordingly." In the agency office in The Old Grove Centre office we saw a flowchart on the noticeboard for staff to follow in the event of suspected abuse.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Surrey and Hants Domiciliary Care Agency until their DBS check had been received.

We found that risks to people were well managed and people's freedom was also supported. Risk assessments were in place to keep people safe whilst they were in their home and the community.

Staff described how they kept people safe without restricting them and supported them to have control over their life. We saw an example where staff had carried out a risk assessment with the involvement of the person about travelling in a car. This meant the person was supported to access the community safely.

Support plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. For example when they identified a home in which people smoked they asked staff who also smoked if they would be happy to provide the care and support. This meant for one person they were able to receive overnight support when their relatives wanted some respite time.

Risk assessments were also completed in relation to activities such as riding a bike, swimming, and taking part in outdoor activities such as riding in a motorboat or descending a zip wire. One support worker said, "We all take risks daily. There is no difference really, except we support them so they can take the risk but remain safe."

Staff informed the senior support workers or registered manager if people's abilities or needs changed so risks could be re-assessed. We saw support plans had been up-dated following changes in the risk assessments. For example, one person had attempted to leave the car when stopped at the traffic lights. Their care plan had been updated and the risk re-assessed.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Both parents we spoke with said their relation had built up a relationship with their regular support workers. The registered manager confirmed they had an ongoing recruitment programme to ensure they had sufficient staff to meet people's needs.

At the time of the inspection nobody required assistance with medicines. However all staff received training on how to administer medicines safely. The registered manager confirmed before administering medicines staff competency would be assessed. All staff had also received training in the safe administration of Buccal Midazolam, this is a lifesaving medicine used by people who experience epileptic seizures.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. If support workers handled people's money as part of their personal care package they kept a record of, and receipts for, all monies handled.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People's relatives told us they thought staff were well trained and understood the people they cared for well. One relative said, "[The person] has made a massive amount of progress due to the attention to detail from the carers and staff running the Centre."

People were supported by staff who had undergone an induction programme which gave them the necessary skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. The registered manager confirmed the induction was in line with the Care Certificate. This is a nationally recognised training programme for all staff new to providing care. Records showed the induction included medication training and competency checks, safeguarding vulnerable people as well as an introduction to the organisations policies.

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, manual handling, medication, safeguarding vulnerable adults, health and safety, food hygiene and first aid. Staff confirmed they could also attend further training related to specific needs. For example on the day of the inspection two staff were attending Management of Actual or Potential Aggression (MAPA) training. This training enables staff to understand how to deescalate potential aggressive incidents. Staff had also received training in autism awareness which was specific to people they were supporting. The registered manager confirmed they would access specific training for staff if people's health needs changed. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications such as an NVQ or diploma in health and social care.

People were supported to eat a healthy and well balanced diet. We saw in one care plan the person had very specific food types they were unable to eat. They were supported by staff to ensure the food they did eat was in line with the care plan. Care plans also stated whether the person preferred a social eating experience or to eat privately. One care plan was very clear about food presentation, how to offer a choice, and how to support the person as they were a slow eater. Where possible people were supported to plan and cook the meal themselves. During the inspection The Old Grove Centre was holding a Great British Bake Off style of competition. People living in the organisation's homes as well as the community had been supported to bake cakes and a party to judge the winner was held.

People were supported to maintain good health and wellbeing. Staff had developed effective working relationships with a range of health professionals to help ensure positive outcomes for people's health and well-being. We saw from records that staff made referrals to appropriate health professionals when they had concerns about someone's health. Staff also worked closely with the local commissioning teams.

People were supported by staff who received regular one to one supervisions. This enabled staff to discuss working practices, training needs and to make suggestions about ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. A matrix confirming staff had received supervision and had one to one meetings planned was readily available.

People only received care with their consent. The two care plans we looked at showed staff had obtained written consent. One was signed by the person receiving the care and support whilst the other was signed by a parent. One staff member explained how they would read the care plan to the person and ask if they were happy. When we spoke with one person's parent staff asked them if it was alright. We also spoke with the person and sought their consent.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Records showed that staff discussed decisions with the person and their families. At the time of the inspection all people receiving personal care could make informed decisions with support.

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. At the time of the inspection nobody was being deprived of their liberty. However the support workers and the registered manager all had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

Is the service caring?

Our findings

People's parents said their relatives were supported by kind and caring staff. One parent said, "They are amazing. They really care and support [the person] to build their confidence." Another parent said, "I have to say that I have been extremely happy with everything, and cannot fault the treatment and care we have both received."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. One support worker explained how they worked as a team to build trusting relationships with people. Another support worker said, "I am [the person's] keyworker. I have built up a good relationship with being their regular support worker. I am now supporting [them] to research possible jobs they might be happy in."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Support workers supported people to follow interests, hobbies, achieve and learn new interests and maintain contact with their local community. Support workers encouraged people to be as independent as they could be and to make decisions about what they did and how. Staff saw their role as supportive and caring and were keen not to disempower people. One staff member said, "It's about achieving something, however small it may seem."

Care plans were very clear about how to respect people's privacy and dignity. One care plan said, "Can manage to change self but should be guided to private room to respect and preserve dignity." Support workers explained how they supported people not only in a private way but also by helping them to maintain their dignity when in the community. For example, one support worker explained how they tried to not make it obvious they were the person's support worker in a public place. During the inspection we observed how one person was experiencing a difficult time. The person knew how they dealt with the emotions and staff supported them in their decision to sit in the sensory room in private listening to their music.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Care plans showed people and their parents had been involved in reviews of the support they required. Part of the review included a question about what else the service could do for them and was there any activity they would like included in their plan. The service kept a record of comments made by people or their parents, one parent wrote, "[The person] is allowed to make choices, is supported but not controlled." People were also supported to express their views about the way the organisation developed. For example people were involved in the interview process for new staff and could have a say about the people the organisation employed and would be supporting them.

Support worker spoke warmly and respectfully about the people they supported. They were passionate about the way they supported people to achieve new things and progress in their personal development. Staff were careful not to make any comments about people of a personal or confidential nature within ear

shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes.

Surrey and Hants Domiciliary Care Agency supported some people in the transition from school/college to adulthood. Part of this transition was to help them find a work placement or develop their skills further. Staff also had a good understanding of how to support people's choices, lifestyles and preferences. Records showed people enjoyed a range of activities and interests. The organisation supported people to work in a place of their choice, for example one person worked in a charity shop, and their support worker had been supporting them to look at future work opportunities. One parent said, "Having come from a school situation where [the person] had lost all of his confidence, this has been the making of him." We saw one person had been supported to achieve "moving on accreditation." This is a curriculum that provides learning support for people with complex learning challenges to achieve the skills to move on into adult life. People were also supported to maintain an active and fulfilling life with support to go on adventure trips and days out as well as education and work. One parent explained how their relative had been supported to go to Exmoor and take part in activities they never dreamt they would be able to do.

Staff worked in partnership with people to make sure support plans were personalised to each individual. Support plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. The information in the support plans were written in a person centred way and showed people had been involved as far as possible in the detail. For example, the care records included sections on, "what people like about me, what's important to me, and how to support me well." These were clearly written from either the person's point of view or with information from a close relative such as a parent. The care records also explained what a good day looked like and what to avoid preventing a bad day. Records showed that as well as regular meetings to discuss any changes, people also had an annual review of their care needs which involved the person, a relative if they wished, and members of their care team.

Changes to people's support plans were made in response to changes in the person's needs. Staff confirmed people's support plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. One staff member said, "We work very closely with the person and their family members every day. Because we provide a consistent team we all know and recognise any changes immediately. The care records are very good but each day can be different and they are just a guide."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy within their support plan. Support plans contained the contact details and guidance on how to raise a complaint. Records showed the organisation had not had any formal complaints. However the registered manager explained how they would manage a complaint if they received one. Parents said they would feel confident they could raise a complaint if they needed to. One parent said, "Nothing to

complain about they are brilliant."

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a team of staff who all said there were clear lines of responsibility. One staff member said, "It's a case of team work really we all know the people we support and that includes the managers."

Two parents told us they found all staff to be open and approachable. Throughout the inspection we observed people coming into the office to talk with staff and management. They had an easy relaxed approach and nobody was turned away. One person said, "I know I can come in here to talk." Another person came into the office in their wheelchair and spent some time with the centre manager who helped them decide what they would be doing for the day.

The registered manager and directors promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager had a clear philosophy for the service provided, which they explained was put together with staff and people using the service. "Our aim is to provide flexible person centred support that will enable people to access a range of opportunities and live the life of their choice. Our focus is to work with individuals and support them to achieve their aspirations and a life in their communities." This philosophy was supported by staff who sought to ensure people achieved the best they could.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager or a senior support worker to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One staff member explained that training needs could be identified at these meetings and requests for additional training or updates could then be sent to the training team.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals. There was on-going discussion and training for staff to support their role as support workers supporting people to live independently in the community.

We saw the organisation's quality monitoring system for the supported living unit was very residential care focused. For example, one comment was that the service had failed to check mattresses. Although the accommodation is multiple-occupancy, the flats are still the persons own home. We discussed this with the manager who explained the audit is one developed by the organisation for the area operational managers.

We recommend the provider reviews their quality assurance system to reflect a supported living service recognising that people are tenants living in their own flats.

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

The registered manager looked for ways to continually improve the service and keep up to date with current good practice. People were supported by a service in which the manager kept their skills and knowledge up to date by on-going training, research and reading. The registered manager was also supported by the organisation with managers meetings held monthly in which they shared best practice and good news stories. The registered manager then shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.