

Voyage 1 Limited

Voyage (DCA) (North 3)

Inspection report

19 St Columbas Court
Hartlepool
Cleveland
TS25 4NY

Date of inspection visit:
14 July 2017
19 July 2017

Date of publication:
05 September 2017

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 14 and 19 July 2017 and was announced. This was to ensure someone would be available to speak with us and show us records. During our inspection, we visited the office and a house where people who used the service were supported.

Voyage (DCA) (North 3) provides care and support to people with a learning disability who live in their own home or a supported living environment. On the day of our inspection there were 22 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on annual leave at the time of our inspection.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for staff and people who used the service and were regularly reviewed. Staff understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults.

Appropriate health and safety checks had been carried out to ensure people lived in a safe environment.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and training was arranged for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following legal requirements in respect of Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Voyage (DCA) (North 3). Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were able to access education and employment opportunities, and activities were arranged for people based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

People who used the service and family members were aware of how to make a complaint and said they did not have any complaints to make.

The provider had an effective quality assurance process in place. Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys. Family members told us the management team were approachable and communication was good.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The provider understood safeguarding procedures and had followed them.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

There was a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good 

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the management team were approachable and they felt supported in their role.

The service had good links with the community and other organisations.

Voyage (DCA) (North 3)

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 14 and 19 July 2017 and was announced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with three people who used the service and two family members. We also spoke with two team leaders and two members of staff.

We looked at the care records of three people who used the service. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Is the service safe?

Our findings

People were safe and family members we spoke with told us they thought their relatives were safe with Voyage (DCA) (North 3). They told us, "Yes, very safe" and "[Name] has regular staff. He's well looked after."

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff, and on an ongoing basis as necessary.

We discussed staffing with the team leaders. Agency staff were never used by the service and any staff absences were covered by the provider's existing permanent or bank staff. Staffing levels were determined based on people's individual needs and were reviewed as part of each person's care review. A person who used the service told us they received staff rotas in advance and took photographs of them on their mobile phone so they always knew who would be supporting them.

Risk assessments were in place for staff and people who used the service. For example, electrical and equipment safety, kitchen and food preparation, manual handling, working alone, and slips and trips. Risk assessments we saw were regularly reviewed.

Some of the people who used the service lived in a supported living property owned by the provider. Appropriate health and safety checks had been carried out to ensure people lived in a safe environment.

The service's safeguarding file included a copy of the provider's 'Safeguarding of children, young people and adults at risk' policy and procedure, which defined the types of abuse, responsibilities of staff and procedures to be followed. The file also included a copy of the local authority safeguarding vulnerable adults policy and contact details. Safeguarding related incidents were appropriately recorded and CQC had been notified of any relevant incidents. Staff we spoke with understood their responsibilities with regard to safeguarding and had received training in the protection of vulnerable adults. We found the provider understood safeguarding procedures and had followed them.

Accidents and incidents were appropriately recorded and investigated. Each record included details of the accident or incident, the outcome for the person involved, details of the investigation and action taken to prevent a recurrence. All accidents and incidents were recorded electronically and analysed to identify any trends or issues.

We looked at the management of medicines and saw people had independent medication support plans in place. These described whether people were able to administer their own medicines or whether they required support from staff. People also had medication profiles that included GP contact details, any known allergies and how the person preferred to take their medicines.

Medication administration records (MAR) were completed for each medicine that was administered by staff. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Guidance was in place for staff to follow to ensure the right medicine and the right dose was given at the right time.

Risk assessments were in place for people who were able to administer their own medicines and staff checked to ensure medicines had been taken when they carried out visits to people, with the person's permission. People's medicines were reviewed regularly and medicine storage temperatures were carried out daily in the supported living service.

Monthly medication audits were carried out and staff competency assessments were carried out annually. This meant appropriate arrangements were in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "I love the staff", "I get on with all the staff" and "Living here is the best thing ever." Family members told us, "They [staff] are very helpful" and "They bend over backwards for you."

Staff received mandatory training that included equality and diversity, fire safety, first aid, food safety, health and safety, infection control, manual handling, administration of medicines, mental capacity, nutrition awareness, and safeguarding. Mandatory training is training that the provider deems necessary to support people safely. Additional training was provided as required. For example, end of life care, diabetes and dementia awareness. The majority of staff training was up to date and where it was due, we saw it had been booked. Staff told us, "The training is excellent" and "They are red hot with training. If there are any red flags, she's [manager] on to you straight away."

New staff completed an induction to the service. This included an introduction to the service, conditions of employment, policies and procedures, education, training and development, health and safety, and safeguarding vulnerable adults. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff supervisions included a discussion on the staff member's well-being, feedback from people who used the service and staff, progress on actions from the previous supervision, progress with the people supported, and specific subjects of discussion such as safeguarding and mental capacity.

People's nutrition support plans described what staff could do for themselves. For example, be involved in menu planning, preparing shopping lists and preparing meals. Guidance was provided for staff on how to support people with their dietary needs. For example, one person had been identified as being at risk of choking due to not chewing their food for a sufficient length of time. The person's support plan described how staff were to support the person in this area. For example, be mindful of what foods were offered to the person, support the person to cut their food up into manageable pieces, ensure the person was never left alone when eating meals or snacks, and report any concerns or issues that arose. Appropriate guidance had been obtained from a speech and language therapist (SALT) and a 'Reducing the risk of choking' screening tool had been completed. These records were up to date.

People had communication plans that provided an overview of people's communication needs, how they preferred to communicate and what the person meant if they did or said something. For example if one person put their hand near the bottom of their stomach it meant the person needed the toilet, and if the person was to cup their hand and tip towards their mouth, it meant they would like a drink. The communication plans provided clear guidance to staff on how best to communicate with people and understand what different sounds and gestures meant.

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 found appropriate applications had been made to the Court of Protection for people who had restrictions in place. The Court of Protection makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made. Restrictions were discussed at people's review meetings and notifications for any authorisations had been appropriately submitted to CQC.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

None of the people who were using the service at the time of our inspection visit had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including SALT, GPs, hospital appointments, dentists and opticians.

Is the service caring?

Our findings

Family members were complimentary about the standard of care provided by Voyage (DCA) (North 3). They told us, "10 out of 10 plus, plus, plus" and "They go above and beyond what they need to do."

Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. Staff told us, "The people come first", "We've got staff that really care about the people" and "They [people supported] are an extended family."

People were involved in making decisions about their care. Each person had a decision making profile that provided information to staff on how people liked to be given information about decisions and ways people could be helped to understand. For example, one person had no understanding of the written word so preferred to be given information verbally or shown within pictures or objects. Staff were to ensure the person had understood what was being described to them by asking them. Records of decisions were recorded in people's care records, including who had been involved in making the decision.

Care records described how people were to be treated with dignity and respect. For example, "Staff to always protect my dignity especially around my personal care", "Staff to be aware of [name]'s dignity" and "All staff to encourage bathing or showering at least once a day."

People had support plans in place for protecting privacy and dignity. These described how staff were to support the person in this area whilst giving them privacy and respecting their dignity. For example, one person could become embarrassed when using the toilet so staff were advised to chat to the person about something fun while supporting them, and reassure the person that everything was ok. This showed that staff considered people's privacy and dignity whilst carrying out personal care.

People were supported to be independent and care for themselves where possible. Care records described what people could do for themselves and what support they required from staff. For example, "[Name] requires full support with washing via verbal prompts and needs lots of encouragement to have his hair washed", "[Name] can dress independently but requires support with buttons, zips, socks and footwear", "[Name] eats independently and needs no support in this area" and "[Name] is able to wash himself independently very well and is also independent regarding using the toilet." A person who used the service told us, "They [staff] support me to clean my house and look after myself." Another person told us, "I cook most meals with support from staff."

One person's 'Promoting independence and building on existing skills' support plan described how staff were to support the person by encouraging them to take part in household tasks. For example, laundry, vacuuming and meal preparation, and to "make tasks fun and not a chore". This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. People who used the service had

access to advocates and used them to help them make decisions about their care and support.

None of the people using the service at the time of our inspection visit were receiving end of life care. The team leaders told us two people had funeral plans in place that had been arranged by social workers and family members in the best interests of the people. It had been agreed that it was not appropriate to discuss these with the people as it would have upset them.

Is the service responsive?

Our findings

People's needs were assessed before they started using the service, which ensured staff knew about people's requirements before they started providing care and support to the person.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care records described what people liked and admired about the person, what was important to them, and how staff were to support them. For example, one person enjoyed completing jigsaws, swimming and visiting the cinema, and wanted staff to encourage them to go out to meet old and new friends, and ensure they attend any external appointments. Another person liked to stick to a routine and wanted to make sure all staff were aware of it. Staff we spoke with were aware of this and told us the person filled in a weekly activities sheet and staff supported the person to follow the routine.

People who used the service were able to make choices about their care. For example, what name they liked to be called and choices about their daily routines. Care records included information on what made a good day or a good night for people and included evidence the person was included in making decisions. For example, one person liked to wake at 7am, make their own breakfast, and have a bath in the morning.

Support plans were in place for people and included medication, personal care routines and preferences, attending external appointments, protecting dignity, lifestyle and well-being, emotional or behaviour support, mobility and physical assistance, eating and drinking, finance, and promoting independence. The support plans included information on how the person was involved in the plan, how staff were to support the person, what staff were not to do, and the risk rating before and after the support plan was implemented.

For example, one person had limited mobility due to a previous fall. The person was able to independently mobilise without staff assistance however used walking aids to mobilise short distances and a wheelchair for longer distances. Staff were to ensure that equipment was regularly checked and safe for use, observe the person while they were mobilising to ensure there were no obstacles in the way, and support the person whilst getting in and out of the bath. 'Risk consideration records' recorded the level or risk for each area of support. Where a risk was still identified following the implementation of a support plan, a risk assessment was put in place.

Care records were regularly reviewed and evaluated, and an annual 'Person-centred review' was carried out including the person, staff, relevant health and social care professionals, family members and advocates. Each care record included a staff signature sheet that staff signed to confirm they had read and understood the person's care records and any amendments to them.

People had 'Lifestyle and well-being' support plans in place that included information on activities the person enjoyed carrying out, current or future education or learning opportunities, current or future employment opportunities, family and friends involved with the person, and any cultural or social values.

People sat down with staff on a weekly basis to choose what activities they would like to carry out during the following week. For example, attending events at local community centres and clubs, going out shopping, or holidays and trips. We saw evidence of trips and holidays people had been on, including a visit to the set of Coronation Street. One person who used the service had three part time jobs, including cleaning in one of the provider's residential homes, and another person had a placement in a shop. Another person told us they were excited about starting college in September.

The provider had an appropriate complaints policy in place. People who used the service were made aware of how to make a complaint, and compliments and complaints books were left in each property where people lived. These were checked daily and whenever a complaint or compliment was received, these were taken to the office to be recorded. There had not been any complaints recorded at the service since December 2016.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was on annual leave at the time of our inspection visit.

We saw that records were kept securely in the office and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred and inclusive. Family members told us, "I have nothing but praise for Voyage", "I have nothing to complain about" and "If there's a problem they let me know. They are very helpful."

Staff told us they were unsettled regarding recent changes to the provider's management structure. However all the staff we spoke with felt supported by the registered manager and team leaders, and told us they were comfortable raising any concerns. They told us, "I couldn't wish for a better manager", "She [manager] is very supportive", "All the staff will tell you they get lots of support from [manager] and the team leaders", "We get fantastic support from the team leaders and the manager. They are always there" and "Whether she's [team leader] on shift or not, you ring and she's here in minutes."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place every three months and included updates on any changes within the organisation, training, policies and procedures, concerns and complaints, and success stories.

The service had good links with the local community. People attended local community centres and clubs, where they took part in different activities.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Quarterly audits were carried out by the registered manager and team leaders based on the CQC five key questions. We looked at a sample of audits for the period April to June 2017 and saw the majority of areas were compliant. The provider reviewed the quarterly audits and carried out an 'Annual internal quality and compliance audit'. The most recent quarterly audit was carried out on 11 July 2017. Where any issues had been identified, they were added to an action plan. For example, it had been identified that staff had not signed to say they had read and understood two policies.

House meetings took place every month, where staff could discuss with people things that were important to them, whether they had any complaints, compliments or suggestions, whether any new purchases were needed, and what activities and holidays people wanted to take part in.

An annual survey took place, where people who used the service, families and friends, staff, and relevant health and social care professionals were asked to provide feedback on the quality of the service. The survey

was provided in an easy to read format for people who used the service.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.