

# Voyage 1 Limited

# Derby DCA

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Derby DCA is registered to provide personal care and support to people in their own homes and specialise in caring for younger adults with learning disabilities. The inspection took place on 12 May 2016 and was announced. At the time of our inspection, three people were using the service.

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

People were supported to take their medicines, however we found that medication records were not always completed correctly and when needed written protocols were not place.

People felt safe and were cared for by staff in way that promoted their dignity and met their needs. Staff knew how to identify and report concerns that affected people's health and wellbeing. People were supported to eat and drink to maintain a balanced diet. People had a variety of choice and any dietary requirements were met.

Staff reflected people's wishes and preferences in the way they delivered care. Where people were able, they were involved in the planning of their care. They understood issues involved in supporting people who may not have capacity to make certain decisions about their care.

People were encouraged to follow their interests and were supported to take part in activities that they enjoyed.

The manager reviewed untoward incidents and accidents and looked for opportunities to improve practices. There were systems in place for handling and resolving complaints.

People were support by staff that had been employed following appropriate recruitment checks that ensured they were safe to work in health and social care. Staff recruited had the right values and skills to work with people who used the service. Staff received training and support to deliver good quality care to people. There were enough staff to ensure all peoples needs were met and helped to keep people safe.

The registered manager demonstrated good leadership to the staff team. The registered manager and the provider undertook audits to assess the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were supported to take their medicine however records completed by staff did not always show when they person had received their medicine and protocols were not in place.

People were protected from risk of abuse as staff knew how to identify and report concerns.

Risks to people's health and wellbeing were assessed and care was planned to minimise risk.

The manager checked staffs suitability before they started working with people.

### Is the service effective?

**Good** ●

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions.

People were referred to other healthcare services when their health needs changed

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were kind and caring.

Staff understood and responded to people's needs.

### Is the service responsive?

**Good** ●

The service is responsive.

Care plans contained comprehensive information on how staff

were to support people with their needs.

There was a clear procedure in place for people to raise concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager demonstrated good leadership skills.

Staff received support and supervision from the registered manager to ensure they were trained to care for people.

The provider had systems in place to audit the quality of the service.

# Derby DCA

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 visit took place on 12 May 2016 and was announced. The inspection was carried out by one inspector. The provider was given 48 hours' notice because Derby DCA provides a service to people within their own home and we wanted the provider to have the opportunity to advise people who use the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information that the provider had sent to us, which included notifications of significant events that affect the health and safety of people who used the service. We also contacted the commissioners who fund care for some people. They advised us that they had no concerns about the provider.

We spoke with one person using the service, one support worker and the registered manager.

We looked at the records of the three people who used the service, which included their care plans, risk assessments and records about the care they received and medicine charts. We also looked at the recruitment files of three staff, a range of policies and procedures, quality assurance audits and the minutes of staff meetings.

# Is the service safe?

## Our findings

One person was supported by staff to take their pain relief as and when needed (PRN) as they were unable to manage their medicine themselves. We saw the medicine had been given however the medicine administration record (MAR) recorded inconsistent information which meant we were unable to establish when the person had taken their medicine.

The provider had a medication policy in place which instructed staff on how medicine should be given and recorded. The provider's policy also told us that there should be a protocol in place for the administration of PRN medication which provided guidance for staff to follow on when to give PRN medicine and what it is prescribed for. We found that there was no PRN protocol in place which informed staff when the person might require their medicine and that the provider did not undertake medicine audits to ensure they had been given correctly. This demonstrated that clear procedures were not in place.

We asked one person using the service how they felt. The person told us, "I feel safe as I'm not always on my own." Staff were trained in safeguarding which protects people who use care services from abuse and knew who to report any concerns about abuse to. One staff member told us that they would report it to the registered manager and were confident that the registered manager would, "Definitely take action."

The provider's policy on safeguarding told staff who they could contact if they had any concerns about the care and welfare of people using the service. The registered manager was also knowledgeable and understood their responsibilities in reporting concerns to external agencies.

Two people were supported in their own home and the provider had assessed risks to people's health. One member of staff told us, that a person was at risk of eating objects and they ensured that the environment was free of hazardous items. Risk assessments informed staff about the support required to enable people to be independent as possible and detailed how they could be reduced and the action staff needed to take. This demonstrated that staff understood risks to people and took the appropriate action to minimise the impact on the person's health.

To ensure staff were suitable to work with people the provider had a recruitment system in place. Staff we spoke with confirmed that they completed an application form and a police check before starting work. We looked at three staff recruitment files. All of the files showed checks had been completed before staff began work. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.

There were enough staff on duty to meet people's needs. People received a variety of support depending on how they were commissioned. We saw one person could choose how their hours were spent, for example one person told us if they wanted to do an activity, staff are flexible and would support them. Another person required support 24 hours a day. The registered manager assessed staffing levels according to the support that people required. Records we looked at confirmed people received the hours of care they should have.

## Is the service effective?

### Our findings

People were cared for by staff that had completed an induction programme when commencing work. Staff told us that the registered manager undertook supervisions, "Every six to eight weeks," Supervision gave the staff the opportunity to discuss any issues and received feedback on their performance. One staff member said they raised an issue about a person not being supported to go out often enough and that the manager was quick to respond and provided additional training for staff. As a result of this, staff confidence grew and they were able to support the person to go out. This demonstrated that people were cared for by staff that were well supported.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

Some people had capacity to make decisions about how they lived their life. However one person had shown that they may lack capacity to make some choices. The provider had relevant procedures in place to assess people's mental capacity. When the MCA was used, the provider looked at other forms of communication which identified that the person was able to make their own choices and decisions. This demonstrated that they understood their responsibilities.

People were supported to maintain eat and drink what they like. Staff told us, "[Name] will go to the fridge and get out what they want for breakfast, we then cook it. [Name] also likes to help prepare their meals and will often stir the pots." Staff helped people to do their shopping, this promoted the person's food choices and encouraged them to plan what they wanted to eat and drink. This ensured that the person's nutritional needs were met.

People were supported to attend healthcare appointments. Each person using the service had a 'Health Book' which was personalised and provided information to staff of how to meet their healthcare needs. Staff worked closely with a range of healthcare professionals including GPs, chiropodist and dentist. Appointments that people attended had been recorded and where necessary we saw that the person's care record had been updated to reflect their current needs.

## Is the service caring?

### Our findings

People were encouraged and supported by staff and they told us that, "Staff are kind and caring." One person said that they were able to go out on their own but if they wanted to be accompanied, "Staff come with me and are flexible." Staff encouraged people to spend time in a way that was important to them. A member of staff told us how another person enjoyed to be outside as much as possible and they supported the person to go for walks, "It's about promoting [person's name] independence. When we go out it's them talking us for a walk, and not the other way round. They get to choose whether we turn right or left."

One person required support with their communication and they were unable to communicate verbally. The plans were detailed and personalised. For example, the person's plan explained how they used a range of methods to communicate including smiling, using objects of reference and making certain vocal sounds. It also explained how staff should respond. It stated 'If [Person's name] makes 'this noise' it means they are happy and staff should smile at them as [person's name] enjoys interaction.' Staff told us they show the person the options by either using objects or pictures and the person would make a decision.

One person told us that sometimes they became anxious, "If I feel scared, I will call my keyworker." The person told us that their keyworker also, "Calls often." This was important to the person as staff were able to provide reassurance and support when they needed it.

People were involved in the planning of their care. One person told us, "If anything changes, I update my own care plan and staff will read it." Where people could not tell staff about their care needs they were supported to use advocacy services. Advocacy services are independent of the provider and can support people to make and communicate their wishes, this was important as some people were not able to express their views verbally. We saw that advocacy services were sought when considering one person's care needs to ensure they were in their best interests. This demonstrated that staff involved people in their care.



## Is the service responsive?

### Our findings

People's goals and aspirations had been explored. For example, one person we spoke with told us, they want to develop skills and find work. The person said, "I volunteer doing some admin work with my keyworker". The registered manager told us that they are developing the person's employability skills by doing mock interviews and providing them with feedback and involving them with tasks such as answering the telephone. The person also told us, "I've interviewed new staff, so I get to ask questions too." This demonstrated that the person was supported to achieve goals that are important to them.

Some people had behaviours that might challenge. Staff told us that they had completed specialist training in 'de-escalation' which enabled them to deal with potentially challenging situations. People's care plans and risk assessments provided staff with information about how to care and support people. For example, what might cause behaviours that challenge, what staff should do to prevent it and how to respond in a positive way when it happened.

People's cultural needs were identified and met. One person told us that they are religious but don't wish go to a place of worship and said, "If I wanted to, staff would come with me." This was also reflected in the person's care plan. Also if people had a particular preference for the gender of staff that were to support them with their personal needs, the registered manager provided this. For example, one person's care plan stated they preferred female carers to assist them, the registered manager provided this. This was important to the person to maintain their dignity.

People were supported to take part in activities that they enjoyed. One person told us, "If I want to do things like shopping, going to the pub or bowling, staff will come with me." Staff told us that they took people on various types of trips and days out and one person was assisted to attend a monthly disco. Staff knew what people's favourite leisure activities were and ensured they supported people to pursue them.

If people had concerns, the provider had a complaints policy and procedure in place. One person told us, "If I had to complain, I would call the manager." The provider also had a whistle-blowing policy which enabled staff to raise concerns anonymously. The provider had several communication methods in which people could raise their views such as email, telephone, feedback forms and a freepost address. We saw that the provider had no complaints prior to our inspection visit. The registered manager told us that any concerns would be thoroughly investigated. This demonstrated that the provider and registered manager would listen to and responded to complaints efficiently and effectively.

## Is the service well-led?

### Our findings

Staff told us that they were supported by the registered manager who had a visible presence and who was approachable. One member of staff told us, "Our manager is very good, if we have any issues we can call or email anytime."

Staff used meeting to discuss people's care which included incidents where people's behaviour had challenged staff. Staff meetings were held which provided an opportunity for the registered manager and staff to discuss the day to day running of the service. Minutes showed that these discussions led to the reviewing of people's care plans to minimise the likelihood of incidents reoccurring.

The registered manager carried out a regular self-audit based around five domains which we inspect against, safe, effective, caring, responsive, and well-led. Records showed that if any area of the service was in need of improvement the audit identified this and an action plan was produced. The provider also undertook regular audits to assess the effectiveness of the service and reviews action plans completed by the registered manager. There were no outstanding actions from the most recent audit.

People were supported by staff that received regular supervision and feedback on their performance. This enabled staff to identify areas for their personal development. For example, one member of staff told us, "I discuss any training I need and the manager also observes me giving out medicines to people." This demonstrated staff received support from management to ensure they were aware of how to meet the people's needs.

Accidents and incidents were reviewed and monitored to ensure the service remained safe for people to use. The provider had an accident/incident reporting procedure in place. This enabled the registered manager and staff to review any accidents, incidents and near misses and to highlight any patterns or concerns that needed to be further investigated. We saw how one person's behaviour had recently changed and it was potentially challenging staff. To better understand the behaviour, the registered manager had asked staff to keep a log and they would review in order to identify any potential triggers so that staff could better manage any future situations. The registered manager notified us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership.