

Voyage 1 Limited

# Voyage (DCA) Marlborough House

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Voyage (DCA) Marlborough House is a domiciliary care agency. It provides personal care to people living in their own flats. It provides a service to people with a learning disability, older people, people with physical disabilities, people that have sensory impairment and younger adults. At the time of the inspection there were eight people receiving care and support from the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience of using this service:

Care and support was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. People were supported safely with their personal care by staff that knew them well. People were supported to be independent and their choices and preferences were respected and known to staff. Staff were caring, kind and respectful. People's privacy and dignity was promoted.

People had support plans and risk assessments in place to meet the needs of individuals that gave staff guidance to effectively support them. Staff supported people with their individual preferences and people's needs were met.

Lessons were learnt where things went wrong and systems were improved if needed. The managers were responsive and approachable to people that used the service and to the staff. The registered manager had a clear understanding of their responsibilities of their registration with us.

### Rating at last inspection:

At the last inspection the service was rated as; Requires Improvement (report published 12 June 2017) and was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the service was no longer in breach and the overall rating had improved.

### Why we inspected:

This was a scheduled inspection based on the previous rating.

### Follow up:

We will continue to monitor the service through the information we receive.

## 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 Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Voyage (DCA) Marlborough House

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

Voyage (DCA) Marlborough House is a domiciliary care agency. It provides personal care to people living in their own flats. It provides a service to people with a learning disability, older people, people with physical disabilities, people that have sensory impairment and younger 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:

The inspection was unannounced.

#### What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered manager should tell us about, for example; safeguarding concerns, serious injuries, and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about

the service.

Due to people's complex needs, we were unable to speak with them about the service. We spoke with one relative of a person that uses the service, two care staff, a field support supervisor and the registered manager. We viewed two care files for people, including daily notes and medicines records. We looked at documents relating to the management and administration of the service such as audits, staff files and handover notes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse:

- Staff understood their responsibilities in relation to safeguarding people from abuse.
- Concerns were acted on and reported to the local authority and the registered manager had systems in place to ensure people's risk of abuse were mitigated.

Assessing risk, safety monitoring and management:

- A relative told us they felt their relative was safe, they said, "Yes, my relative is safe there
- There were detailed risk assessments in place for people and staff knew people's risks. Support was in place to ensure people's safety was maintained, for example we saw very detailed moving and handling plans, which gave staff step by step instructions including communication in how to best reassure people.

Staffing and recruitment:

- People were supported by enough staff and staff knew people well.
- Staff recruitment procedures ensured staff were subject to pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Using medicines safely:

- Clear guidelines, procedures and protocols were in place to ensure that people received their medicines as prescribed.
- Staff had received training in the safe administration of medicines and their competency was observed.
- Through medication reviews involving GP's a number of people were supported to reduce or discontinue with their medications.

Preventing and controlling infection:

- Systems in place ensured the risk of infection was prevented. Staff were knowledgeable in how to prevent the risk of infection and followed the correct procedures.

Learning lessons when things go wrong:

- Lessons had been learnt when things had gone wrong. For example, there had been a medicine error, which was investigated, and the registered manager told us that it had been fed back to staff, appropriate action was taken and systems were changed to reduce the risk of it happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence 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.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA. Where people lacked capacity, decision-specific capacity assessments had been completed for people to ensure decisions were made in people's best interest.

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

- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- Clear and comprehensive support plans were in place, which detailed people's preferences, including protected characteristics under the Equalities Act 2010, such as; age, culture, religion, sexuality and disability.
- We saw staff giving people choices. One staff member said, "I always give people a choice of what they want to do, it is important to them." Another staff member said, "I always ask [person] what they want to wear every morning, [person] likes to choose their own clothes."

Supporting people to eat and drink enough to maintain a balanced diet:

- We saw that people's dietary needs were detailed in their support plans and staff were able to tell us what people's needs were.
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.
- People were encouraged to support with meal preparation to encourage independence.

Staff support: induction, training, skills and experience:

- Staff received an induction and training which supported them to deliver effective care to people. One staff member said, "The training is really good, if you ask for more training they will give it to you, they are really good like that." The registered manager said, "I support staff with career development."
- Staff had their practice observed to ensure they were delivering effective care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People had access to a wide range of health services which were clearly listed in people's support plans. The registered manager told us the service has good working relationships with other professionals and said, "We make sure that any professional advice is followed up and noted in people's plans."



# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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.

Ensuring people are well treated and supported; respecting equality and diversity:

- Staff treated people in a kind and caring way. One relative said, "They look after [person's name] really well. [Person's name] gets 24-hour care and gets on really well with the staff and they genuinely care. [Person's name] is always clean and since being there [person's name] has really improved."
- Staff had positive interactions with people and were calm in their approach. They used words of encouragement when supporting people. One staff member said, "I say things like 'you make me very proud', 'well done', and give constant appraisal and [person] gets a boost out of that and if they are having a low mood it will help them come out of themselves."

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

- We saw that people were supported to express their views and make decisions for themselves. For example, one person was asked where they would like to go out and was given a number of options.
- Staff understood people's individual communication methods. One staff member said, "For people who are non-verbal they will either give me a hand signal or point to an object, they may also use eye signals. We also use pictorial cards."

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

- All staff we spoke to were able to tell us how they respected people's privacy and dignity and could give us examples of this practice, such as, ensuring doors were closed or ensuring people were appropriately covered during personal care.
- One relative told us that staff respect their relative's privacy and dignity and said, "The staff bath [person's name] and cut their hair and keep it tidy and even dye it sometimes, [person's name] loves that. The family are really happy with how the staff support [person's name] and if [person's name] is happy then we are happy."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People that received support from the service mainly came from a secure setting and the service was set up in a way to support people to settle into their own homes and integrate into the wider community which promoted social inclusion. Many of the people supported by the service had never lived in a community setting before.
- People had detailed assessments completed prior to their admission to the service which took into account their wishes and preferences which included information from families and other professionals. Assessments were focussed upon enabling people to develop independent living skills and make the transition from a secure setting into their own home.
- People's support plans were tailored to their individual's needs. They contained clear information about people's specific needs, their personal preferences, and daily routines. People's care was provided in an integrated person-centred approach; particularly for people with multiple and complex needs. People were empowered to lead their care and had the maximum choice and control over the way in which they were supported. Staff worked creatively with people to support them in developing confidence in leading their care and exploring new experiences in the community.
- Support plans included details in how people like to be supported and how to support them in times of distress. Plans were developed in conjunction with people and staff that knew them well. This meant that people were supported in a way that met their needs. One relative we spoke to said, "Since [relative] has been cared for there [relative] has been a lot calmer and better." People's support plans and personal care were regularly reviewed and updated.
- Support plans were tailored to provide guidance for staff on 'good' and 'bad' days for people. They provided staff with guidance as to the strategies they should adopt when supporting people to maintain their wellbeing and to reduce their feelings of anxiousness. This focus on people, helped to maintain their wellbeing and this person-centred care had resulted in exceptional outcomes for people using the service. Staff were committed to supporting people in a way that maintained their wellbeing and turned everyday into a 'good' day.
- The provider had developed small teams of staff that worked with the same people. This meant that staff knew people exceptionally well and were able to anticipate their needs. When supporting people on a 'bad' day staff worked together to ensure that people received consistent person-centred support in a way that minimised their anxiety and supported them to feel safe and comfortable in their own home.
- Staff used their in-depth knowledge of people exceptionally well to tailor their care. For example, one person had a specific activity they did which indicated their mood. Staff enabled the person to partake in this activity and understood how this person used an aid to indicate how they were feeling. One relative said, "This keeps them calm and staff allow [relative] to do it." Staff adapted their approach to supporting the person based upon their mood and their use of an aid to communicate their feelings. Staff knew people

exceptionally well and this focus on people's needs, enabling communication and person-centred care had resulted in reduced instances of people becoming unsettled and promoted an enhanced sense of wellbeing for people. Many people receiving support had not had the opportunity to express their feelings in this way before and had not experienced being enabled to lead their care in this way.

- Staff supported people which was responsive to people's needs and actively encouraged people to be independent, which meant that people's quality of life and overall wellbeing improved. Many of the people receiving care had not been supported in a way that promoted their independence in this way before and they were achieving exceptional outcomes that people had not thought were possible.
- Staff spoke with pride when telling us the exceptional achievements that people had made whilst receiving support. One staff member said, "[person's name] made a lot of progress from when they first came here. [Person's name] is motivating themselves now and knows jobs need doing around their home before we go out. [Person's name] is a lot more independent now from when they first came here, for example, they help with personal care now whereas before they just let it happen, they will say things like 'give me the sponge now'. [Person's name] likes to have their hair done and make up on they have a routine in morning. I made a dressing table with lights around it whereas before they just sat in front of a mirror and let you do everything." For this person, being able to complete elements of their care themselves and having the confidence to take pride in their appearance was a huge achievement that would not have been possible without the dedicated and consistent support from staff that knew them well.
- Staff had an excellent understanding of individual people's preferences and needs. One relative said, "[Relative] loves to have their fingers nails to be polished, they love that." This demonstrated the staff and service promoted people personal sense of worth. Staff used various way of communication which included using easy read documents which meant that people could be involved in their care. The support plans detailed what people liked to do and how they like to be communicated with. The service supported a number of people living with Autism and communication was tailored to meet the needs of these people. For example, staff used social stories and presented information in an accessible format to enable people to be involved in decisions about their care; this resulted in people experiencing an enhanced sense of well-being.
- People were enabled to be valued members of their local community. There was a genuine emphasis on supporting people to pursue their interests and hobbies. One staff member said, "[Person's name] likes to go shopping, and when we come home we cook together." People were supported in going to the theatre and on holidays. Without the dedicated and focussed support from staff people would not have been able to partake in these activities and to experience new activities for the first time.
- Handovers took place between shifts, one staff member said, "[Person's name] has 1:2:1 handovers, they are really important and detailed giving thorough updates highlighting if there have been any issues through the night or the day." be communicated with. This system of handover ensured that staff tailored their approach to supporting people based upon their particular needs on that day reducing incidents and maintaining people's wellbeing.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure in place. At the time of the inspection the registered manager told us that they had received one complaint and informed us how the complaint was dealt with, showing that they had followed their procedures and had carried out a comprehensive investigation following the complaint being received. The registered manager was able to demonstrate where improvements had been made following the outcome of the complaint. One relative said, "I have never had to complain, yes I would know how to, they gave me a pamphlet."
- The registered manager told us the staff team had regular meetings which enabled staff to reflect on what has gone well and what could be improved or implemented. Staff acted as advocates, specifically for people that were unable to articulate for themselves. This demonstrated that staff had an active interest in people's

overall wellbeing and were responsive to people's changing needs and preferences.

End of life care and support:

- The service had a proactive approach when planning for end of life care and support which was accessible and promoted equality. People's preferences and choices for their end of life care were recorded in the support plans. Staff involved people and their families to ensure that the plans were developed and people's wishes were supported.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence 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 consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the last inspection we found that provider had not informed the Care Quality Commission (CQC) about safeguarding concerns or accidents and injuries that occurred at the service as they were required to do under their registration with us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that the provider had informed CQC about all safeguarding concerns or accidents and injuries and had submitted all notifications as required by law.
- The last inspection rating was also being clearly displayed.
- The provider had quality monitoring systems in place that were effective. The last internal quality assurance audit showed there had been significant improvements where shortfalls had been identified.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider had action plans in place in order to ensure continuous improvements were made and high-quality care and support was given to people which was documented in people's support plans.
- Staff told us they felt the support and care given to people was excellent. We saw that the staff team supported each other and there was a positive atmosphere. One member of staff said, "You get support from the registered manager, the field support supervisors and the other workers, I like the staff here they are so helpful." Another staff member said, "The registered manager is ace, management are really good and supportive, we can just ask them. The staff are really good too, you couldn't ask to work in a nicer place"
- The registered manager told us they felt supported by the provider and by the Field Support Supervisors. The registered manager said, "The key things for me is when you are doing this job is keeping people safe and their needs are being met. Marlborough House is a fantastic place to live and we deliver in what we promise and strive to improve, I am always evaluating myself."

Engaging and involving people using the service, the public and staff:

- We saw that people had positive interaction with staff and management and they were involved in decision making. One relative told us they attended the house meetings.
- We saw people being asked about their care and the support plans supported this along with involving the family.
- The registered manager supported staff in furthering their knowledge and confidence which resulted in enhanced responsibilities and career progression.

Continuous learning and improving care:

- Staff had competency checks to ensure they were supporting people effectively. The registered manager said, "I think we are outstanding in the opportunities we give to people enabling them to access the community. Staff are well trained and provide that extra level of care, for example, staff are more proactive, they take people on holiday, the support plans that are done for this are completed in a proactive and safe way. The staff encourage people to be independent. Staff have changed their view of the service which has changed their practice, the staff are more forward thinking, there is more of a team ethic now. There is a shared vision and the wellbeing of people has improved."
- The registered manager worked well with the local authority which involved; attending forums which enabled shared learning with other providers and facilitating visits which supported the development of service provision.

Working in partnership with others:

- The service worked well in partnership with other agencies, such as the local authority. We saw that people's support plans included positive working with health professionals to ensure people received consistent care ensuring their health and wellbeing needs were being met.