

Voyage 1 Limited

Voyage (DCA) Portsmouth

Inspection report

Portsmouth Technopole
Kingston Crescent
Portsmouth
Hampshire
PO2 8FA

Tel: 02392658353
Website: www.voyagecae.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

- People received compassionate, personalised support which met their needs from kind and caring staff. People's rights to make their own decisions was respected.
- Staff had a good knowledge of people and understood what was important to them.
- Staff were skilled and received training to ensure they could meet people's needs.
- Staff ensured people had support that met their needs and choices whilst minimising any risks associated with these.
- People's dignity and privacy were respected and their independence was promoted.
- The registered manager was open and committed to making improvements.
- The service met characteristics of Good in Safe, Effective, Caring and responsive.
- The service has been rated requires improvement in well led because although quality assurance processes were in place, these needed some further development to ensure they were operated effectively.
- More information in Detailed Findings below

Rating at last inspection: This was the service's first inspection since it became registered.

About the service: This service is a domiciliary care agency. It provides personal care to people living in 17 supported living services and to 12 people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of the inspection they were providing support to approximately 50 people.

Why we inspected: This was a planned inspection based on the time since this service had been registered and started operating.

Follow up: We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

Details are in our findings below.

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Two inspectors' and an Expert by Experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in 17 supported living services and to 12 people living in their own houses and flats in the community. It provides a service to younger and older adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 5 days' notice of the inspection visit to enable the provider time to work with people and gain their consent for us to contact them, and for those who chose to, to come and talk to us. We visited the office location on 20 November 2018 to see the manager, office and care staff, people who used the service and to review care records and policies and procedures.

What we did:

Before our inspection we took into account information we had received about and from the provider, including the provider information return (PIR) and incidents the provider must notify us about, such as abuse, serious injuries and events which may affect the running of the service.

During the inspection, we spoke with nine people using the service and eight relatives to ask about their

experience of care. We spoke with nine members of staff, the registered manager and a regional manager for the company. We also requested feedback from six external health and social care professional. Everyone we spoke to described the service positively and had no concerns.

We looked at the care records for eight people; medicines records for everyone living at three supported living services; three staff recruitment records; supervision and training records for 25 staff; and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

People told us they felt safe and gave us examples of why. One person told us how with their consent staff checked their phone to see if their contacts were suitable as they could be vulnerable to abusive, exploitative people. They said, "I am happy with this arrangement". Another person said that "Staff call me to check up on me if I am not back" and said they "Feel safe" when staff call them. A third person told us "On the whole I feel really safe and they (staff) do their best to make me feel really safe. I've got all the phone numbers, if I need anybody I can call any of the numbers".

Systems and processes:

- The service had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. These were based on individual needs, for example, specific health conditions and behaviours that could pose risks to people and others.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing:

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- There were sufficient numbers of suitably trained and experienced staff to meet people's needs; Each supported living service was staffed based on the needs of the people living in it.
- A system to monitor hours delivered and identify any shortfalls or missed calls was used by the provider and any concerns were followed up by the registered manager.
- The registered manager confirmed they had experienced a period of time when they were short of permanent staff for one supported living scheme and managed this through deploying staff across the services as well as using bank and agency staff. The use of agency staff had impacted on one person so the provider employed a member of staff to focus on recruiting more staff. This had led to successful recruitment and meant a decrease in the use of agency.

Using medicines safely:

- People said they got the support they needed with their medicines. They were supported to do as much as possible independently, for example counting medicines and self-administration when able to do so;

People's abilities to self-administer their medicines was assessed.

- Each service had a local medicines procedure; Records of the safe management of medicines included checks of temperature of storage, disposal of medicines and records of medicines administration.
- Staff were trained to administer medicines safely and competency assessments were completed to ensure staff had learnt from the training.

Medicines records were accurately maintained where errors occurred appropriate action was taken to address these and learn from them.

Learning lessons when things go wrong:

- The provider had a system to record and log all accidents, incidents, complaints and compliments. Where these required further investigation, this took place and the registered manager identified further learning for staff. For example, there had been a number of medicines errors across the services. The registered manager had implemented medicine management workshops, in addition to the formalised medicines training to provide more frequent refresher training for staff.
- The registered manager told us the provider shared learning across services. They told us of an incident in another of the providers services which as a result of meant they had ensured a review of fire procedures and Personal Emergency Evacuation plans.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people joining the service, assessments of people's needs took place. The person and where appropriate, their relatives were involved.
- Assessments took account of both people's needs and wishes. They ensured people's protected characteristics were considered and where needed, support was planned to meet these.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards

(DoLS). 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 had the appropriate legal authority and were being met.

- People confirmed that their rights to make their own decisions was respected.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005 and staff understood the need to gain consent before providing care. One member of staff told us, "We don't assume a person we support can't do anything we build on their skills and we work with the social services to support them the best we can".

Staff providing consistent, effective, timely care:

- People told us staff knew how to meet their needs. One person said, "Nearly every permanent member of staff is top notch".
- People were supported to access health professionals when this was needed, including dentists, doctors as well as specialist teams. One person said, "They help me to make appointments and put them in the diary and the communication book and they take me to hospital appointments." A health professional told us "They have both listened to advice and taken up suggestions when offered".

Supporting people to eat and drink enough with choice in a balanced diet:

- When asked what has been most helpful to their progress one person told us "Putting on weight, I've not been able to do that for 20 years and that's because of the help from staff." A staff member also spoke about this and said "[Person] weights the most [they] have in 20 years with hard work and team work with [person]"

has done amazingly well and is continuing. [Person] is getting there and is happy in herself that is amazing."

- People told us they were supported as much as they needed to manage their diet. One person told us that staff helped them to get their shopping, whilst another said staff helped them to cook their meals.

Staff skills, knowledge and experience:

- People were supported by staff who had received appropriate training and supervision to enable them to deliver effective care.
- A variety of training was available for all staff to complete and this was determined based on the people they supported. For example, where a person had a particular health need, those staff completed the training to support their understanding. Staff were trained to understand and work with people who could display challenging behaviour and this training was built on the principle of the British Institute for Learning Disabilities guidance.
- Staff said they felt supported and could talk to a member of the management team whenever they needed to.
- The registered manager recognised that formal supervisions had not been carried out as frequently as the provider's policy suggested. However, informal supervisions with staff were carried out as regularly as staff needed these. The registered manager had a plan in place to capture these supervisions more clearly. Appraisals were in the process of being completed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion and respect:

- Through discussion with staff and people it was evident staff demonstrated a caring nature, showed compassion and empathy towards people and treated them with respect.
- One person told us, "They cared so much that they basically helped me to go through a process that was really hard for me, they went the extra mile." "There are so many times they have cared for me, the ones that don't care don't last very long." Another person said, "I lost my dad 8 years ago and I was really upset and sad, the staff they were there for me." Another person and their relative told us that when their close friend died the staff helped them.
- The registered manager and staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.
- A health professional told us that staff "Want the best care for the people that live in their homes".

Supporting people to express their views and be involved in making decisions about their care

- People told us they and their relatives, where appropriate were involved in decision about their care and support.
- Staff recognised what was important to people and respected this. For example, for one person it was important to them that they gained weight and staff were supporting them to achieve this. For another person, staff had recognised their sexuality needs and supported them to help others understand this and to be able to live as they chose.
- Where needed people had individual communication plans in place to enable them and staff to communicate effectively. These included; easy read; pictorial and for one person a traffic light system was used so staff could understand what behaviours meant and recognise when a person may be coming anxious and needed support.
- Staff supported people to express their views and maintain their independence. One person told us "I am just proud of getting to the stage I am at, being more independent."

Respecting and promoting people's privacy, dignity and independence:

- Staff understood the need to maintain people's privacy and dignity. One staff member said, "If someone wants to talk in private we offer a safe space, close the door and listen I will let people know about when I may need to pass information on".
- People told us staff treated them as individuals and expressed no concerns about their privacy and dignity needs not being met.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

- People were involved in the development of their care plans. One person told us how they sat with staff and told them what was needed in the care plan for the staff to type these up. Care plans were person centred and provided information to guide staff to people's needs, preferences and their wishes. They used these to set goals with people, to help them recognise achievements.
- One person told us that, "Making support plans" was what had helped them the most. They said, "I get help with things like hoovering and then they check I am doing it properly and then I get more independent after being told a few times".
- A second person told us, "Before I worked for the NHS and I didn't enjoy it. I had to advise people mostly in meetings. Now I'm a Quality Checker and if it wasn't for staff pushing me to become more independent I wouldn't be able to do what I can today. My goal is to become a support worker."
- Staff demonstrated a good understanding of person centred care. One staff member told us they made sure people were at the centre of their support and another member of staff told us how they had arranged for one person to travel by train independently with support from British Rail because this was a goal of theirs.

Improving care quality in response to complaints or concerns:

- The provider had systems to manage complaints and the records reflected any complaints received were recorded, investigated and responded to in line with the provider's policy.
- People knew how to make a complaint and were confident to do so. One person said they would talk to staff if they were worried about anything. A relative told us of a complaint they had raised which they said had been dealt with appropriately.

End of life care and support:

- No one using the service was receiving end of life care.
- The provider had a policy in place to guide staff about their expectations when a person reached the end of their life.
- For one person we saw their wishes had been discussed with them and the registered manager told us this was an area they needed to develop.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was managed and well-led. However, there were some shortfalls in the operation of the providers governance systems that required improvement.

Provider plans and promotes person-centred, high-quality care and support; quality performance, risks and regulatory requirements:

- All staff expressed an ethos for supporting people in individualised ways and were keen to provide a quality service. People confirmed they received a personalised service based around their needs and wishes.
- Multiple systems and processes were in place to monitor and assess the service, although some of these required some improvement to ensure they were operated effectively. For example, the provider used a quality audit processes where the field supervisors audited the services they were responsible for and developed actions plans following these. This system should identify any concerns regarding care records and make sure action was taken, however we found risk ratings on support plans were not always completed and there was a lack of recorded mental capacity assessments in place for some people.
- The regional manager told us the action plans should be used as live documents to check improvements were made, however one field supervisor told us they had not reviewed the action plan to check it had been carried out. In addition, there were no set timescales for the actions to be completed. The registered manager was aware this was an area that needed to be developed further.
- The registered manager had a development plan in place to make improvements that they had identified were needed, including increasing supervision for staff, ongoing recruitment as well as clearer delegation and reporting systems. senior management team were working on plans

Leadership and management:

- Although the registered manager had not been in this role very long at the time of our inspection, they had developed a good understanding of the service, people being supported and the staff.
- People, relatives and staff told us they felt the service was well run. Everyone said they were satisfied with the care they received and that they would recommend the service to others. A staff member said, "There is always constant support from [Field supervisor]. Over the last year there has been changes in management, [Registered Manager] is now in post and I believe she is working well and doing her best I do believe that if I had an issue she would sort it out. I could speak to [Registered Manager] or [Regional Manager]."
- There was a clear staffing structure in place and everyone understood their roles and responsibilities. The registered manager was supported by a number of field supervisors and care coordinators. Staff knew the lines of reporting and were comfortable and confident to do so.
- Staff said they felt respected, valued and supported.

Working in partnership with others; Engaging and involving people using the service, the public and staff:

- The registered manager told us how they had been made aware of concerns from external professionals regarding the support for one person when the registered manager had started with the service. They told us

they were working closely with external teams in an attempt to make improvements for this person.

- An external professional told us the staff had always listened and acted on their advice.
- Staff told us how they linked in with the local community police officers to build relationships and aid the support people received in the community.
- One staff member told us about the engagement with the rail service to achieve a person's goal.
- The provider employed people they supported to be part of their quality audit team. This enabled people to have a view and provide feedback on the services provided.