

Voyage 1 Limited

Derby DCA

Inspection report

24 St Marks Road
Derby
Derbyshire
DE21 6AH

Tel: 01332294066

Date of inspection visit:
17 January 2019

Date of publication:
22 February 2019

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

Derby DCA is registered to provide personal care and support to people in their own homes and specialise in caring for younger adults with learning disabilities. 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. The service currently supports 15 people in properties within the community. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection took place on 17 January 2019 and was unannounced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse at staff were aware of safeguarding practices. Risks to people were identified and managed appropriately, and accidents and incidents were recorded so lessons could be learnt and the quality of the service improved. Staff carried out safe infection control practices and medicines were stored and administered in line with best practice guidelines.

Pre- assessment were carried out before people moved in to the service to ensure that their needs could be met. Care plans and activities were also person centred.

There were a sufficient number of staff to meet people's needs and staff had received appropriate recruitment checks. Staff were up to date with mandatory training and received regular supervision. Communication between staff was effective. Staff respected people's privacy and dignity. People were treated in a kind, caring and respectful way by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make healthy informed choices around meal times and to be as independent as possible.

People were able to express their views and supported to make decisions around their care. Those people who wished to discuss their end of life wishes had them accurately recorded

People had access to healthcare professionals and specialist teams who were part of a person's review process. Feedback was gained from people, relative and staff on a regular basis in order to act on suggestions to improve the service. People felt the manager was approachable.

People and relatives knew how to raise a complaint if needed. Robust audits carried out the registered manager and quality team identified any issues in the service and these were resolved in a timely manner. There was a close partnership working with stakeholders and other organisations. The registered manager made the Commission aware of all notifiable incidents. These are events that the Commission should legally be made aware of so that we can monitor the level of risk at a 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 were aware of safeguarding practices and how to protect people from the risk of abuse.

Risks to people were identified and managed appropriately.

There were enough staff to meet people's needs. Staff had been safely recruited.

Medicines were stored, administered and recorded in line with best practice guidelines.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Derby DCA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 17 January 2019 and was unannounced. The inspection was undertaken by one adult social care inspector.

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 reviewed the PIR and other information we held about the service. This included feedback from the local authority and past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two staff members and the registered manager. We also spoke with a social worker but were unsuccessful in our attempts to contact people who used the service we were also unable to use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three care records and medicine administration records. We reviewed two staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.

Is the service safe?

Our findings

This key question was rated as requires improvement at our last inspection in May 2016. This was because we found that medication records were not always completed correctly and when needed, written protocols were not place. At this inspection we found this issue had been resolved.

People received their medicines safely and on time as prescribed. 'As required' medicines (PRN) had appropriate protocols in place advising staff how and when to administer the medication. Medication administration records were in place and accurately recorded. Staff described how the service had secure storage in each property and ensured that medicines records were accurately maintained. A monthly audit was undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date. Staff confirmed they had received training on safe administration and recording of medicines.

People were unable to comment directly about whether they felt safe at Derby DCA, but it was clear from their recorded feedback people felt comfortable and safe. There was also positive written feedback from relatives and a social worker we spoke with. Written responses included, "Very good" and "I'm happy." A social worker told us, "I have no safety concerns about the service whatsoever."

The service ensured there were sufficient staff available throughout the day and night to meet people's needs. This meant there was always a staff presence and numbers were flexible, depending on what was planned for each person to do. Staff confirmed the staffing levels varied according to the activities and outings they planned. They agreed there was always sufficient staff for the needs of people living at the service. The registered manager told us, and staff confirmed, "If staff are sick, cover is always through our existing staff team. We always have enough staff." Contact details for regional and operational managers were also available for all staff if required in the event of an emergency.

People were protected from abuse because staff understood the types of abuse which might occur and who they should report any concerns to. Staff had received training on safeguarding and knew there was policy with contact numbers to refer to if needed. All safeguarding alerts in the last 12 months had been reported appropriately.

Each person had risk assessments completed and staff regularly reviewed all aspects of their health and wellbeing. These were individualised and guided staff on their practice to minimise risks which had been identified. For example, risks associated with road safety. The risk assessment looked at ways of ensuring people maintained a level of independence but also kept them safe. Staff had been directed to watch for individual signs and symptoms and to seek advice and assistance when needed.

Recruitment processes were effective and ensured only staff who were suitable to work with vulnerable people were employed. Checks included references from previous employers and Disclosure and Barring Service (DBS) checks.

The service learned lessons from any incidents. A staff member said, "I complete an incident report and send it to the registered manager who would escalate it if necessary." Staff confirmed incidents were discussed and explored further to improve practice and reach good outcomes for people where required.

Is the service effective?

Our findings

The service had a thorough pre-assessment and transition process. One social worker said, "The transition to the service was very smooth from our perspective." Pre-admission assessments were robust and covered areas such as bathing, communication, activities and budgeting skills. They also included details such as family history, likes and dislikes. It was clear that this information had been used to create care plans for the people.

People were cared for by staff who were well trained, supported and knowledgeable. A staff member told us, "I have had lots of training and there is always more available." We saw all staff were up to date with their mandatory training. Staff we spoke with, and records confirmed, they had regular supervision with their line manager. One staff member told us, "I get regular supervision which is an opportunity for me to assess where I am in my development and discuss any concerns or ideas."

Staff were also enrolled to complete the Care Certificate course upon starting employment if they had not completed it in their previous role. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

People were supported to make healthy food choices and drink enough fluid to maintain their health and welfare. Staff told us people were active in choosing what they wanted to eat and drink and supported in developing and maintaining skills in shopping and cooking with staff support as required. Staff also told us that should risks be identified, support from health professionals would be sought and guidance followed, for example speech and language therapists or dieticians. A social worker told us, "The people I see always look healthy."

People had their health needs met. Best interests decisions were made for people when required. People were supported to identify health needs and attend their GP with staff support as needed. The service had links with GP's, specialised nurses, dentist and opticians as required.

Staff told us how people were supported to be accepting of others. Their faith, sexuality and life choices were respected and explored by staff to ensure people's right to choose how to live their lives. This included identifying those people who were vulnerable because they could not identify risk in others. A staff member said, "Everyone is treated individually and with respect."

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. The service was meeting the requirements of the Act. For example, decision specific capacity assessments. Staff were aware of the principles of the Act. All staff had completed and were up to date with refresher training regarding the MCA.

Is the service caring?

Our findings

Staff we spoke with told us their colleagues were compassionate, caring and had a respectful approach to people they supported. People and relatives confirmed, in written feedback, staff were kind, approachable and caring. One relative wrote, "Nice, caring staff." Another relative said, "He (person) loves it, don't change a thing." One person wrote, "Staff are regular and caring."

We spoke to a social worker who told us staff were considerate to people and knew their histories and preferences well.

Care records reflected important information in relation to each person's dignity and privacy. It was evident care records and the ethos of staff was to ensure support planning was personalised and focused on retaining and promoting people's independence. Care records also contained evidence the person or a family member had been involved with and were at the centre of developing their care plans and detailed what support was required to maintain their independence within their own home.

There was information available about access to advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's level of independence was recognised and promoted by staff who cared for them. Staff gave us examples where people's independence was recognised and celebrated. For example, staff had supported someone to plan, shop, prepare and cook a meal. Staff told us it had been a real success for this person, who was now cooking on a regular basis.

People's right to dignity was reflected in the way staff cared for them. One staff member gave us an example of how people were supported with personal care. They told us, "We are discreet but also maintain a balance between a person's independence and being supportive. The registered manager told us people were supported by their preferred gender of staff member when personal care was provided. We found people's confidential information was securely stored."

Is the service responsive?

Our findings

People said staff responded to their needs. For example, one person had given written feedback stating, "Staff help us visit the places we like."

The registered manager and staff understood the importance of ensuring people had fulfilling and active lives. This was evident in people's weekly planners. They showed people had a wide variety of activities and outings to keep them engaged and part of the local community. The care plans we looked at showed activities were individualised although group activities were also available.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's communication needs. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's ways of expressing themselves in verbal and non-verbal ways.

People's care and support was well planned. This was because there were clear care plans which instructed staff how to best support someone with their personal care, emotional and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave appropriate details for staff to understand people's likes, dislikes and preferred routines.

The service had a complaints process with written details of who people could make their concerns and complaints known to. This was in an accessible format to help people understand the process. There had been no complaints in the last 12 months.

The service had provision for staff training in 'end of life care'. However, at present the service was not supporting people on end of life care. Although, some people had discussed their end of life wishes which had been recorded by staff.

Is the service well-led?

Our findings

A registered manager was employed to oversee the running of the service. 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 knowledgeable of people's needs and preferences. All the feedback we received suggested the management team were supportive and approachable. The registered manager told us, "I'm always available." Feedback we received about the registered manager was very positive. A social worker said, "The manager is very proactive and communication is always good." A staff member told us, "The registered manager couldn't be more helpful. She's very supportive." Another staff member said, "The registered manager is at the centre of a really, really good team. I think it's a well-run organised company."

The registered manager was passionate about the ethos and values of ensuring people had fulfilling lives in a safe and homely environment. Staff understood the visions and values and showed a similar passion for ensuring people had choice, respect and the right support to remain independent. Staff talked about how they worked well as a team to provide consistent care and support in a caring environment.

People and staff were involved and engaged in the running of the service. Regular house meetings with people were held to gather their feedback. Meeting minutes we saw showed how everyone's opinions from the house were considered for subjects ranging from shopping and cooking to decorating, activities, as well as managing the property. Staff meetings also occurred on a regular basis. Topics discussed in these meetings included values, team work, and training. A staff member told us, "The meetings are regular, relaxed, open and informative. The Chief Executive came to a recent meeting, which is nice to see." Staff were also given the opportunity to provide feedback to the wider company. We saw an organisational newsletter which identified the issues which had been raised by staff and the company's response to them, for example improved methods of communication.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect changing needs following an incident of Management of Actual or Potential Aggression (MAPA).

Robust quality auditing systems monitored the care provided. Audits were completed on a regularly basis so that the registered manager could check the service's performance. These included audits on medicines, documentation, health and safety and the general environment. Any issues highlighted were quickly resolved through an action plan. For example, a MAR had not been signed but the medication had been administered. This was addressed via team meetings and individual supervision.

The registered manager and staff had developed close working relationships with other health and social care professionals. These included people's GPs and social work professionals. This helped to ensure people's physical and mental health needs were promptly met.

The registered manager understood the responsibilities to report on any significant events or incidents. There had been no delay in reports to CQC.