Voyage 1 Limited

Voyage (DCA) Savoy Gardens

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 took place on 5 January 2017 and was announced. This is the first inspection of this service following its registration with us in March 2016.

Voyage 1 Limited is a large provider of care services. This location is registered to provide care and support to people in their own homes. The team leader told us they provided a 24hour supported living service to people living in their own flats. People had individual packages of care hours to meet their support needs; these ranged from 13 to 112 hours a week. Supported living services provided by Savoy Gardens offer personal care and support to people with physical disabilities or mental health support needs or a learning disability. At the time of our inspection visit, 15 people were supported in their own flats.

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. The registered manager was registered with us for this service. During our inspection, we were informed that the registered manager for Savoy Gardens had transferred, in August 2016, to work at another Voyage 1 Limited service. The operations manager told us the registered manager was in the process of de-registering with us, as registered manager for Savoy Gardens. The service manager for Savoy Gardens informed us they had started their role in August 2016 and had submitted their application to us to become registered manager.

Staff knew how to keep people they supported safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with a person centred approach. Staff were trained to recognise signs of abuse and understood how to protect people from the risk of abuse. Staff knew how to report any concerns. The suitability and character of staff was checked during the recruitment process to make sure they were suitable to work with people at Savoy Gardens.

A few people had been assessed to self-administer their own medicines. Other people were supported by trained staff to take their medicines safely as prescribed.

The service manager understood the principles of the Mental Capacity Act (MCA), and staff understood the importance of giving choices to people and respecting people's decisions. Staff understood when they should work in a person's 'best interests.' Staff worked within the principles of the MCA and understood they should never force people to do anything.

There were enough staff to meet the individual supported living packages of care that people had. Staff covered additional shifts on occasions and the service manager informed us they used 'bank' staff to cover shifts if needed. We met people in their flats and saw staff demonstrated a kind and caring attitude toward the person they supported. Relatives informed us they felt staff were caring toward their family member.

Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. Staff felt their training gave them the skills they needed for their role. Staff knew individual's well and had the knowledge of how to respond to their needs in line with the contracted package of care from the local authority. Information about the person and assessed risks was available for staff to refer to in each person's health and social care plan.

Staff said most people would verbally communicate if they were unhappy about something and told us they would take action to resolve the issue. A few people relied on staff knowing them well enough to understand their non-verbal communication to know when something was making them anxious. Relatives knew how to raise concerns or make a complaint if needed. The service manager, team and shift leaders told us concerns were used as a way of learning and to improve the service provided.

Staff told us they were well supported within their team, by shift and team leaders and by the service manager. Staff said they were always able to contact a senior carer or management at any time for advice if needed. There were systems and processes to monitor and review the quality of the service people received. This was through feedback from an annual service review, provider monitoring visits, spot checks on care staff and audits undertaken at the service.

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.

Staff understood their responsibilities to protect people they supported from the risk of abuse. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks so that people were safe.

Sufficient staff were available to meet people's individual supported hours and hours were planned to meet individual needs.

Staff were trained to administer prescribed medicines to the people they supported.

Is the service effective?

Good

The service was effective.

Staff were trained and knew the people they supported well so that they could effectively meet their individual needs. Staff and management understood their responsibilities in relation to the Mental Capacity Act 2005 and worked within the Act. The registered manager understood the Deprivation of Liberty Safeguards and when they would need to make a referral.

Staff understood how to promote healthy eating and supported people with their food and drink preparation. Staff supported people to healthcare appointments when needed.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring toward them. Staff demonstrated they had a positive approach toward people that was caring.

Staff knew how to show respect and promote privacy and dignity to the people they supported. People were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

People were put at the centre of planning and reviewing their supported hours so that a personalised service was given to them. People and their relatives were involved in planning care and support. Care plan information was detailed, personalised and contained information to enable staff to work with people to support them in a way they wanted.

People and their relatives knew how to make a complaint if needed and these were used to improve the service provided.

Is the service well-led?

Good

The service was well led.

Staff felt supported by the management and given the information they needed. The provider had systems and processes to monitor the quality of the service provided to people and took action where improvement was needed.

Voyage (DCA) Savoy Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 January 2017 and was announced. The provider was given notice because the location provides a supported living and domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

The provider had 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 reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We contacted seven staff who worked at the supported living flats and seven relatives by telephone on 3 January 2017; before we met with the service manager on 5 January 2017. This was to obtain staff experiences of working for the service. We gained feedback from relatives about their experiences of the services provided to their family member.

During our inspection visit on 5 January 2017, we spoke with the service manager and operations manager.

We reviewed three people's support by looking at their care plan to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver personalised care to people. We looked at other records related to people's care and support which included medicine records, the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People showed us they had their own front door key to their individual flat and said they felt safe living there. One person told us, "I feel safe here, I have supported hours when staff are with me. I've got my phone in case of emergency and I can call staff if needed. Staff do have a master key so they can get into my flat if there is a problem." Another person said, "Moving here was a big thing for me, I'd only lived with my parents before. I feel safe here." Relatives told us they felt staff ensured their family member was safe living at savoy Gardens. One relative said, "If my family member felt something was wrong or they didn't feel safe, they would certainly have told me and we would have done something about it."

The service manager and care staff understood their responsibilities to keep people safe and protect them from harm. Staff understood what constituted abusive behaviour and their responsibilities to report this to the service manager. One staff member told us, "I have completed an e-learning module and the company also give us a little booklet so we can refer to it if needed. If I reported something, they would listen but just for example, if nothing was done about my concerns, the booklet would tell me where I could report to outside of the company. I've never needed to report anything."

People told us they were happy with the staff supporting them. One staff member told us, "Generally speaking, the manager tries to allocate the same staff members with the same person to support. Sometimes, we cover other people's support but generally I work with two people. This means I know them well, how they like to be supported and how I keep them safe." Another staff member said, "Each person has different information files and we can read these so that we know about any risks and how to do things the right way so people are kept safe."

Most risks were assessed so that risks of injury or harm were minimised. We were told that one person smoked cigarettes but found no risk assessment had been completed. The service manager agreed this had been an oversight and took immediate action to complete a risk assessment with the person. The service manager shared a copy of this with us and we saw that actions had been agreed with the person to reduce risks of potential injury to them when they smoked.

Staff knew how to deal with emergencies that might arise from time to time. The service manager gave us an example of an incident that had occurred and the action staff had taken showed they understood the procedures to follow. We gave staff first aid scenarios that might occur in people's flats, such as a person having a fall and staff described to us the action they would take. One staff member told us, "We all do a basic on-line first awareness module. It covers basics, but we know to phone 111 or 999 if needed. Plus, there is the on-call staff for back-up that we can contact anytime."

The provider's recruitment procedures made sure, as far as possible, that care staff were of good character to work with people. We spoke with three new staff and they each told us that Disclosure and Barring Service (DBS) and reference checks had been completed by the provider before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. One new staff member told us, "I came for my interview and they told me I

had been provisionally offered the job, but it would not be confirmed until they had my checks back. Once they had them, they said I could start my induction." All three new staff spoken with were complimentary about the induction they received. One staff member said, "It was the best induction I've had. I worked in care before, but never really had any induction. Here, I spent time reading policies and also people's care plans. I also started my online training modules and worked alongside another member of staff supporting people. The staff introduced me to everyone and have been supportive and kind to me. I'm really pleased I started working here." Another staff member said, "Reading people's care plans has been really useful, because I feel I know them and what support they need before I have actually worked with them."

The service manager told us they were fully staffed at the moment, but would need to recruit a further eight care staff if the three vacancies in flats were filled. The operations manager told us, "If there is a planned move into one of the flats, we will have recruited staff or a person may bring an existing support team with them, which offers them consistency of care." The service manager added, "We don't use agency care workers here as we have enough staff to cover and also have bank staff to use when needed."

People told us they always had the staff they needed on shift to meet their 'supported hours'. These were the hours of care and support contracted by the local authority with Voyage 1 Limited. One person told us, "Even in my 'unsupported hours' there are always staff about and I can get help if needed."

Staff told us they had to complete training and competency observations before supporting people to take their prescribed medicines. One new staff member said, "I have not completed my training yet, so I don't get involved with people's medicines." People told us they had their prescribed medicines available to them and staff supported them to take them. We looked at three people's medicine records and saw these had been completed by staff to record what medicines people had taken. Some people had 'when required' medicines prescribed to them such as for pain relief or as first aid medicine following an epileptic seizure. Detailed guidance was available for staff to refer to so that these medicines were given to people in a consistent way.

Good

Is the service effective?

Our findings

One person told us, "Staff absolutely know what they are doing. After my previous care experience before living here, I can tell these staff know what they are doing." Another person said, "Yes, the staff know me well and how to support me." One relative told us, "I am very happy with how they care for my family member, I think they have the right skills and knowledge."

Staff felt the online training modules gave them the basic skills they needed. Further guidance was given to them from care plan information and other staff; including shift and team leaders and the service manager. A few staff felt some more in-depth training about specific health care conditions would be beneficial. We discussed this with the service manager, who told us they would use the NHS guidance packs already available to staff to develop their knowledge, and also source further training if needed.

New care staff completed the care certificate if they had not already completed this or their NVQ in health and social care. The care certificate developed staff skills for carers. This meant that core care skills were assessed as well as online module training learning.

Staff told us their knowledge and learning was checked through a system of supervision meetings, observations to check their competencies. One staff member told us, "We have team meetings and can always check things out if we are not sure. That is good here, there is always someone to ask."

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. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One staff member told us, "Occasionally people may make choices that might not always be the best choice, such as eating very high sugary foods all day and sugary drinks. We can offer advice and guidance but cannot force people to do something."

The service manager understood their legal responsibilities under the MCA and gave us an example of having made a 'best interest' decision over a bank holiday weekend to ensure a person was safe. The service manager explained the next steps to us once this best interest decision had been made by them, which was in line with their duty of care toward the people they supported.

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 Deprivation of Liberty Safeguards (DoLS). The service manager informed us that no one had a community DoLS in place, but demonstrated to us they understood what actin they should take if deprivations were needed to be considered.

One person told us, "I often feel dizzy, so staff always help me with my shopping. I can cook, but staff do help sometimes when I need them." Another person said, "I go food shopping once a week and staff cook for me.

I have a meal planner and staff follow this for me."

Care records showed us one person had pictorial guidance about what foods and meals were healthy options for them. Another person had written their own guidance for staff, clearly informing staff of their dislike of eggs and requesting these never be prepared for them. People were involved in making choices about their food and drink and staff encouraged people to be as involved in meal preparation as possible.

People gave us examples of staff supporting them with maintaining their health and wellbeing. One person told us, "I have a specialist appointment coming up about my [health condition] and the manager is coming with me." The service manager informed us that this person had recent changes in their health condition and staff would be supported with further training if needed. Another person said, "I asked the staff to make me a doctor's appointment today and they did that for me."

One staff member told us, "One person I support has diabetes and a nurse visits their flat twice a day to give them their insulin injection, because the care staff here can't do the injections. But, we always record what the nurse tells us."

Care records showed people were supported with healthcare appointments, including well woman checks, dental, optician and chiropody checks.

Good

Is the service caring?

Our findings

People told us the staff were caring toward them and helped support them in a way they wanted. One person said, "I like the staff here, they are all kind to me." Relatives felt staff showed a compassionate, patient and kind caring approach toward their family member. One relative told us, "The staff are very good, even if my family member is a bit rude to them, they respond in a professional way."

During our inspection visit, we spent time in communal parts of the supported living home. We observed people were relaxed with their support staff and positive caring interactions took place. Some people showed us their individual flats and spoke with us about their support staff in a positive way. People told us they were happy with the care and support they received. A few people made comparisons to previous experiences of care before being supported by Voyage 1 Limited, one person said, "Staff are kinder here, they listen and treat me as an individual."

People told us they were involved in their own care planning and what they did during their supported hours. One person told us, "I have not lived here very long. I made a file for staff to read about important information about me." The service manager showed us this file and said it was very useful for staff in getting to know this person.

Relatives told us they felt involved with their family member's care. One relative said, "The staff always do their best and keep us, as a family, involved and informed about what is happening."

People had important information accessible to them in both written and pictorial format, such as individual health 'passport' information. This meant people had been able to contribute to information about themselves which would be shared with hospital staff, in their health 'passport,' if they needed to attend hospital.

Staff told us they always involved people they supported in making decisions about their care and support and promoted their independence. One person told us, "Staff will always help me if needed, but first always try to get me to do what I can for myself. They know me, so know what I can and can't do very well by myself."

The service manager told us most people managed their own finances with minimal support. They said, "If people need more than minimal support, we will arrange for them to have an advocate to help them." They gave us an example of one person who had an advocate that provided support. One staff member told us, "The person I support has their own bank debit card and although they need a little support to put the card into the machine, they enter their own number. Staff do not know their PIN number, this is good for security and also promotes the person's independence."

People told us they felt staff respected their privacy and dignity. One person said, "The staff absolutely respect my dignity. Where I previously lived I felt staff would stay too close to me if I wanted to make a private phone call, that doesn't happen here. I can shut my front door and be on my own if I want to."

Staff gave us examples of how they maintained people's privacy and dignity. One staff member said, "I'd always make sure doors were closed and blinds at the windows. One person I support needs two staff to help transfer them with the hoist to the shower chair, but in the shower room just one staff supports the person. I always give them a flannel to cover themselves for dignity whilst in the shower and once out, cover them with a towel."

People's care and support files were kept in their own flats, in places where they chose to keep them. People accessed their own information if they wished to and staff understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with. Copies of peoples care records were kept in the office, these were secure and only accessible to those authorised by the service manager.

Good

Is the service responsive?

Our findings

People told us they felt their care and support was personalised to them and their individual needs. One person told us, "Staff only help with the things I need help with."

One person told us they contributed to their initial assessment and planning of their care when they moved into their flat. They said, "I am totally involved in my supported hours."

Relatives said they were involved in their family member's care and reviews that took place. One relative told us, "The service opened in about August 2015 and my family member was one of the first to move in. It was a big move for them from living with us. The staff were really good allowing us frequent visits before the move and slowly moving furniture and individual items in, so my family member adapted to the transition. It went smoothly and was a success and I think the visits helped a lot."

The service manager explained that people had individual assessments and either the local authority or continuing healthcare had agreed a number of supported hours for each person and these were the hours that voyage 1 care were contracted to provide. The service manager told us, "If we think a person has either too little or too many supported hours, we would ask for a review to be completed. People might have a change in their needs, which may impact the support they need."

Staff knew people well and gave us examples of how they gave personalised care and support. One staff member told us, "One person I support has had a stroke and part of their support is to help them with their physio exercises. We've got details of these in their file and can help them and encourage them with these. It strengthens their arm and hand muscles." Another staff member said, "I need to speak really slowly and clearly to the person I support because they find it hard to understand things if I speak too fast or don't give them time to process what I've said."

Staff told us they encouraged people to take part in activities and the local community. The service manager told us, "One person had, before they lived here, found it very difficult to get motivated to get out of bed and spent most of their time in bed. Staff have successfully encouraged this person with things and now they get up each day and do various things, which gives them a better quality of life."

One person had been advised by a healthcare professional about their diet and had been given written information in a format that was not accessible to them. The service manager showed us pictorial plates of food items that enabled this person to understand the choices they made and the impact on their overall health. The service manager said, "This has worked well and it enables staff to inform this person in a way they understand and helps them make better choices."

People told us they had no complaints about their care and support. People said if they did have a complaint, they would speak with a staff member or the service manager and felt the problem would be 'sorted out' for them.

Relatives told us they had no complaints. One relative said, "If I had any complaints, I'd go and see the manager, but I am happy with everything. My family member is happy there and they'd tell me if anything was wrong."

The service manager informed us a system of people having an individually named staff member as their 'keyworker' had been introduced. One staff member told us, "I am keyworker to two people and the purpose of this role is to meet on a one to one basis with people and make sure they are happy with everything." This gave people the opportunity to reflect on their care and support and to raise any issues or concerns they had so that these could be resolved.

The service manager informed us that three complaints had been received during 2016. One of these had involved a complaint about loud noise by people in the communal areas during the late evening and night. Other people living in the flats had complained. This had been resolved by a 'tenants meeting' and an agreement by people living there not to be noisy after 11.00pm. The complaint had been used as a way to improve the service by involving everyone living there in making a decision about the use of communal areas.

Good

Is the service well-led?

Our findings

People were positive when they spoke about the service manager. They knew who the service manager was and felt they could approach them in the office anytime or telephone them if needed. Relatives felt the service manager was approachable and kept them informed of things they needed to know about concerning their family member.

Staff felt supported by the carer team and also by shift and team leaders and the service manager. One staff member told us, "I am really happy working here, it is a good supportive team and the people we support are great." Another staff member said, "There is always someone on call if we need advice."

The service manager told us they felt supported by their regional operations manager and said, "They visit on a monthly basis and I feel supported by them. I can always phone them as well if needed, or if something urgent has come up, they would come and support me if needed." The service manager added, "I am happy to take on the role as registered manager for the service and have submitted my application for registration to CQC and am just awaiting my interview date."

Systems were in place to monitor the quality of the service and included asking people and their relatives about their experience of the service. Most comments were positive and included, "staff listen to me and understand me," and "I feel everything is good."

We saw a negative comment had been made about the management of the home and discussed this with the service manager. They told us they had discussed the comment made on a one to one with the person but had not documented this. The service manager agreed it would be useful to document such discussions so that they could refer back to them if needed. The operations manager explained that prior to the service manager being in their current role, there had been some initial lack of consistency with the overall management of the service and staff team. The operations manager told us, "It was a new service and perhaps expectations of staff had not been as clear as they could have been and also our expectation that people living here showed respect toward one another, the noise issue was an example of when that had not been happening. But, things have really moved on now, with staffing and the service manager's leadership. People living here are also clearer themselves about the importance of respecting one another."

There was an analysis of people's feedback in August 2016 and an action plan was produced. However, we saw that some issues were identified as 'ongoing' and did not always have clear completion target dates or details on the progress of identified areas for improvements. We discussed this with the service manager and they agreed the action plan could be more detailed. Following our inspection visit, they sent us an update on actions completed and further improvements planned for, with dates and an identified staff member accountable for the improvement action.

We looked at medicine audits completed in December 2016. These were completed on an individual basis and no actions to improve had been identified. The service manager had informed us of a recent medicine error and the action they had taken to make improvements. The service manager said, "Things have

improved a lot with the daily checks I have implemented. These involve staff making a daily shift check on people's medicines and checking the medicine records are signed correctly."

A system was used to record accidents and incidents and the service manager told us these were analysed on an individual basis because people had personalised packages of care. We found where actions were needed, these had been taken. For example, the service manager explained that one person had sustained a fall and appeared confused, which was unusual for them and out of character. A referral had been made for a medicine review. Details of all actions taken by the service manager in response to their analysis of accidents and incidents were recorded and included actions to minimise the risk of reoccurrence.