Voyage 1 Limited

Voyage (DCA) Solihull and Birmingham

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?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 21 October 2015. We told the provider we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service.

Voyage Care Agency is a domiciliary care agency which provides personal care support to people in their own homes and to some people in a supported living environment. At the time of our visit the agency supported eight people with personal care. People who used the service had a variety of care needs. Some people had 24 hour live in support workers and some people had occasional care calls. The agency provides support to people with learning disabilities.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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. A registered manager was in place and had been since August 2014.

Relatives told us they felt their family members were safe using the service. Support workers had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised.

Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service. Support workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Support workers understood the principles of the Mental Capacity Act (MCA), and gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs.

People had support workers they were familiar with, who arrived at the expected time and completed the required tasks. There were enough staff to care for people they supported.

Relatives told us support workers were kind and caring and had the right skills and experience to provide the care their family member required. People were supported with dignity and respect.

Care plans contained relevant information for support workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them.

People knew how to complain and could share their views and opinions about the service they received. Support workers were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, including surveys. There were other checks and audits, which ensured support workers worked in line with policies and procedures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised. There was a thorough staff recruitment process and safe procedures for handling medicines. There were enough experienced staff to provide the support people required.

Good

Is the service effective?
The service was effective.

Support workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and support workers gained people's consent before care was provided. People were supported with their nutritional needs and had access to healthcare services when required.

Good

Is the service caring?
The service was caring.

People were supported by staff who they considered kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from consistent workers who understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People received a service that was based on their personal preferences and supported how they wanted to live their lives. Care plans were regularly reviewed and support workers updated these when there were changes to people's care needs. People were given opportunities to share their views about the service and the registered manager responded promptly to any concerns or complaints raised.

Good

Is the service well-led?
The service was well-led.

Relatives were happy with the service and felt able to speak to the registered manager if they needed to. Support workers were supported to carry out their roles by the management team who they considered were approachable. The management team had systems to review the quality and safety of service provided.

Good

Voyage (DCA) Solihull and Birmingham

Detailed findings

Background to this inspection

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

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors and we spoke to the local authority commissioning team, who had no further information. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and it reflected the service we saw.

The inspection took place on 21 October 2015 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We contacted people who used the service by telephone and spoke with five relatives. We asked to speak with three people who used the service, however they chose not to speak with us. During our visit we spoke with four support workers, a team leader, the registered manager and the operations manager.

We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

Relatives told us their family members felt safe with support workers, because they knew them well and trusted them. One relative told us, "[Person] feels very safe with their carers. They come in the morning and the evening. They are always on time, they are very punctual." Another relative told us, "They have a regular group of carers who they feel very safe with and we do as well."

Management and staff told us there were sufficient staff to meet people's needs. We were made aware that previously there had been vacancies, but these had now been filled. A team leader told us, "We have sufficient staff to allocate all the shifts and calls to, we have completed recruitment and now we are fully staffed." The registered manager told us, "Our rota reflects the needs of the people we support," and they were satisfied that now there were enough staff who were experienced and confident to support people. The service also employed 'bank' staff and used staff from an external agency, as and when required.

Recruitment procedures made sure, as far as possible, support workers were safe to work with people who used the service. Some new staff had recently been recruited and staff told us they could not start work until all the background checks were completed. The team leader told us, "We are waiting for some DBS (disclosure barring service) outcomes, they cannot start until these are known." Records confirmed checks had been completed for staff. The registered manager told us when recruiting they carried out a telephone interview first to assess the reasons why the person wanted the role and to assess if they could work as part of the existing team. Some people who used the service had been invited to be part of the interview process, to be involved in recruiting support staff and deciding their suitability.

Once people were employed their induction consisted of 'shadowing' other workers, understanding policies and procedures, training and meeting the team. One support worker told us, "The staff member I am shadowing is experienced and they know how to do things." One relative told us, "Any new carer who comes has to shadow the regular so they can understand how to care for my family member. It works really well." All new staff were provided with a job description so their roles and responsibilities were clearly documented.

Staff told us they understood the importance of safeguarding people and their responsibilities to report this. One support workers told us, "I have had the safeguarding training, quite recently, if your training expires you cannot work until it is up to date again." They went on to say, "Safeguarding can be about financial abuse, physical or psychological abuse. I would report it straight away to the team leader or manager." The team leader told us, "We refer any concerns to the safeguarding team; we still contact them if we are unsure if something meets their safeguarding thresholds." We had received notifications of safeguarding referrals made to the local authority and were satisfied the management team had reported concerns appropriately.

A 'See something, say something' poster was displayed throughout the service encouraging staff to report any concerns they had to the provider. A support worker told us, "We have been provided with the names in Voyage we can contact, if we have any concerns." Staff told us they were aware of the provider's whistleblowing policy. One support worker told us about this, "If you want to remain anonymous, it is your choice, you can still call up." Another support worker told us, "There is a whistleblowing procedure, I have never had to use it, but rest assured I would if I needed to." The registered manager told us that safeguarding was an agenda item at the monthly staff meeting to ensure staff remained up to date with any changes and could discuss any issues or concerns they may have.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. These were reviewed regularly and updated when necessary. Assessments included checking the person's living environment, and how people communicated. The risk assessments contained, 'Go, think, stop' guidelines which helped support workers assess a situation of risk, the likelihood of it happening and possible level of harm. One person had epilepsy and there was a risk assessment around how to manage this condition and minimise risks to the person.

We looked at how medicines were managed. Staff received training in administering medicines safely, and their competency was checked every 12 months by the management team to ensure staff remained safe to administer medicine. Audits were carried out including weekly and daily stock checks. There had been some

Good

Is the service safe?

medicine errors at the service previously and the registered manager told us these had been identified in their audits and they had 'reset standards' now with additional medicine training and competencies.

Medicine plans (protocols) were in place for medicine taken 'as required' (known as PRN). We saw a detailed plan for a person that required PRN medicine for seizures. One support worker told us, "I have had training how to use this medicine." Some medicines were stored in locked cabinets in people's bedrooms and medicines requiring refrigeration were stored at the correct temperature. Medicines were stored, and disposed of safely using a national pharmacy service.

Records of accidents and incidents had been recorded and analysed to identify any trends. One person's health had become unstable, these episodes had been recorded as incidents and a referral had been made to a health professional to support the person with this condition. A support worker told us about when they would complete an incident form, "If anything happens, say a service user throws something, the team leader and other staff are informed." Personal emergency evacuation plans were documented in care records and were reviewed every six months. These detailed people's care needs in an emergency so they could be assisted safely.

Good

Is the service effective?

Our findings

Relatives told us support workers had the skills and knowledge to meet their family member's needs. One relative told us, "The care [person] gets is excellent. They work so well with them." Staff communication ensured the care provided was consistent and met people's needs. When staff provided 24 hour care to people, they ensured they met with staff on the next shift to 'handover' important information about the person's care needs. One support worker told us, "We have handover at each shift so we can discuss anything that happens." Another support worker told us, "There is good team work, we all work together." One relative told us the support workers communicated well with them and other staff to ensure they had up to date information about the person's care. A communication book was kept in each home to support staff communication further.

Staff received training considered essential to meet people's care and support needs. One relative told us, "They are currently undergoing training so they can help with the specialist care needed by my family member." Another relative told us, "Our carers are very well trained. They know exactly how to help [person] to make more of their life." The induction training included the Care Certificate and all staff were completing this now. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment**.** A support worker told us new training to understand and manage epilepsy had been arranged for them to support one person particularly. Training consisted of computer learning such as safeguarding, managing medicine and moving people. Other training provided was in areas such as understanding and supporting people with autism, learning disabilities and understanding the Mental Capacity Act.

Some staff were being supported by a psychologist to understand ways in which they could support a person who was self neglecting. One support worker told us 'MAPPA' (management of actual or potential aggression) training had taught them how to distract and divert someone if they became upset or aggressive. Training workbooks were completed by staff, then checked by managers to ensure they were satisfactorily completed. Staff monitored when their own training was due. The team leader told us, "If staff training is out of date they cannot work a shift until it is completed, as staff are not deemed fit to work." Training for staff was recorded by the management team and kept up to date by staff.

Staff told us they received support from the management team via one to one meetings around every two months. One staff member told us about the meetings, "They are good, there was a problem with caring for a service user that was hard to cope with, we talked about ways to improve the situation." Another staff member told us, "I am able to discuss any work issues and personal development; I am interested in doing my NVQ 3, which we are pursuing." One to one 'appraisal' meetings were held annually and gave staff the opportunity to review their performance and development.

Supervision of staff included observed practice by the team leaders or registered manager. The registered manager told us they had 'significant discussions' with staff if they wished to highlight any areas that required improvement. Staff were encouraged to support each other and a system was in place called 'a word in the ear' if staff wanted to raise any concerns about care practice with another staff member. If this was not resolved informally then this could progress to a formal documenting of the concerns with the registered manager and further training or action taken.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The registered manager understood the relevant requirements of the Mental Capacity Act (MCA) 2005. No one using the service had a deprivation of liberty safeguard (DoLS) authorised, however staff were aware of when this may be applicable for people. The team leader told us, "There are no restrictions on people's freedom."

Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with. The registered manager told us, "Don't assume someone lacks capacity," they went on to say mental capacity can fluctuate at different times of the day and is decision specific. We saw one person had been assessed as lacking capacity and a 'best interest' meeting had been held around a health

Good

Is the service effective?

decision. Other people had been supported by staff through the local authority to apply to the court of protection for assistance with decision making about their accommodation. The team leader told us, "People have someone who can support them to make decisions if needed, either family members or an advocate."

Staff were aware that it was important for people to be supported to make as many decisions for themselves as possible. One support worker told us, "Don't assume people don't have capacity to do something, even if they make 'unwise' decisions it is up to them, as long as they are safe."

The registered manager told us about a person who made decisions about clothing which may appear 'unwise'. They had been assessed as having capacity to make this decision. Staff had discussed this with the person and other professionals that this was their preference, and how to ensure this did not put them at risk. Staff had an understanding of the principles of the Act and how this affected their practice.

Support workers understood the importance of obtaining people's consent to their care and support. One relative told us, "They always talk to [person] and always ask their consent before they do anything." Another relative told us, "They always ask if it is alright to do things and make sure they are happy with it." A support worker told us, "We always ask people first to get their consent."

People's nutritional needs were met by staff to support their health. One relative told us, "They take a lot of trouble with the food and help and encourage them to prepare their own meals." Another person required some support with specialist equipment to eat and staff had been trained to do this effectively. Some people were supported to manage their nutritional and fluid intake and we saw records were kept recording this. One person had urine incontinence and had a recent infection. Staff were now monitoring the person's fluid intake so the GP could assess this further.

People were supported to manage their health conditions and to access other professionals when required. One support worker told us, "We support people to arrange and attend appointments if needed." One person's medical condition had recently become unstable and staff had taken them to their GP, who referred them to the hospital where their medicine was now being reviewed. Another person had 'behaviour guidelines' in place and staff met with their psychologist every four months to review these. A support worker told us about this saying, "It's working well." Care records confirmed staff involved other health professionals with people's care when required including district nurses, dieticians, social workers and GPs.

Good

Is the service caring?

Our findings

Relatives we spoke with told us staff were caring and described the care their family members received as 'very good' or 'excellent'. One relative told us, "They treat them like one of their own and have an excellent relationship with them." Another relative explained how their family member really enjoyed their time with the staff.

Staff told us what 'caring' meant to them. One support worker told us, "It's helping people to live a good life and promote their independence." Another support worker told us, "It is showing respect, supporting people to do what they want and achieve their goals." The registered manager told us, "The team care about the people, they want to be here."

People's privacy and dignity was respected by staff. One relative told us, "They are always polite and courteous to us. I can't fault them." Other comments from relatives included, "They treat us all with respect and are so polite," and "They always talk with [person] all the time, even though they do not talk." The registered manager told us staff made sure they were not in the same room with people getting dressed, doors were kept shut, staff made sure they provided people with 'breathing space' and conversations were confidential. A support worker told us, "It's about maintaining their personal space, listening to what they request, not restricting them in any way." Another support worker told us, "We make sure we respect people's wishes and respect their homes." People were offered choice of support staff and gender preferences were respected. One person did not want a male support worker and we saw this was reflected in the care provided.

People were supported to increase their independence and the support they received was flexible to their needs. One relative told us, "They work to help them become more independent by getting them to put their socks on and arms in their sleeves. They are little steps but they are so important." Another relative told us, "They have taught them to text to communicate with everybody. They do not speak. It has really opened up their life," and "Given their condition they work hard to keep them doing little things, to make choices about little everyday things."

One relative told us there had been real progress since Voyage had taken over the care. The registered manager told us, "We push people gently to be independent, encourage them." One support worker told us, "It's about encouraging and prompting people, say you give them the money to pay themselves, or you ask them to get the laundry basket for you, it's tiny little everyday things." Another support worker told us, "[Person's] skills have increased; they can now shave themselves with prompting."

People and their relatives were involved in making decisions about and planning their care. One relative told us, "We were directly involved in the planning of care and we are so pleased with it." People were encouraged to keep in contact with their relatives by using the phone, text messages or email. 'Relationship maps' were documented on care records so staff could see at a glance the people who were most important to the person they cared for.

Staff supported people to access additional support with decision making if this was required. One person had support from an IMCA, (independent mental capacity advocate) to assist them make an important decision about their health. Another person had accessed the service of an advocate to assist with a decision around where to live. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Good

Is the service responsive?

Our findings

Relatives were positive about how staff supported their family members. One relative told us, "We always get the same group of carers which [person] likes." Another relative told us, "The care is excellent. They know exactly how to work with them and they are really happy."

The registered manager ensured as far as possible that people received care from the same support workers who they had a relationship with. One relative told us, "If we get a new carer they always come with one we know for a few times so they can get to know them." One support worker told us, "Continuity of staff is important, consistent staff work with people so they get to know how to respond to them." A key worker system was in place so people had a named worker who oversaw their care. Staff and people completed 'One page profiles' so they could be matched with hobbies and interests. We looked at the call schedules and calls were allocated to regular workers and had been scheduled at times people preferred.

Prior to coming to the service people were assessed by the management team to ensure the service could meet their needs. People's support needs were discussed with them and their families when the service started. Their preferences were then recorded in care plans. One support worker told us about the care plans, "You have to read them, if there is an issue it will be in the care plan." The team leader told us, "Staff sign to say they have read and understood the plan," and they were returned to the office to be reviewed monthly. Care plans provided staff with information about the person and how they wanted to receive their care and support.

Care records were centred around the person and their needs and preferences. One relative told us, "They certainly understand [person] and know what they like and do not like." Another relative told us, "They have a good understanding of what makes [person] tick." The registered manager told us, "The staff team have known some people they support such a long time, they know their body language and by their reactions, what they mean." They explained some staff had worked supporting the same people for over 20 years. Care plans contained information such as the person's 'typical day'. On one person's care plan staff had written, 'Person likes to know what is happening,' and 'Ensure you do not invade their personal space.' We saw 'things I like' and 'thing I don't like' detailed, and staff had used some pictorial aids to help people communicate this information. One relative told us, "The carers certainly know what they doing and are very creative in working with my relative." For example, to help one person make a choice, staff knew to show them two options of either an object or picture, and this helped them to make a decision.

People and their families were involved in reviews of care and invited to 'person centred reviews'. One relative told us, "We had a review recently so they see how things are going." Another relative told us, "We have had a planning meeting and review meeting." A support worker told us, "I am included in the reviews of people's care and I can say what I think, I am listened to." Care plans clearly documented what family members did, and what staff did, so families remained involved with care, if this had been agreed. People chose where they would like their reviews to take place and one person had recently attended their review meeting for the first time as before they had previously been too anxious. Staff were positive about this progress and the registered manager told us, "We have had to earn that trust with them."

We looked at how complaints were managed by the provider. One relative told us, "We have not a reason to complain, we are really happy with the care. Another relative told us, "I have no reason to complain, they have made real progress with [person]." Any complaints received were recorded, as were the response to the complainant. We saw one complaint was received in July 2015 from a relative about a person being unsupervised. This was responded to within three days and had resulted in a safeguarding referral being made by the management team. Complaints were responded to, to people's satisfaction and in a timely way.

Good

Is the service well-led?

Our findings

Relatives told us they were satisfied with the running of the service. Comments included, "If we had any problems we know we can speak to the manager," "I think the service is well managed," "We have the manager's mobile number so we can contact them at any time" and "We contact the office via email and find it the best for us. It gets a quick response. The whole process is working well."

Staff told us they felt supported by the registered manager. One staff member told us, "I would have no problem contacting the managers about anything." The registered manager told us about the management team, "We like to think we are really approachable, the general feedback is we are approachable." A 'staff stress risk assessment' was completed annually to enable staff to highlight any areas of concern to the management team. We saw three responses from staff highlighting that there was not always enough of them. We asked the registered manager about this and they told us this had been an issue, however they were now fully staffed. One positive comment was, 'Management have worked hard to move the service forward, especially on training and communications."

Staff were positive about working for the provider. One support worker told us, "They are a good organisation to work for," and went on to say, "Everything has been good since I came here, [managers'] are very much on the ball." Staff team meetings were held monthly. A support worker told us, "You can share your views and opinions." In the July 2015 meeting staff had said they were not always confident completing all the paperwork and asked for a workshop to look at this further. This had been arranged for the following month by the registered manager in response to this.

The registered manager, another manager and a team leader alternated covering an 'on call' rota to support staff out of normal office hours. One support worker told us, "The managers are excellent, there is an on call system, they deal with things straight away, they are there to talk to, very supportive." The registered manager told us, "Staff pick up the phone; we want to get it right." A manager update meeting was held on a Monday to discuss any on call issues over the weekend. The registered manager or team leader were 'hands on' and covered shifts themselves if this was required.

Satisfaction surveys offered people the opportunity to feedback any issues or concerns they may have. One relative told us, "We had a review questionnaire a few weeks ago; to see what we thought of the service." We saw people had been completed surveys in September 2015 and most were positive with comments such as, 'Staff are always punctual and supportive." Some comments referred to relatives not always being able to contact someone at the office. We asked the registered manager about this and they told us occasionally to cover staff absences they supported people themselves, so could not always respond to calls immediately. In response to this they had made sure the on call rota was available for relatives to access with the contact number of the on call manager. One relative had raised a concern that their family member was eating out too much and it had been agreed in response that staff would support them to cook more often at home.

We asked the registered manager about plans for the service and they told us now they had a 'firm base' of processes in place and full staffing which meant they could build the service up further. They told us their achievement had been in watching people they supported become more confident and independent. An open day was held recently where people, families, staff and professionals had been invited and the registered manager said this had helped them to form stronger relationship with everyone.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

Relatives were positive about how the registered manager checked the quality and safety of the service. One relative told us, "The manager is coming this week to check everything is alright." The management team used a range of quality checks to make sure the service was meeting people's needs. The registered manager told us, "I oversee that auditing gets done, safeguarding, notifications, personnel files, annual service reviews." Records were regularly audited to make sure people received their medicines as prescribed, and care was delivered as outlined in their care plans. We saw an audit of a care plan in October 2015 which highlighted that some dates were missing on care records and support workers had not

Good

Is the service well-led?

always recorded choices offered to people. A 'fresh eyes checklist' was completed by managers to suggest ways care could be improved, along with unannounced spot checks and observations. The team leader told us, "We look for interactions between the client and staff, if they are carrying out the care as planned, check staff are well presented." The registered manager played an active role in quality assurance to ensure the service was monitored and continuously improved.