

Voyage 1 Limited

Voyage (DCA) Isleworth

Inspection report

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Date of inspection visit:
06 February 2018

Date of publication:
05 March 2018

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

The inspection took place on 6 February 2018. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

Voyage (DCA) Isleworth is a domiciliary care agency. It provides personal care to people living in their own houses in the community. The service is also a resource centre offering support to people with learning disabilities. The Care Quality Commission does not regulate this part of the service. The service was established to provide additional personal care for some of the people who used the resource centre when they were at home. At the time of the inspection one person with a learning disability and physical disabilities was receiving support in their own home.

The service was managed by Voyage 1 Limited, an organisation providing care and support in care homes, supported living services, resources centres and domiciliary care services across the United Kingdom.

There was 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.

At the last inspection on 2 February 2016 we rated the service Good.

At this inspection on the 6 February 2018 we found the service remained Good.

The person using the service was not able to tell us about their experiences of using the service but their representative told us they were happy. They explained that the staff were kind, caring and responsive. Communication between the staff and person using the service was good and the person's representative was able to discuss changes, concerns and provide positive feedback to the registered manager, who responded and acted on this.

The staff were well supported and had the training and information they needed. There were systems for recruiting staff to make sure they were suitable.

The person's care had been planned in a way which met their needs. This plan was being regularly reviewed and had been updated to reflect changes in their needs. There was clear information about how they should be supported and how staff should monitor their health and wellbeing.

The provider had effective systems to monitor the quality of the service, make improvements and mitigate risks.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Voyage (DCA) Isleworth

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 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.

The inspection visit took place on 6 February 2018. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected. This was a comprehensive inspection and was carried out by one inspector.

Before the inspection we looked at all the information we held about the provider which included the last inspection report. There had not been any notifications from the service since the last inspection nor had there been any safeguarding alerts or complaints about the service. We spoke with a representative of the provider to discuss the service and any specific changes we needed to be aware of since the last inspection.

During the inspection visit we met the registered manager. We also met other staff working at the resource centre who were involved in the care of the person being supported in their own home. We looked at the person's care records, the recruitment records for two members of staff, information about staff training and supervision, meeting minutes and quality audits and checks.

Following the inspection visit we spoke with the representative of the person who used the service.

Is the service safe?

Our findings

The representative for the person using the service told us they felt the service was safe. They explained that they were present when the person received care and support and that the staff treated the person with respect, used equipment properly and cared for the person in a safe way. They told us they could speak with the staff or registered manager if they had any concerns.

There were procedures for safeguarding people from abuse. The staff received training in these. Information about recognising and reporting abuse was displayed on the walls at the resource centre. The registered manager knew the procedures to be followed in event of any suspected abuse.

The staff had recorded risk assessments for the person using the service. These included information on the level of risk associated with a particular activity, for example using a hoist, and how the person should be supported. The assessments had been regularly reviewed. The staff undertook regular checks of the equipment being used and safety in the person's home environment. These were recorded and the records checked at the agency office to ensure that any areas of need were addressed. The registered manager explained that they had worked with the person's representative to organise a service for a piece of equipment being used.

There was a procedure for managing medicines and the staff had received training in this. The staff were not administering medicines to anyone using the service at the time of the inspection.

There were enough staff. The main activity for the service was running a resource centre. Staff from the resource centre provided the domiciliary care service on a rotational basis. All of the staff had been trained to provide support in the person's own home including the registered manager and deputy manager. The registered manager explained that in a small number of instances when it had been difficult to allocate a staff member due to sickness they had discussed this with the person's representative and agreed a solution.

There were appropriate systems for recruiting staff. These included inviting the staff for interviews with the registered manager. The provider undertook checks on their suitability which included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and checks with the Disclosure and Barring Service regarding any criminal record.

The provider had systems to learn from incidents and accidents. There had not been any accidents at the service since the last inspection, although the form used for recording these ensured that there would be an analysis of these. The provider shared information about accidents, incidents and complaints with all registered managers so they could learn from the experiences of other services. For example, the provider had introduced a new risk assessment relating to the risk of choking following incidents at other services. The registered manager was in the process of completing this for the person who used the service.

Is the service effective?

Our findings

The provider had appropriate systems for assessing the needs of people before they started using the service. The assessments included information about people's likes, preferences, medical history and other needs. We saw that assessments had been completed for the person who used the service. The information had been updated when changes took place.

The staff had the training and support they needed to care for people. New members of staff were provided with training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training updates were provided for all the staff on a regular basis. Some of the training was completed via computer based learning. The registered manager monitored when the staff were completing this and how they had performed during assessments. Other training took part at the resource centre and included input from healthcare professionals when needed. The registered manager told us the staff team had recently completed shared training about using equipment to assist people to move.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. We checked whether the service was working within the principles of the MCA and found that they were.

The staff had completed an assessment of the person's capacity. Along with this there was a specific care plan relating to how the person made decisions and communicated. This outlined how the staff should approach the person to offer them specific choices. The person had been assessed as lacking capacity to make complex decisions. There was clear information about who should be involved in decision making in the person's best interest. Their representative confirmed that the arrangement was appropriate and that they were consulted about all decisions.

The staff had recorded information about the person's medical needs and healthcare conditions. The person's representative dealt with this aspect of their care and support. However, the staff monitored changes in the person's health and condition. These were reported to the person's representative and had been recorded. We saw that the care plan included guidance from external healthcare professionals who were involved in supporting the person.

The staff did not support the person with meals at their home. There was guidance and information about

their dietary needs and support they needed when being assisted to eat in case the staff needed to support the person in the future.

Is the service caring?

Our findings

The person's representative told us that the staff were kind, caring and that the person had a good relationship with them. They commented, "All the staff know [person] really well, they are all pleasant, they are fantastic." They told us the person's privacy was respected.

The language used by staff in records about the person was respectful and appropriate. The care plans described things the person could do for themselves and how to support them to maintain independence in this area.

The person's representative had been involved in making decisions about their care. Their views were recorded in the care plans and they were regularly consulted for their opinions. The person was not able to express their views regarding their care plan, however their representative told us they were offered choices during daily care and the staff respected the choices the person made.

Is the service responsive?

Our findings

The person's needs were appropriately recorded within a care plan. The plan described how the person liked to be cared for and how they communicated their needs. Their representative told us that the staff followed the care plan and that the person's needs were being met. Records of care provided confirmed this.

The person's representative told us they knew how to make a complaint. They explained that any issues had been discussed with the staff and addressed immediately. They told us that the provider and registered manager listened to them and they felt they were responsive. The provider had an appropriate complaints procedure which had been shared with staff and the person who used the service.

Is the service well-led?

Our findings

The representative of the person who used the service told us that they thought it was a good service. They had been asked to complete quality satisfaction surveys and also to participate in reviews for the person. These confirmed that they had continued to be satisfied with the service.

There was a registered manager who was an experienced manager who had previously worked at another service. They had started work at the service in 2017. They explained they were still getting to know the service. They had a relevant management in care qualification.

The provider had systems for assessing and monitoring the service. These included a quarterly audit by senior managers. The most recent audit had resulted in an action plan where the provider felt improvements were needed. We saw that the registered manager had taken action to make improvements and that further improvements were planned.

There were regular meetings with the staff to make sure they had a good understanding of the provider's aims and objectives for the service and so they could share their ideas for developing the service.