

Voyage 1 Limited

Voyage (DCA) Saltbank Court

Inspection report

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Date of inspection visit:
07 December 2021

Date of publication:
03 January 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Voyage (DCA) Saltbank Court is a supported living service providing personal care to six people at the time of the inspection.

People's experience of using this service and what we found

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to take part in activities. Staff enabled people to access specialist health and social care support in the community.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. They were also working hard to recruit more suitable staff.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. However, the provider had plans in place to make improvements to ensure people and families were fully engaged in giving feedback. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support, right care, right culture'.

We looked at infection prevention and control measures under the safe key question. We look at this at supporting living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Voyage (DCA) Saltbank Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out 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 provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We also needed to be

sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 December and ended on 10 December 2021. We visited the office location on 7 December 2021.

What we did before inspection

We reviewed information we had received about the service since it registered with us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with the six people who used the service and spoke with six relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including their body language. We spent time observing how people interacted with their support workers.

We spoke with ten members of staff including the operations manager, field support supervisor and eight support workers. We spoke briefly with the registered manager when we announced the inspection.

We reviewed a range of records. This included three people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at feedback gathered, meeting records and quality assurance records. We spoke with two professionals who visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A relative said, "I do [think my relative is safe], because of a mixture of things, I have spent a lot of time there and can see what's going on each weekend."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "I would report any concerns. Depending on what it was I would report it to [field support supervisor] or I'd consult the whistleblowing policy. I've also been shown how to raise a safeguarding referral directly to the local authority if I needed to."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep good quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- The service had enough staff, including for commissioned one-to-one support for people to take part in activities and visits. Relatives and staff were concerned that people did not have enough commissioned one-to-one hours to allow them the freedom, choice and control they needed. The provider had raised this concern with commissioners and a meeting was planned to review the commissioned support hours.
- The numbers and skills of staff matched the needs of people using the service. However, the provider needed to recruit more staff to allow existing staff to have a better work/life balance. The provider was trying hard to alleviate pressures on staff and to recruit new staff. They were providing incentives for new staff to come and work at the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them. A relative said, "There have

been a few [staff] changes, but many regulars, [my relative] knows them by name."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. We found some changes were needed to ensure that stock was effectively monitored for all medicines to make sure people did not run out of any medicines. The service took swift action and made changes to their processes during the inspection to ensure people always had medicines available.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. A relative said, "I don't know the names of the medicines, but they control [seizures]. [My relative] has not had any convulsions for a while, it is well controlled. We have a regular review and [staff] send me the notes of the meeting."

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. A relative said, "The staff have worked wonders, [my relative] is so much better with experienced staff who know them well. Although most [staff] are regular, [my relative] now copes better with new staff; they are introduced with caution as they gain experience."
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision. For example, a recent best interest decision had been made in relation to how one person's belongings were stored, to ensure the person's and the belongings safety. Staff took appropriate steps and followed the law, to make the decision in the person's best interests.
- Staff received support in the form of regular supervision and appraisal. However, some staff felt that more recognition of their good practice would support the staff team to feel valued.
- The service had clear procedures for team working and peer support that promoted good quality care and support. A staff members suggestion to have a mentor scheme for new staff had been taken on board and was due to start. This would allow the existing staff who were experienced, dedicated and knew people well to share their knowledge and promote a positive, inclusive culture.

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

- People were involved in choosing their food, shopping, and planning their meals. A relative said, "My relative does the shopping in the supermarket and goes out for food." Another relative said, "[My relative] loves food and drink and staff know what they like."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff described how they supported one person to choose a healthy diet which enabled them to lose weight, benefitting their health and improving their mobility. They told us how the person now chose and enjoyed healthier food options and was able to walk further.

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. A relative said, "[My relative] and I are very happy. [My relative] has a good diet and goes out for lunch."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, screening and primary care services. A relative said, "[My relative] is supported to the dentist and for hospital visits."
- Multi- disciplinary team professionals were involved in support plans to improve a person's care. One professional told us, "Although my input was brief, those involved in the individual's care demonstrated a commitment to achieve a positive outcome in minimising behaviour and subsequent damage to property."
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. Another visiting professional told us they had got to know the people and staff at Voyage (DCA) Saltbank Court well over the years. The professional felt confident staff would ask for any professional advice or support they needed to ensure people had healthy lives.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We saw that prompt referrals were made by staff when required. For example, a community learning disability nurse had been involved in helping staff to create a positive behaviour support plan, individual to one person's needs and was due to deliver bespoke training to staff on how to implement the plan, to ensure the person's wellbeing was maximised.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. Staff were able to tell us about how they supported each individual made choices and decisions. A staff member said, "We don't assume people lack capacity, they have the right to make unwise decisions. We support people to make their own decisions for example, we give two options to [Person's name] because too much information or too many options will overwhelm them."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Each person had their own decision-making profile which showed how they were best enabled to make choices and decisions. Staff knew about and followed these.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 saw people as their equal and created a warm and inclusive atmosphere. A relative said staff were, "Kind and caring, very nice people." Another relative said staff were, "Dedicated and concerned."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Staff described how they treated people as individuals and knew what worked for the people they supported. One staff member said, "I love it here, I love working with [Person's name]. We have a great relationship and I have a great relationship with their family too. [Person's name] is a bit funny, a bit grumpy and reminds me of myself. We get along well!"
- People were valued by staff who showed genuine interest in their well-being and quality of life. One staff member told us the importance of, "routine" to help a particular person in the service.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.

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

- People were listened to and valued by staff. Staff described how they listened to people and we saw positive interactions between people and staff who knew them well.
- Staff supported people to express their views using their preferred method of communication. Staff described how they learned each person's individual communication style and worked with them in a way that maximised their communication.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Relatives told us people's privacy was protected. People lived in their own flats and front doors were shut to provide privacy.
- Staff told us how they maintained people's dignity and why this was important.
- People had the opportunity to try new experiences, develop new skills and gain independence. A relative said, "[Staff] support [my relative] to go shopping, to buy what they want, they make their own choices."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. A relative told us their relative was, "Looked after well." Another relative said, "[Staff] do know [my relatives] likes and spend time with them to identify what they want. [My relative] will make it clear."
- People's needs were assessed and planned for. Support plans were detailed and personalised.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. One staff member told us, "I know the people we support." Another staff member said, "I know triggers and run up to behaviours" and staff told us how they support people without the use of physical restraint.
- Staff told us about people's likes, dislikes and preferences. They were passionate about supporting people in their own homes and promoted independence through providing choice to people. Staff told us they enjoyed working in the service and supporting the people who lived there. One member of staff told us, "I really enjoy my job." Another staff member told us, "I think I've got the best job in the world, it is a really good place."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Relatives told us regular care staff understood people. Staff told us they understood how to communicate with the people they support. We saw information in people's care plans about people's communication needs.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff told us new staff shadowed experienced staff to gain an understanding of a person's communication needs. Staff told us they did not tend to use communication aids as people did not engage with them, but staff were familiar with the individual ways people communicated their own needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One relative told us, "Two mornings a week [my relative] goes to [a local farm], they love animals and gardening, going for walks."
- Staff enabled people to broaden their horizons and develop new interests and friends. Staff showed us photos of people on holiday as well as doing activities they enjoy. Staff told us they supported people to participate in activities people wanted to. Staff arranged seasonal events, such as a Halloween party, for people to join in.
- People were able to stay in regular contact with friends and family via visits, telephone or video calls. A relative told us, "We speak twice a week and [my relative] rings me once." Staff told us they supported people to keep in touch with their families including going with people to visit their families at their homes.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. There was an accessible version of the complaints policy and procedure. Relatives told us they would know who to contact to complain and told us they would complain if they needed to.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. They told us how they had raised issues and concerns on behalf of the people they supported.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care. People were not nearing the end of their life, so this aspect of care and support had not been considered. The service told us they would start to consider people's thoughts and preferences whilst they were still able to make their own choices.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a registered manager at the service. However, they left the day before the inspection site visit. A new manager had started by the end of the inspection process.
- Governance processes were not always used effectively to ensure areas for improvement were identified and acted upon. For example, the system for ensuring people always had the medicines they required in stock needed improvement. Whilst swift action was during to make improvements during the inspection, this had not been identified via the provider's own systems.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. We received notification of certain events, as required by law.
- There were appropriate policies and procedures in place in relation to duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People's needs relating to protected equality characteristics were not always fully explored and planned for.

We recommend the provider consider best practice guidance on meeting people's needs in relation to equality and diversity including sexuality.

- Most relatives told us they engaged frequently with people's support workers and the field support supervisor. However, many said they had little contact with the registered manager. A relative said, "This is the problem, I am not sure about the management. Overall, I don't get the information telling me about changing situations. I normally speak to the carers. [Registered manager] emailed me [when they started] but I have not had much contact from them since."
- Improvements were needed to ensure that feedback from people and those important to them was gathered appropriately and used to develop the service. Relatives said they were asked to give their feedback on a questionnaire, but it was not relevant, so they did not complete it. One relative said, "We received a questionnaire that was based for care homes, I asked [the registered manager] about it as it was not relevant to Saltbank Court. They said it was the only one available but nothing the questionnaire asks is relevant to [my relative]."
- However, relatives did feel they could contact staff and raise any concerns they had. One relative said,

"The review is the main contact opportunity, but we are not limited to that, we are free to contact them, they do listen." The provider had plans in place to use their 'Quality Checker' scheme at Voyage (DCA) Saltbank Court, which further incorporates the views of people using services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Senior staff were alert to the culture within the service and spent time with staff, people and family discussing values. Staff spoke passionately about protecting the rights of the people they supported.
- Staff felt able to raise concerns with senior staff without fear of what might happen as a result. Staff without exception were aware of whistleblowing procedures and described how they would speak up for the people they supported, if required.

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing.