

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

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

Two inspectors carried out the inspection and an Expert by Experience made telephone calls to relatives to seek their feedback on care provided to people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service provides care and support to people living in 11 'supported living' settings so 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.

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is an office based service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

Before our inspection, we reviewed our information we held about the service. This included information received from the local authority and professionals who work with the service. We looked at statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We reviewed the last inspection report.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

During the inspection we spoke with four people who used the service and nine relatives of people who used the service. We spoke with the registered manager, operations manager and we received feedback from eight support staff. We also received feedback from external health and social care professionals.

We reviewed a range of records, this included in part, seven people's care records. We looked at two staff files in relation to recruitment, and a variety of records relating to the management of the service, including incident records and analysis, meeting records, staff rota's, complaints and the provider's quality assurance feedback.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Nottingham Supported Living (DCA)

## **Detailed findings**

### Background to this inspection

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### About the service

Nottingham Supported Living (DCA) supports people to live in the community. At the time of the inspection 26 people were receiving support. The support varied from a few hours to 24 hours a day. People either lived alone in their tenancy or lived in supported living accommodation in and around Nottinghamshire. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

#### People's experience of using this service and what we found

##### Right Support

Staff supported people to have maximum possible choice, control and independence. Staff encouraged people to have control over their lives. People were supported by staff to pursue their hobbies and interests. People had their aspirations and goals documented in their care plans and staff encouraged and supported them to achieve the goals.

People had tailored Positive Behaviour Support Plans (PBSP) in place. PBSP provided the carers with a step-by-step guide to making sure the people had a good quality of life and identify when they need to intervene to prevent or reduce the likelihood of an episode of distressed behaviour. The staff had training and support in place to help them understand and support people when they were distressed. Staff followed best practice and guidance to avoid the use of unnecessary restraint.

People had a choice about their living environment and were able to personalise their homes. Staff supported people to take part in activities and pursue their interests in their local area. Staff supported people to make decisions based on their own abilities. Staff communicated with people in ways that met their needs.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People received care that supported their needs and aspirations, which focused on their quality of life, and followed best practice. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Inadequate (published 14 August 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

Additionally, we undertook this inspection to assess the service was applying the principles of Right Support, Right Care, Right Culture.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff deployment met people's individual care needs and safety, and staff were trained and supported effectively which compromised people's safety. This was a breach of Regulation 18 (Staffing).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People's commissioned hours were provided. People had received the individual hours they had been assessed as requiring. We received information from the local authority, staff, relatives and people to confirm that.
- Staff had received accredited training. Staff's feedback confirmed they felt sufficiently skilled and confident in providing support to people. One staff member told us, "When I started working here, I was really impressed with the training I was given. I actually couldn't start my job before I fully understood it and passed the courses".
- Additional support had been provided from the clinical lead to staff to help them implement mental health, lifestyle and behaviour management training. A new training platform had been introduced recently to enhance staff's existing training.
- People and their relatives told us they had no concerns about staff's skills or training.
- The provider promoted safe recruitment practices. Staff were recruited safely. References and DBS were required for staff prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong  
At our last inspection the provider had failed to ensure people were protected from abuse and to have effective systems and processes to manage allegations of abuse. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improvement had been made to evaluating safeguarding incidents. The provider held 'safeguarding clinics' three times per weeks where the managers discussed and reviewed all incidents and shared the

outcomes with staff. In some cases, where appropriate, the outcome was also shared with the people who used the service. As a result, the number of safeguarding incidents at the service had reduced significantly.

- Staff received and understood safeguarding training. One staff member said, "Any form of neglect or abuse I would report to my manager if this was not possible, I would report to their manager. There is also a number to contact in the home to whistle blow if needed".
- People told us they felt safe. The relatives told us they felt their loved ones were safe with care staff. One relative told us, "[Name] is absolutely safe. If [name] didn't feel safe their mood and body language would change and they would tell staff and family. [Name] is very confident".

#### Assessing risk, safety monitoring and management

- Risk management procedures were not always effective. Some people's support plans and risk assessments were reviewed and amendments made. However, a couple of care plans and risk assessments were reviewed, which lacked the details identified by the provider's audit. We discussed this with the provider who amended the records immediately following our feedback.
- People were involved in decisions about their safety and any risks they may wanted to take. For example, people who chose to smoke were provided with options and support around this decision.
- Staff were provided with training and face to face support from a clinical lead to help them understand, prevent and manage people's distressed behaviour. The methods used to support people with their behaviour was aligned with best practice.

#### Using medicines safely

- Medicines were stored following best practice guidance. Medication administration records (MAR) reviewed, confirmed people had received their prescribed medicines.
- The service had a medicines management policy and the staff adhered to it.
- The staff responsible for administering medicines received appropriate training. The management completed regular competency checks to ensure the medicines were managed safely.

#### Preventing and controlling infection

- Staff understood their role and responsibility in relation to infection control and hygiene.
- The provider had procedures in place to ensure the staff followed policies and procedures in line with current national guidance, for example in relation to COVID-19.
- Staff supported people to prevent catching and spreading infections, including when they were accessing the community.
- People had individual risk assessments in relation to COVID-19.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed, including the support they require for physical, mental and social needs. The support to people was delivered in line with legislation and evidence-based guidance.
- The provider completed compatibility assessments to support accommodating people in the accommodation that is best suited to their needs.
- People's protected characteristics, such as sexuality or ethnicity, were considered as part of the initial assessment and ongoing support planning. The plans were promoting people's individual choices and preferences.

Staff support: induction, training, skills and experience

- Staff received induction and appropriate training. Staff felt skilled and confident in doing their job. One staff said, "I have received all the appropriate training to enable me to carry out my work safely".
- The provider had recently purchased a new training package to enhance the staff training. Additional face to face training had been put in place to support the staff with the most challenging aspects of their role.
- Staff received regular supervisions and appraisal. This supported staff with goals and objectives; evaluation of their job role; identifying positive performance; areas for improvement and planning how development needs could be met.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in decisions about what they eat and drink and how their cultural preferences were met. The decisions were clearly documented in their support plans. For example, people had their preferred recipes included in part of their person-centred care plans. We saw photographic evidence of people being involved in making their preferred meals.
- People's support plans included information about how staff should encourage a healthy diet. When people chose an alternative diet against the advice, for example by frequently ordering fast food options, this was documented and respected by staff.
- The service worked with healthcare professionals to support people with the diet they required. For example, referrals to a dieticians and speech and language therapists were completed when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide consistent and holistic support to people.
- We saw evidence of referrals and working in partnership with other agencies, for example speech and language therapy, occupational therapy and physiotherapy.

- We saw evidence of the provider taking appropriate actions when a new piece of moving and handling equipment was needed when person's needs had deteriorated.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- People's mental capacity was assessed in line with the MCA. People who lacked the mental capacity to make certain decisions, for example around their finances, had best interest decisions recorded in their support plans.
- Staff ensured other relevant people, such as next of kin were involved in making decisions for people who lacked the capacity.
- We saw evidence of applications being made to the Court of Protection in relation to deprivation of their liberty. This was clearly documented in the person's support plan.
- Staff understood how to apply the principles of MCA in practise and ensured consent to care was sought. One staff said, "If a person refused medication I would try again later, if they continued to refuse, which they have a right to do, I would fill in the paperwork to state it had been refused and then report the refusal to my manager and to the individuals GP if it happened more than once".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness. The relatives we spoke with provided positive feedback on their loved one's care. One relative said, "Staff are caring and understand, they sit and talk to [name]. Another relative said, "Staff are absolutely brilliant".
- People had individual communication support plans in place to ensure that staff listen and talk to them appropriately and in a way they understood.
- People's support plans included information about personal histories, backgrounds and interests and the staff confirmed they respected and promoted people's preferences. One staff told us, "Although I have only been in my current role a few weeks, I feel I know the people I support very well including their routines, likes and dislikes in all areas, as well as their abilities".

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views to staff. The relatives felt their loved ones were involved in their own care and decision making. One relative said, "Staff ask and encourage. They don't force their ideas on [name]".
- People told us and the staff confirmed, they had the time and training to provide care and support in a compassionate and personal way. One staff said, "I feel we have enough time to talk to people. The people come and talk to us and we have a laugh and giggle, so I feel we have enough time to make sure everyone's had a good day".
- The service communicated well and regularly with people and their relatives to involve them in making decisions about their care. People were supported to access advocacy services when needed. An advocate can support people to make sure their views are listened to and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People's support plans evidenced ways in which the staff supported people's independence. We saw evidence of activities promoting people's independence and learning new life skills, such as cooking and using a washing machine.
- Relatives were pleased with how staff supported their loved one's independence. A relative told us, "[Name] goes on a bus alone to the local theatre to attend a weekly group. [Name] works in a charity shop twice a week. [Name] has chosen to go to Jersey on holiday with staff, as they like travelling."
- People told us they felt their privacy and dignity was promoted and this was reinforced by the positive feedback from the relatives.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans reflected their physical, mental, emotional and social needs. Staff gathered information about people's personal history, individual preferences, interests and goals.
- People's preferences were considered and treated respectfully. People could choose if they preferred to receive support from a female or male staff. One relative told us, "Name is not good with men, they only have female and only see female Health Professionals".
- People engaged in activities of their choice, which were appropriate for them. For example, one person was supported with accessing voluntary employment.
- People were encouraged to try new activities and the relatives recognised the positive impact it made. One relative said, "[Name] is out daily, and in the evening doing what they want to do. [Name] now interacts with people. Before, they did not used to, instead they would just sit in the corner knitting".
- Staff felt people were provided with enough opportunities to stimulate them. One staff said, "There are different activities which we add to all the time to keep the people we support occupied and happy".
- People were supported with staying in touch with those important to them. For example, during COVID-19, people were supported to communicate by using technology, such as video calls.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory needs were considered in their support plans. For example, consideration was made in accordance with best practice guidance for people with sensory overload. Sensory overload happens when a person gets more input from five senses than the brain can sort through and process.
- People had information provided in the format, which was suitable and easy to understand for them, for example some people were provided with pictorial prompts.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy. We saw any concerns were recorded and responded to in a timely manner.

- People told us they knew how to make a complaint should they need to and would feel safe doing so.
- The relatives were aware of the complaints policy. One relative said, "I would speak to a member of staff. I have had no concerns. I feel peace of mind". Another relative said, "I would initially speak to staff or the house manager. I have not had any concerns".

#### End of life care and support

- At the time of the inspection, the service was not providing care to people at the end of their lives.
- The provider told us should anyone's health deteriorate end of life care would be discussed with the person or their next of kin.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure internal systems and processes that monitored quality and safety, including oversight were sufficiently robust increased the risk of harm to people. This was a breach of Regulation 17 (Good governance) (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the provider made significant changes in the management structure. A new registered manager and operations manager had been appointed. An occupancy manager had also been appointed to support compatibility of service users allocated in specific locations. This had contributed to the reduction in the number of incidents between people living at the same services because their needs were more compatible.
- The management team had developed and implemented new strategies to obtain an oversight of the service. The operational and registered managers kept under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff.
- The staff recognised the positive changes implemented by the new managers. One staff told us, "Staff morale is fantastic, everyone is very happy and bubbly that's what I instantly loved about working here, nothing seems too much to handle and I think it's fantastic". Another staff member said, "I know there has been unrest within the management structure in the past and feel this impacted on the staff who found it difficult at times to know who to contact/speak to. However, there is a new management team in place and things have settled. We have had team meetings, supervisions and appraisals. I've not had any problems contacting the management team if I needed to".
- The registered manager demonstrated they understood their registration responsibilities. Staff were aware of the provider's policies and procedures and understood their role, responsibilities, and accountability.
- The registered manager shared information with CQC and other agencies of notifiable events at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. In response to an incident they demonstrated they had followed the procedure, provided relevant information and a timely apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives felt involved in the running of the service and felt their views mattered. One person told us, "We are involved (in running of the service) now. Staff are approachable and we can speak to senior people. There is a good atmosphere in our bungalow".
- The provider had ensured information and updates about the changes in the service were communicated to people in the way preferred by them. People's communication needs and preferences were clearly documented in their care plans.
- Feedback and any concerns shared by partner agencies were taken seriously, considered and responded to in a timely manner.
- Shortfalls identified by the local authority and the CQC were acknowledged and acted on. The required changes were made within the agreed timescales.
- The provider engaged in regular meetings with the local authority and CQC to work towards addressing concerns and improvement of the service.
- The service had good relationships with the local GP surgery, social and healthcare teams. Where healthcare professionals had provided advice and support, this was documented in people's care plans and staff followed the advice.