Voyage 1 Limited

Kingston Domiciliary Care Agency

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

Overall summary

This inspection took place on 10 November 2015 and was announced. We told the provider one day before our visit that we would be coming. At our last inspection on 25 November 2015 we found the provider was meeting the regulations we checked.

Kingston Domiciliary Care Agency (DCA) provides care and support for 12 people with learning disabilities, who live in their own homes in the boroughs of Kingston, Hillingdon and Greenwich.

Since the previous manager left in January 2015 the service has had two temporary managers.. On the day of our inspection the provider had appointed an experienced interim manager from within the company, who had managed the service since June 2015. A new permanent manager was due to start on the 23 November 2015 and we were told they will apply to register as a manager with the Care Quality Commission (CQC).

Summary of findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe.

The provider and interim manager ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so. Where people did not have the capacity to make their own decisions, other professionals and families were involved in making decisions for people that were in the person's best interests.

People chose their meals and were supported to have a varied nutritious diet, to eat and drink well and stay healthy. Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans, including supporting them to access activities of their choice.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. The complaints policy was provided in an easy read format.

Staff gave positive feedback about the management of the service. The interim manager was approachable and fully engaged with providing good quality care for people who used the service.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

Summary of findings

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 knew how to identify the signs that people might be being abused and how they were required to respond. The provider had undertaken all appropriate checks before staff started their employment. In this way only suitable people were employed.

Staff received medicines training and this was refreshed regularly. In this way, medicines were administered to people as safely as possible and the risks of errors were minimised.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Is the service effective?

Good

The service was effective. The interim manager and staff were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

When joining the service, staff had an induction programme. They also received regular training and support to keep them updated with best practice.

The provider had arrangements in place to make sure people's general health including their nutritional needs were met.

Is the service caring?

Good

The service was caring. People were encouraged to maintain their independence whenever possible.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service tried to make sure they provided the same care worker whenever possible so people had consistency and continuity of care.

Is the service responsive?

Good

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure which was provided in an easy read format, so that people knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well-led. Following several changes in management the service now had an experienced interim manager in post who was aware of their responsibilities. A permanent manager was due to start at the end of November 2015.

The interim manager was approachable and staff felt supported.

The interim manager carried out regular checks to monitor the safety and quality of the service.

Kingston Domiciliary Care Agency

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 10 November 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the interim manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the interim manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's registered office and spoke with the interim manager and the administration staff. After the inspection we spoke with one person who used the service. We reviewed the care records of four people who used the service, and looked at the records of four staff and other records relating to the management of the service.

We spoke to two members of staff and we emailed a short questionnaire to six care staff and three care managers from the local authorities who supported people who use the service. We received three replies from staff and no replies from the local authority care managers.

Good

Is the service safe?

Our findings

The person we spoke with told us they felt safe with the care and support they received from Kingston DCA. They told us, "Staff are good, I know them."

The service had taken steps to make sure staff were aware of how to safeguard adults at risk. Staff were able to tell us what signs they would look for to identify people at possible risk of abuse, and what action they would need to take to ensure people's safety. The provider had developed their safeguarding policies and procedures and these were readily available for staff to read. We saw evidence that staff received regular training about how to identity abuse and what action to take to mitigate the risks of abuse to people. One staff member said "I ensure the person I support is safe by assessing the situation, providing all the information required to keep them safe and remaining calm when an incident does occur". The interim manager knew what the procedures were for making referrals to the local authority and that they had the statutory responsibility to investigate any safeguarding alerts.

We saw people had individual risk assessments in their care files. These documents identified possible risks to people and how they could be minimised. These had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. The risk assessments we saw covered the range of daily activities and possible risks including preparing food, medicines administration and finances. The risk assessments were divided into categories, the identified hazard, the risk to the person or to staff and the safety actions to take. The identified risks and risk management plans helped to keep staff and people safe.

The provider had arrangements for health and safety checks of a person's home to help ensure staff were working and caring for people in a safe environment. Staff told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of staff and the person in their home.

We saw that Kingston DCA had finance policies and procedures in place. These were drawn up to help staff appropriately manage people's money, where a person was unable to manage their own finances. One staff member said "Sometimes you have to help a person with their money but I like to shadow and watch them in the shops, just to make sure they get treated correctly." Other staff were able to tell us what the daily process was for recording and keeping people's money safe.

The interim manager told us and we saw evidence that the finance records were brought back to the office and checked on a monthly basis. Records showed that at the end of each quarter the provider audited the financial recording sheets and signed to state that there was no financial irregularity found. This helped to ensure people's finances were kept safe.

The service kept a record of accidents and incidents. The interim manager told us where appropriate and with the person's permission issues were reported to the person's family. From the records we inspected we saw that the interim manager reviewed accidents and incidents so that any patterns could be identified and action taken to prevent re-occurrences.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, notes from the staff's interview, two references, and proof of identity and criminal records checks. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

We talked with the interim manager about the arrangements for the administration of medicines to make sure it was completed safely. They told us the majority of medicines were delivered to people's homes from the pharmacy in pre-filled dosett boxes; this helped to mitigate the risk of errors. Where staff had administered medicines they signed the medicines record to confirm these had been given. These medicines records were then returned to the providers' office on a monthly basis. Medicines were stored safely in a person's home and people were encouraged to be as independent as possible with the administration of their own medicines. Staff confirmed they had received training in the safe administration of medicines and they said this was refreshed regularly.

Good

Is the service effective?

Our findings

Staff had the skills, experiences and a good understanding of how to meet people's needs. We asked one person who received support what was the best thing about Kingston DCA and they said, "Staff helping me to do the things I like." The person then went on to tell us about the things they liked and where and when staff helped them during the day.

The provider's policy showed staff received an induction programme and training in line with their roles and responsibilities. Not all existing staff's induction files were kept at the registered office and so we were unable to verify that all staff had received their induction. However the interim manager told us that no new staff had been recruited since January 2015 but if they did need to employ new staff the policy would be followed and documentation kept of the process. This induction process meant that people were cared for by staff who were appropriately supported and trained.

The provider had identified a range of training courses and we saw documented evidence that staff completed annual refresher training courses including the safe administration of medicines; manual handling; infection control and fire safety. Staff also completed additional training identified as necessary for providing effective and appropriate support for the person using the service. The interim manager explained the training accessed by staff was a mix of classroom and e-learning. Staff were appropriately skilled and knowledgeable to meet the needs of people using the service.

Staff received one to one supervision sessions with the interim manager every six to eight weeks. The interim manager said if the need arose then this could be provided earlier and as required. We inspected four staff files. We saw the notes of staff supervision sessions. Discussions about the care delivered, any learning or actions identified following training and other issues were recorded in the notes of these supervision sessions. We saw that staff had received copy notes of their supervision sessions signed and dated so they were aware of any actions they had to take. All staff had an annual appraisal.

The service arranged a variety of team meetings dependent on whether staff worked as a team in a multi occupancy house or with one individual person. These meetings gave staff the opportunity to discuss any changes in procedure, legislation and any issues that had arisen. Staff were supported by the interim manager to deliver the support required.

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. 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. We saw that one application had been made to the Court of Protection but a decision had not been received at the time of the inspection. Another person was in the process of being assessed by the provider and their local authority care manager.

One staff member said "I encourage the person I support to make their own decisions. I facilitate situations where they can make decisions. I also assist them to find the information they need to make decisions as they require". Another staff member said "I don't make presumptions about the person I support just because they have a particular disability and maybe can't make a decision for themselves. If someone has different values, beliefs or preferences to me that doesn't mean they lack the capacity to decide. I will encourage them to make decision for themselves." The service had up to date policies and procedures in relation to the MCA and consent. Training records showed staff had attended training on the MCA. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and gaining a person's consent before delivering support.

With regard to people's nutritional needs, staff told us they helped people to plan their weekly meals, assisted them with shopping and preparing the meal. Staff told us each person had a meal planner but could change their mind of what they wanted to eat. One staff member said "I explain to them as clearly as possible, sometimes I use pictures for

Good

Is the service effective?

menus or different food types". Staff said they encouraged people to eat healthily but the decision of what a person ate was the persons. People could also choose to eat out at a restaurant and staff would accompany them if required.

The service supported people to meet their health needs. This often involved monitoring people's health and encouraging them, with assistance, to contact their GP or other healthcare professionals. Staff told us they could accompany a person to the GP's or the dentists to assist healthcare staff to communicate effectively with the person. Staff said they would gain agreement from people before accompanying them and a staff member of the same gender as the person could be used when required.

Good

Is the service caring?

Our findings

The person we spoke with told us they were happy with the staff who supported them. They said "I get up and go to bed when I want and staff support me when I need help." One staff member told us "I ask the person I support for their views about their care and I would ask questions to see if they are truly happy with the care they are receiving." Staff told us they encouraged people to be as independent as they could be within their own limitations. In this way people were provided with support whilst maintaining their independence.

Kingston DCA provides care and support to people with learning and physical disabilities. Staff told us they had read people's support plans, had spoken to other staff and observed support being given and this helped them to get to know the person and how they wanted to be supported. Records showed people were involved in the annual review meeting of their support plan. This helped to ensure people received the service they wanted and that met their needs.

Staff enabled people to make decisions by taking the time to explain things and to wait for the person to make a decision. One person told us about the activities they did and how staff enabled them to attend college and engage in other activities. One staff member said "I will tell the person I support all the information they need to know to maintain their independence and control in their daily life and this can help them make their own decisions." We asked staff how they knew for people who had limited communication skills whether they were happy receiving the service or with the activity they were engaged in. Staff told us they used various methods to help the person understand information and make decisions such as showing them pictures of places to go and things to do so they can fully understand what choices they are making. One staff member said "You soon learn to understand a person who cannot verbalise by watching their reactions and being patient." This helped to ensure people received the support they wanted.

The service recognised the importance of providing the same staff consistently over time, but also recognised the needs of the service to provide care during staff absences. The provider had recently been organising staff to work with different people, so that staff would get to know a person, understand the support they needed and the person could get to know them. In this way should a staff member be absent the person would still be supported by a staff member they already knew. This meant that people receiving a service had some continuity from staff who understood their needs and were reassured by familiarity.

Several staff spoke to us about respecting a person's right to privacy and how they would achieve this at all times. They told us they did this by knocking on doors before entering, asking the person what they would like and listening to their reply and talking to them while assisting them. Staff were aware of the principle and importance of confidentiality. Written information about people using the service was kept on a secure data base system and paper copies were kept securely by the person in their own home and at the registered office. Staff said all this helped to foster a friendly working relationship with the person.

Good

Is the service responsive?

Our findings

People's needs had been assessed and information from these assessments had been used to plan the support they received. Staff from Kingston DCA visited people to assess their support needs including the person's health, their ability to consent to support, the level of their personal care needs and their social needs. We saw for those people whose support was funded by a local authority, the local authority had written a comprehensive assessment of the person's needs. This information gave the provider the opportunity to ensure a person's support needs could be met.

We saw when a person started to use the service they were given an easy read handbook detailing the support they would receive. This included pictures of staff and management, activities or events they may regularly attend such as college or church. As well as other services they may access, such as the GP, dentist, hospital or chiropodist. This helped to remind people of the service they could expect to receive.

The interim manager and staff were in the process of updating all the support plans to ensure they were still relevant to the person's needs. We looked at four support plans and could see they were in an easy read format and written in the first person. They had considered who the person was, their background, knowledge and wishes of how they would like to be supported. We could see that people, their families, and other healthcare professionals had been involved in the development of the support plans and where people were able to they had signed their support plan.

Each support plan detailed the person's likes and dislikes, how they communicated, their skills and their chosen daily activities. Plans outlined what a person's typical day looked like, how the person made decisions and how they wanted to be supported. Staff spoke with people individually about what activities they would like to do and how they would like to spend their time and staff supported people to do these activities. One staff member said "The person I support chooses their own activities all the time. Sometimes I come up with different ideas and they will decide which one suits them the most."

We saw the daily notes for each person were comprehensive, written in the first person and explained what a person had been doing, how they felt, what they had eaten and the support they needed. These notes helped to ensure staff taking over the support of a person was fully informed about the person's day.

Staff spoke about how they helped people not to become socially isolated by encouraging them to keep in touch with their friends and family, by visiting them, phoning them or using Skype video calling. People were encouraged to attend clubs and social events so that they could meet new people and make friends.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints process. We saw complaints were logged in the complaints file. The interim manager told us that any concerns people had, whether about the environment, staff or other people were dealt with promptly and this helped to stop the concern becoming a complaint. Documents and records we looked at confirmed what the manager told us.

Good

Is the service well-led?

Our findings

Staff we spoke with told us they felt the service was well-managed. One staff member said, "I really appreciate all the hard work of my manager, they put lots of effort in to meet all our client and staff needs," another staff said "I feel appreciated and valued".

The service had an interim manager in place, prior to which there had been two temporary managers following the departure of the registered manager in January 2015. A permanent manager was due to take up their post at the end of November 2015.

During our inspection visit we saw that the interim manager was knowledgeable about the service including the support needs of all the people using the service. We found staff were positive in their attitude and seemed to be committed to the support and care of the people using the service. They said the service had improved and communication was now better than before.

Staff felt the interim manager supported the team to consider ways they could provide people with better standards of care and support. One staff member told us, "We are encouraged to discuss any issues and the manager listens". Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered appropriately.

The interim manager told us that a poor return rate of questionnaires had been received from the last survey sent to parents and care managers. But phone calls made to parents and care manager had returned a positive view of the changes being made by the provider. They said any concerns were dealt with promptly and compliments passed onto staff quickly. People who used the service were able to voice their thoughts about the service they received through their key worker sessions or at any time by talking to the interim manager.

Systems were in place to monitor and improve the quality of the service. The interim manager had quality assurance systems in place to monitor the scheme's processes and these were audited by the provider and an action plan developed where needed. We saw the action plan for the September 2015 audit and noted that areas needing change or improvement had been actioned and signed off as completed.

An example we were shown was the staff supervision records. This charted the dates when staff received their supervision and set out the planned dates for the year ahead. This was a useful tool to monitor the frequency of staff supervision and acted as an aid to help ensure the regularity of it.

The interim manager provided us with evidence of a similar record charting staff training. This evidenced the scope of training delivered and highlighted any training needs for staff. A staff member said "We have to work as a team which helps us and more importantly the people we support. A lot of changes have been put in place compared to the last six months and our views are listened to and acted upon." We could see the changes that had been put in place by the provider and interim manager were having a positive effect on the support being received by staff and the support given to people using the service.