

Voyage 1 Limited

Kent and Medway Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Kent and Medway Domiciliary Care Agency is a supported living service registered to provide personal care. The service provides support to people with a learning disability and/or autism living in supported living settings, so that they can live in their own home as independently as possible. At the time of the inspection they were providing support to 16 people who were in receipt of the regulated activity personal care. Not everyone who used the service received personal care. 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 lived in their own flats and had access to their own facilities such as kitchens and bathrooms. Services were provided in various locations across Kent.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. For example, staff did not wear uniforms and were not easily identifiable as support workers when in the community with people. People lived in their own flats which were not identifiable as supported living settings as there were no signs on the outside of the buildings.

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

Feedback from people and relatives about the service was positive. One relative said, "In the main it is very good. I don't have anything to say that's negative. The quality of care is good."

However, we found a number of areas where the service required improvement. The concerns we found were almost all at one location where people live.

The management of infection control needed to be improved to reduce the risk of the spread of infection including COVID-19. There were systems in place to protect people from abuse. However, one concern had not been raised through standard safeguarding processes when it needed to be. We made a recommendation about this. Staff had undertaken training in safeguarding. Record keeping including incident reports needed to be improved to ensure that effective learning from incidents was enabled.

People's needs continued to be assessed. However, some support plans needed to be updated and were missing some details. There were risk assessments in place for people. However, there were areas where these could be improved.

Staff were covering people's support calls and we found no evidence that calls were missed. However, some staff were working a significant number of hours and a long time without breaks. Since the inspection the registered manager sent us information on how they planned to address this.

Staff had undertaken a range of training. However, some staff were not positive about their training or

confident in their abilities to support people. New staff undertook an induction. However, the quality of staff induction had been impacted by COVID-19 as some sessions were not being undertaken. Prior to the inspection plans had not been put in place to address this.

Staffing changes had been made to the management of one location. However, staff feedback at the inspection was not always positive and some staff said they did not feel valued or supported. Audits had not always identified or addressed the concerns we found on the inspection.

People were supported to access healthcare as and when they needed and there was information for people to take with them when they went to hospital. People's medicines were administered as prescribed.

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

We did not review all aspects of Registering the Right Support as the inspection only looked at Safe, Effective and Well-Led. In the areas we covered in the inspection we found the service applied the principles and values of Registering the Right Support. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated Outstanding (published 26 February 2020).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing levels, training and inductions, management of incidents and the Infection prevention and control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with staff working long hours, staff induction and training, management of incidents and infection prevention and control so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Outstanding to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needed to make improvement in safe, effective and well-led.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kent and Medway Domiciliary Care Agency on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control, risk assessments, incident reporting and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kent and Medway Domiciliary Care Agency

Detailed findings

Background to this inspection

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 Care Act 2014.

Inspection team

The inspection team was made up of three inspectors. Two inspectors visited people's homes in two different locations and one reviewed documentation we asked the service to send to us.

Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

On the first day of the inspection we gave a short period notice of the inspection. This was to check if anyone had suspected or confirmed COVID 19 and arrange for information to be sent to us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority professionals who work with the service and attended a telephone conference meeting with health professionals, the registered manager and operations manager. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including the registered manager, operations manager, office staff, senior care workers and care workers.

We reviewed a range of records including five people's care records. We reviewed medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records as well as information the registered manager sent to us after the inspection relating to changes made. We received written feedback from a person's relative.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- There were no known cases of COVID-19 at the service. However, adequate measures had not been taken to reduce the risk of the infection spreading. For example, if people or staff had COVID-19 but showed no symptoms.
- The provider had guidance in place for infection prevention and control such as wearing personal protective equipment (PPE) and cleaning areas that are frequently touched at least three times a day with disinfectant. However, cleaning schedules at one location showed this task for twice a day. There were also gaps in the schedule where it had not been signed to indicate the cleaning had been done. This meant management could not effectively monitor if staff were following the provider's guidance and increased the potential for infection to spread.
- Government guidance for COVID-19 stated that 'sharing staff between settings should be avoided'. However, some staff in one location continued to regularly move from one setting to another. A new location was opened in Folkstone in August, which increased the need for staff to work across more than one setting. There was no plan in place to minimise this movement which increased the potential for infection to spread. Immediately after the inspection the registered manager sent us a new rota demonstrating they had undertaken work to address this.
- We were not fully assured that staff were using PPE effectively and safely. For example, during the inspection staff were wearing face masks. However, there were mixed views from staff in one location on whether staff usually wore masks in line with guidance. Some staff told us the use of masks was improving since a new field manager came in to post.
- Staff had completed competency assessments to ensure that they were able to put on and take off PPE correctly. This included instructions that staff were to remove PPE in the service users' room. There were no checks to evidence that staff then put a new mask on in line with guidance issued to staff which stated staff were to wear masks at all times.
- When we visited, we found the service appeared to be clean. However, feedback from health and social care professionals was not positive that standards of cleanliness were always maintained at one location.

Learning lessons when things go wrong

- Incident records needed to be improved. Some incidents were well recorded and action had been taken to reduce risks. However, other incidents at one location were not well recorded. For example, some incident records were not signed nor was there a name of who had completed it. There were areas where the information provided was not appropriately detailed. For example, one incident of emotional based behaviour where a person hit a staff member referred to another person becoming involved but did not detail how. It also did not record what de-escalation was used. There was no de-briefing record. Actions

taken after the incident to prevent re-occurrence was recorded as 'none'. This meant lessons could not always be learned on what de-escalation approaches were continuing to prove effective. Also there was no evidence the risk relating to another person becoming involved was reviewed.

- Feedback from health and social care professionals was not always positive about incident reports from one location.

Assessing risk, safety monitoring and management

- There were shortfalls in managing risk to ensure people received safe care and treatment. There were risk assessments in place. However, there were times where these needed more information. For example, one person had a risk assessment in place for seizures. This included some signs the person displayed during these events but not all of them. There was also no individual risk assessment for supporting the person if they had a seizure whilst they were in the bath. This was addressed by the registered manager immediately after the inspection as the risk assessment was updated.
- Some support plans available to staff in people's homes had not been reviewed for some time. For example, one person's support plan relating to anxiety was dated as due for review on 02/07/18. There was no evidence this had been completed and no records on an update sheet within the person's file. This increased the risk that staff did not have up to date information on the people's support needs.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate infection prevention control was effectively managed. The provider had failed to do all that was reasonably possible to manage and mitigate risks to people's health and safety. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were supported with equipment such as hoists there were appropriate checks in place to ensure that these remained in safe working order.

Systems and processes to safeguard people from the risk of abuse

- The service had not raised one concern involving two people through the safeguarding process when they needed to do so. However, staff and the registered manager knew how to report concerns to the local authority and most concerns had been reported appropriately. The registered manager told us the concern had been discussed with the local authority. However, there were no records to evidence what had been shared and the local authority was not able to confirm this.
- Whilst the registered manager told us that some action had been taken to resolve the concerns, the service was not able to provide any evidence the support for the people involved had been reviewed.

We recommended the provider seeks advice from a reputable source to review their safeguarding policies and procedures.

- Staff had completed safeguarding training and continued to understand how to identify concerns and knew how to 'blow the whistle' if they had concerns about poor practice.
- People and the relative we spoke to were positive about feeling safe at the service. A relative said, "[My relative] is safe there, 100% I have no concerns."

Staffing and recruitment

- People told us they got support when they wanted it and received their support calls as planned. However, at one location some staff were working a significant number of hours and long shifts to cover the rota. For example, one member of staff worked from 6pm on 03/04/2020 through to 9pm on 04/09/2020 with

no breaks scheduled on the rota. Another member of staff did not have any full days off in August. We spoke to the registered manager about this who told us some staff wanted to work extra hours. However, this meant there was a risk that staff were tired and not provide support to the best of their abilities.

- Feedback from staff was mixed. For example, one said they were very happy with their working arrangements and hours and did not feel they were overworked. However, other staff said they needed to work a lot of hours otherwise the rota would not be covered and people would be left without support. One staff said, 'It's not good for wellbeing as I am very tired and have no time with my family.' We also found that some shifts were added to the rota and staff worked more hours than originally planned. Immediately after the inspection the registered manager sent us a new rota demonstrating they had undertaken work to address this. However, we could not be assured that this had been embedded in to ongoing practice.
- Appropriate recruitment checks continued to be carried out to ensure that staff were recruited safely. For example, to make sure Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People continued to receive their medicines as prescribed. Medicine administration records and stock level records were complete and accurate.
- Staff competency to support people with their medicines was assessed. People's medicines were reviewed to ensure they were not taking medicines they no longer needed to.
- Medicines were stored safely. The temperature of medicine cabinets was regularly checked as being too hot or cold could change the effectiveness of some medicines. There was a plan in place to ensure medicines remained at the correct temperature.
- Where people had 'as and when' medicine such as pain relief there was clear information for staff such as how often the medicines could be taken and when they should be offered to people.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At this inspection the face to face induction was not taking place due to COVID-19. Feedback on training from staff was mixed. One staff said they did not think they had the right training and support and did not have the skills to positively support people. Since the inspection the registered manager has put plans in place to undertake the induction remotely to improve staff skills and confidence.
- New staff undertook a period of shadowing more experienced staff prior to working alone to learn about people and their routines.
- The majority of staff had completed a wide range of training to enable them to undertake their role.
- Some staff told us they did not feel well supported through staff supervisions. At the time of the inspection there was a new field manager overseeing the location. Some staff said they were hopeful this would lead to improvement in support for staff.

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

- Staff supported some people to shop and cook for themselves as appropriate. However, there were some areas where we could not be assured that support was effective. For example, one person needed support to shop for healthier foods. A two-week meal planner was in place but this was not dated and did not always reflect what the person ate, for example this included a packed lunch but there was no evidence the person was having a packed lunch. There were gaps in the record of what the person had eaten when staff were present for meals.
- Since the inspection the registered manager has put in place plans to introduce keyworkers to lead on providing support with menu planning.
- Where people were at risk from choking, they had been referred to the speech and language team and there was guidance in place which was regularly updated.

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

- There was information for people to take with them if they needed to stay in hospital. These documents provided useful information for healthcare staff and included information such as health needs and medicines.
- People had health action plans which included information about their healthcare needs and appointments such as speech and language teams, doctors and mental health support.
- Staff supported people to access healthcare and attend annual health checks when they needed it. For example, we saw records to evidence that people accessed dental treatment, occupational therapists and

opticians.

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

- People's needs continued to be assessed using best practice tools.
- Some people needed support to manage their emotions to reduce the risk of an incident occurring. There were emotional behaviour support plans in place. One support plan we reviewed lacked detail which could impact on behaviour if new staff did not know how to support the person. This was addressed by the registered manager immediately after the inspection as the risk assessment was updated.
- There continued to be STOMP plans in place to support people to reduce their use of as and when medicines. STOMP is an NHS England initiative to reduce the uses of mood-altering medicines for people with learning disabilities. As a result some people had been supported to reduce or stop taking these medicines.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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.

- No one using the service was being deprived of their liberty under the Court of Protection.
- Staff had an understanding of the MCA and knew how to protect people's rights. For example, staff were aware that people had the right to leave their homes without support when they chose to do so.
- Capacity assessments were undertaken for specific decisions where these were appropriate. Where people needed support to make some complex decisions for themselves best interests' meetings were held and recorded in line with the MCA. People were supported make day to day choices.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were shortfalls in monitoring and evaluating the service. This meant there was an increased risk than people would not always receive safe care and treatment.
- Audits continued to be undertaken in all areas such as medicines, infection control and there was a virtual provider audit completed in June 2020. However, audits failed to address some of the concerns we found on this inspection. For example, that cleaning schedules had not been updated to reflect the need for increased cleaning due to COVID-19 and there were gaps. Some risk assessments needed updating and incident reports were not well completed.
- Some staff record-keeping needed to be improved. For example, one person's support plan showed they needed prompting to brush their teeth. However, this was not mentioned in their daily notes. Incident reports were not always sufficiently detailed. Food diaries were not always completed. There was a seizure chart in place for one person. However, this only noted the approximate time a seizure occurred and the type and not the signs displayed or length of the seizure. Some staff included some further information in the daily notes, others did not. This meant the quality of support and arising concerns could not be effectively monitored.
- Staff were required to send incident reports within two hours to managers. At one location a member of staff told us some staff used their personal phone to send pictures of incident records to the head office to achieve this. There was no computer on site. We saw evidence that some staff were still waiting for work phones after the inspection. This was a concern as staff could retain people's personal information on their phones. We raised this with the registered manager who told us they would arrange for a computer to be installed at the service.
- Some staff were not always positive about the organisation at the service. One staff said, "It is really bad." They told us when they arrived to undertake their shadow shift no one knew they were coming including the staff member they were shadowing. Another said, "It is not great, very happy working with the service users but the organisation is not good." We also found at both sites we visited the way records were organised was not consistent which meant that updated information could be missed by staff. When the inspection started the registered manager was away from the office and we were sent documents which were out of date and had been superseded.
- There were areas where communication needed to be improved. For example, messages were sent electronically to staff. However, not all staff knew how to access older messages using the electronic system and no paper copies were found available at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had informed the Care Quality Commission of most significant events which happened within the service, as required by law. However, we found one concern raised by staff where the correct process was not followed and CQC were not notified.

The provider had failed to ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services and to maintain secure, accurate, complete and contemporaneous records. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that the rating is on display at the service and on the provider's website. We did not visit the service office at this inspection to reduce the risks of COVID-19. Therefore, we were not able to check the rating was on display there. However, the rating was clearly displayed on the provider's website.
- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The management team understood their responsibilities if such an event occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to the inspection staff had raised concerns about the management of one location and the mixture of people living there. The registered manager held a meeting with staff to discuss this and some changes were made. However, staff feedback from both new and long-standing staff at the location was not always positive. One staff said their role was "still difficult" and said, "Management only come if something big going on. We don't see them otherwise." Since the inspection the registered manager sent us supervision records to evidence that some staff's morale was improving. We also received written feedback from a relative that the service was improving under the new field manager. Staff feedback at another location was positive.
- There was an annual survey for people where they were supported to express their views. This was undertaken prior to the last inspection. A new survey is not due until November 2020. People we spoke to told us they were able to speak to the registered manager on the telephone or staff if they wanted to raise any issues. One person told us, they liked all the staff and if they had concerns or a problem, they would go to any support worker.
- People continued to be engaged in the local community using local shops and visiting places to eat. Some concerns had arisen relating to relationships with neighbours. However, the service was seeking to address these.

Working in partnership with others

- People were referred to health and social care services appropriately such as GPs, nurses and mental health professionals.
- The provider shared information with the registered manager to enable them to keep up to date during COVID-19. However, we found that some guidance for COVID-19 was not always followed. The registered manager continued to engage with local professionals and attended recent safeguarding meetings which were held remotely.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not robust enough to demonstrate infection prevention control was effectively managed. This placed people at risk of harm. The provider had failed to do all that was reasonably possible to manage and mitigate risks to people's health and safety Reg 12 (2) (b) (h)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services and to maintain securely accurate, complete and contemporaneous records. Reg 17 (2) (a) (b) (c) (d)</p>