

Voyage 1 Limited

Voyage (DCA) (North 3)

Inspection report

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03 August 2018

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 25, 27, 30 July and 3 August 2018. The provider was given 48 hours' notice because the location provides a supported living service for adults who are often out during the day, so we needed to be sure that someone would be in.

This service provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home 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.

People who use the service have learning disabilities, autism spectrum disorders and/or physical disabilities. People who use the service are supported with personal care, medicines, cooking, shopping, activities and other day to day tasks. At the time of our inspection 64 people were using the service. The service provides support to people living in County Durham, Sunderland, Hartlepool, Northallerton and the surrounding areas.

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.

This was the first inspection of this service. The service registered with the Care Quality Commission in April 2017 following a merger of the provider's two registered offices in Ryhope and Hartlepool. During this inspection we found the service was meeting legal requirements and we have awarded an overall rating of 'Good.'

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 said they felt safe. Staff told us they were confident any concerns they raised would be listened to and investigated thoroughly to ensure people were protected. Staff had completed up to date training on safeguarding adults, and could describe different types of abuse and signs to look out for.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

Medicines were managed safely. People received their prescribed medicines when they needed them.

Contingency arrangements were in place in case of accidents or staff emergencies and on-call management arrangements were in place.

Risks to people's health and safety were assessed and managed. Staff supported people to do the things they enjoyed and encouraged independence with daily living.

Staff training in key areas was up to date. Staff told us they felt confident to care for the people who used the service.

People were supported to maintain a balanced diet and to have enough to eat and drink. People were supported to maintain their physical and mental health needs.

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. Staff understood the Mental Capacity Act 2005 and how to apply this to people in their care. Staff understood the need to support people to make their own decisions and the role of best-interests decision making.

Support plans contained clear information about the person's level of independence as well as details of areas where staff assistance was required. Support plans detailed people's needs and preferences and risk assessments were in place where appropriate.

People and their relatives made many positive comments about staff being caring, respectful and kind. The locations we visited had a homely atmosphere and there were positive interactions between staff and the people who lived there.

People had access to important information about the service, including how to complain and how to access independent advice and assistance such as an advocate. This information was available in different formats.

There were systems in place to gather regular feedback from people who used the service and their relatives. Feedback was acted upon. The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided.

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.

People who used the service told us they felt safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough staff to meet the needs of people who used the service.

Good 

Is the service effective?

Good 

The service was effective.

Staff received training to help them provide the right care and support to people.

Staff received regular supervisions and appraisals. Observations of care happened regularly.

People were supported to maintain a balanced diet and to have enough to eat and drink.

Is the service caring?

Good 

The service was caring.

People said staff were kind and caring.

People and their relatives spoke positively about their relationships with staff.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good 

The service was well-led.

People and staff spoke positively about the registered manager.

Effective quality monitoring systems were in place.

People's feedback was sought regularly and acted upon.

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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.

The provider was given 48 hours' notice because the location provides a supported living service for adults who are often out during the day, so we needed to be sure that someone would be in. Inspection site visit activity started on [date] and ended on [date]. It included [list the inspection methods that you used]. We visited the office location on [date] to see the manager and office staff; and to review care records and policies and procedures. The inspection was carried out by one adult social care inspector.

We visited the registered office on 26 July and 3 August 2018, and visited people in their homes on 27 and 30 July 2018. We contacted four relatives of the people who used the service on 9 August 2018.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority commissioners, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited four shared houses and spoke with 11 people who lived there. We spoke with the registered manager, operations manager, four field care supervisors, two care co-ordinators and five support workers. We also viewed a range of records about people's care and how the service was managed. These included the care records of four people, medicines records for 10 people, the recruitment records of three staff, training records and quality monitoring records.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "I like living here as it's my home. I don't want to live anywhere else." Another person told us, "I feel safe here as the staff make me feel safe."

Relatives spoke positively about the care provided. One relative said, "I'm happy with the care [family member] receives. They're happy, well fed and always clean. I know they're safe and happy." Another relative told us, "I know [family member] feels safe where they live."

Systems were in place to reduce the risks of harm and potential abuse. Staff understood the different forms and potential signs of abuse such as changes in people's behaviour, mood or sleep pattern. Staff understood the need to report any concerns to the management team immediately. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively.

Records showed safeguarding concerns were recorded and dealt with appropriately and in a timely manner. Staff told us, and records confirmed, they had completed safeguarding vulnerable adults training and this was regularly updated.

Medicines were managed safely and effectively. All the medicine administration records (MARs) we viewed had been completed correctly which meant people received their routinely prescribed medicines as directed. We found that for some people who took 'when required' medicines, such as painkillers, there were limited guidelines for staff to follow which explained when a person may require these medicines. However, staff described in detail when they would administer 'when required' medicines for the individuals concerned.

Prescribed creams for three people were not recorded as administered on topical medicines application records (TMARs) and body maps to highlight where staff should apply the creams and ointments were not always in place. However, staff described how and where they would apply people's topical creams. There was no evidence these issues with medicines had adversely affected people who used the service. When we mentioned these issues to the registered manager they began addressing them immediately.

Some people were prescribed psychotropic medicines because their behaviour at times could be challenging for themselves and others. Psychotropic medicines are drugs that can affect emotions and behaviour. The provider ensured there was no over reliance on this medicine and people were supported to manage their behaviours that challenged through positive behaviour support (PBS) interventions.

PBS is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. It focuses on creating physical and social environments that are supportive and capable of meeting people's needs. It may involve teaching people new skills to replace the behaviours that challenge and therefore enhancing people's quality of life. For example, one person had completed a mindfulness course and they had a relaxation chart in easy read format to refer to, which staff supported them with. Staff had been trained in PBS approaches specific to individual needs. There was a focus on prevention but, if

needed, safe physical interventions were included.

Risks to people's health and safety were assessed and managed, without comprising people's independence. Risk management plans were in place for daily activities such as eating, washing, accessing the community and managing money. Plans were well written and clearly showed how each person could participate in daily activities with the right support.

There were sufficient staff to meet people's needs. People received continuity of care from regular staff who they knew them well and understood their needs. Most people who used the service had been assessed as needing high levels of staff support to keep them safe. Rotas were based on people's assessed care hours and included 'core hours,' when some people who lived together shared support, and dedicated one to one support so people could access the community for example. Staff were on-site 24 hours a day, seven days a week.

Contingency arrangements were in place in case of accidents or staff emergencies and on-call management arrangements were in place. The business continuity plan detailed the level of support people who used the service might need in such circumstances. For example, each person had a Personal Emergency Evacuation Plan (PEEP). These contained details about the specific needs each individual had, to assist staff to evacuate people from the building safely in the event of, for example, a fire. In one location we found the PEEPs were not easily accessible as they were stored on a computer, although staff knew people's needs well in such circumstances. When we spoke with the registered manager about this they said they would rectify this immediately.

Accident and incident forms were completed accurately in the event of an incident. There was evidence of follow up action for staff and people who used the service. For example, a medicines error resulted in further staff training and increased support in this area. An analysis of accidents and incidents was carried out regularly to ensure that wherever possible, measures were put in place to prevent recurrence.

People were protected from risks associated with infection. Staff had been trained in infection control and prevention procedures and were provided with personal protective equipment (PPE).

Is the service effective?

Our findings

People's needs had been fully assessed before they began receiving care. This meant the provider could check whether the care needs of the person could be met and managed. Following the assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Training records showed staff members had completed training in key areas such as moving and assisting, safeguarding and food hygiene. Staff told us they felt they had sufficient training to support them in their role and they felt confident to care for the people who used the service.

A staff member commented, "Things are 100% better as the setup has improved. Staff training has improved so we're more involved in people's care now which is great and training is more in depth We're trusted more to do the job we're employed to do. We've got our own phones now and there's an on-call system which works well. We know managers are only a phone call away if we need them."

Staff had completed training in equality and diversity, and there were processes in place to reduce the risk of discrimination occurring.

The provider used a computer-based training management system which identified when each staff member was due to undertake further training. The registered manager and field care supervisors had oversight of this which meant they could keep track of staff training needs.

New staff that did not already have a care qualification completed induction training which included all the areas of the Care Certificate (a national set of outcomes and principles for staff who work in care settings). Induction training included the opportunity to shadow more experienced staff and become familiar with people's needs.

The provider made sure staff had sufficient support with their professional development. Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. Staff members who had been employed for over one year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their continued professional development. A staff member told us, "We get plenty of support and the other staff are brilliant."

Records showed people were supported to maintain their physical and mental health needs whenever this was required. For example, people attended appointments with their community nurse, GP, optician, and dentist. Records of these appointments were kept in people's support plans.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a menu

planner which was based on people's preferences and health needs. People were involved in decisions about menus, encouraged to help with the weekly shopping and to prepare meals with support from staff where appropriate. One person told us, "The best thing about living here is the food."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us and records confirmed they had received training in MCA. Staff understood the need to support people to make their own decisions and the role of best interest decision-making, for example if someone needed medical treatment.

Where appropriate, applications had been made to the Court of Protection in line with legal requirements in supported living settings. This was to ensure where people were deprived of their liberty this was being done lawfully.

During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. Staff respected people's choices about how they spent their time. One person told us, "The best thing about living here is being able to do what I want when I want." Another person said, "I like to go downstairs and eat my meals with other tenants but I can go back to my apartment when I want to."

Comprehensive communication support plans were in place to enable people to be supported to make their own decisions. We saw signed records that people and/or relatives currently using the service had consented to their care, treatment, support plans and tenancy agreements.

Is the service caring?

Our findings

People spoke positively about staff and the service. One person told us, "The care and support here is fantastic. I've lived here eight years and I'm so happy." Another person said, "The staff show me respect and always help me." A third person told us, "I like living here as the staff are great."

Relatives said staff were caring and respectful. One relative said, "The staff are great, always respectful. [Family member] has got everything they want. I honestly couldn't think of a better place for them." Another relative told us, "The staff are really nice. They care about [family member]. I speak to staff on the phone all the time. They always tell me what's going on."

During our visits staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed. People were comfortable with staff and the atmosphere in the locations we visited was relaxed and homely.

Staff had a good understanding of what was important to people who used the service and talked about people who used the service with affection and respect. One staff member commented, "We care about the people we support and want them to have full lives." Another staff member told us, "I really like working here as the tenants are amazing."

Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and encouraged independence with daily living. Staff told us how important it was to encourage people's independence while ensuring they were safe. For example, one person who used the service offered to make us a cup of tea. Staff supported them to use the kettle safely while promoting their independence. This person told us they liked making tea for visitors.

Staff told us how they made sure people's privacy and dignity was maintained. For example, staff closed bathroom doors when people were receiving personal care, or closed bedroom doors when people were getting changed. Staff knew people well and knew exactly what support people needed in various situations. For example, during our visit one person became anxious. Staff supported them to put the radio on and make a drink which helped to reduce their anxiety.

People's bedrooms and apartments reflected their personal tastes. One person proudly showed us their bedroom which was decorated in a theme meaningful to them. They told us how staff had supported them to do this and how much they liked it. This meant people were supported to express their individual preferences.

Each person who used the service had a copy of the provider's handbook which contained key information about the service. This was available in an easy read format with pictures which meant it was more accessible for people who used the service. People also had information about how to access independent advice and assistance such as an advocate. Several people who used the service had an advocate. An advocate is a person who represents and works with people who need support and encouragement to

exercise their rights, to ensure that their rights are upheld.

Is the service responsive?

Our findings

Some people who used the service had limited involvement in their care planning because of their complex needs, whilst others were actively involved. Staff we spoke with knew how people wanted and needed to be supported with all aspects of their lives. For example, one person liked electrical equipment so staff spent time with them looking at new products on the internet. This person told us how much they enjoyed this. One person told us how staff were supporting them to change their name which was important to them.

Support plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. Each person had a one-page profile or 'This is me' document which provided a person-centred snapshot of the individual for staff to refer to.

Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication. Care records also contained risk assessments which were detailed and specific to the person. Records showed care plans were continuously reviewed by staff and annual reviews were held with people, relatives and care professionals.

People were supported to engage in activities meaningful to them. Each person had an individual activities timetable. Daily activities consisted of voluntary work, household tasks and trips out. People engaged in a variety of activities such as cooking, shopping, going to the cinema and going bowling. Some people had their own mobility cars which they used with staff support.

One person told us, "I am really happy with the support I get. I go to work twice a week with staff which I enjoy." Another person said, "The staff make me laugh and take me shopping." A third person told us, "The staff take me to places I like such as Butlins and Cadbury's World."

One person who used the service worked in the registered office one day a week. Staff told us how this person used public transport to get there, which they previously would have been unable to do. Staff spoke proudly about how much more confident this person had become.

Staff were responsive to people's needs and acted promptly and appropriately when needs changed. For example, during our inspection staff called the GP out as a person became unwell. This person told us how the GP had given them a prescription to make them better. A staff member told us, "[Name of person] wasn't their usual self today at all. We could see there was something wrong straight away."

Records showed complaints had been dealt with appropriately and promptly. The registered manager was clear that concerns and complaints were integral to quality assurance and that taking any learning from these was essential to avoid repeated issues. People and relatives told us they were happy to raise concerns with staff members and managers. One relative said, "I've never had to make a complaint in four years." Another relative told us, "If I had a problem I would speak to the staff or phone CQC."

Is the service well-led?

Our findings

The registered manager and field care supervisors carried out a number of audits in areas such as accidents, incidents, safeguarding and care plans. There was a comprehensive audit framework in place so all areas of the service were quality assessed regularly. Records confirmed audits were undertaken regularly and overall identified shortfalls and areas for improvement. We discussed our findings about medicines with the registered manager who was receptive to our feedback. In conjunction with the provider they took steps by the end of our inspection to start addressing the minor concerns raised.

Staff from the provider's quality department had conducted two internal audits since the service opened in April 2017. The most recent internal audit took place two weeks before our visit and improvements were noted. Actions arising from all audits were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection. This meant audits were effective in identifying and generating improvements within the service.

The registered manager was supported by field care supervisors and care co-ordinators. There was a clear management structure in place and staff understood who they reported to.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

People's views about the service were regularly sought via informal 'house meetings' and an annual quality survey. The most recent survey was conducted in June 2018, the results of which were not yet available. Minutes of house meetings showed that people's feedback on activities, menus and other day to day issues was regularly sought. In one location we saw how people had suggested a day trip to Beamish and a holiday to Blackpool, and this was arranged. This meant people's feedback was acted upon.

Staff we spoke with told us they felt supported by the registered manager, and if they had any issues they could ask for help. Staff said the registered manager was approachable and accessible and there was a positive culture. Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them later. Staff told us they had plenty of opportunities to provide feedback about the service.

All the staff we spoke with spoke positively about the registered manager. The operations manager told us, "[Registered manager] is a good manager who encourages openness and honesty." Another staff member said, "[Registered manager] is lovely. They're one of us. All the staff know we can ring them at any time." A third staff member commented, "[Registered manager] is lovely and really approachable. Anything you need they're there. They give you confidence and reassurance." A fourth staff member told us, "They're the best manager I've ever had. You get loads of support. They're absolutely brilliant."