

Voyage 1 Limited

Voyage (DCA) (North 3)

Inspection report

Office 110
Innovation Centre Venture Court,
Queens Meadow Business Park,
Hartlepool,
TS25 5TG
Tel: 00 000 000
Website: www.voyagecare.com

Date of inspection visit: 26 and 29 May 2015
Date of publication: 03/07/2015

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

This inspection took place over two days. The first visit was on 26 May 2015 and was unannounced. Another visit was made on 29 May 2015, and on that day the provider knew we would return.

Voyage (DCA) (North 3) is registered to provide personal care to people in their own homes. At the time of our inspection they were 15 people using the service.

We last inspected the service in 07 November 2013. At that inspection we found the service was meeting all the regulations that we inspected.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

We saw the provider had followed their recruitment selection policy. Each file held two references from previous employers. We noted all staff had new DBS checks prior to their employment.

The provider had its own whistleblowing scheme, 'See something, say something,' which outlined what staff needed to do if they witnessed any abuse or harm of a person they were supporting.

We saw risk assessments were present in people's care records and included poor nutrition, mobility, challenging behaviour and personal hygiene. The risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe.

Medicines records we viewed supported the safe administration of medicines. Medicines records were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines. We also saw monthly audits were conducted.

We observed assessments of competence in regard to the management of medicines. This included staff answering questions about their practice and being observed administering medication.

We saw records of supervisions and appraisals held, which covered working practices and training needs. The team leader told us, "We aim for six supervisions per year but we do also carry out direct observations in-between."

We saw people's care plans clearly described the support they needed with eating and drinking, including any risks associated with their nutrition. Staff were fully aware of any risks around people eating and drinking and understood how they needed to be supported.

People received support from staff to manage their financial affairs. We saw that monthly audits were carried out to make sure their monies were accurately accounted for and used in appropriate ways.

Staff told us they felt supported by the management and received information on changes within the organisation and with the needs of the person they were supporting via face to face team meetings, phone calls, texts and emails.

We saw training and development was up to date. We also saw all new staff had completed a two week induction and a shadowing period where staff read care plans and got to know the person they were going to support.

Staff had a good understanding of their responsibilities under the Mental Capacity Act (2005) (MCA). They were able to tell us when MCA applied to a person. They were also aware of the capacity of people they were supporting and described how decisions were made in people's 'best interests.'

The staff were seen to be caring to people and interacted well. We observed staff taking time to talk to people and ensured they demonstrated they understand what people wanted. Staff were friendly and engaged with the whole family.

We asked people who used the service if care workers treated them with respect and dignity. One person told us, "Yes they treat me with respect." A family member told us, "Staff always ask [my relative] if they want help."

We found care plans were regularly reviewed and were responsive to people's changing needs. For example one person wished to find employment; staff explored resources in the area and found a suitable placement.

Staff we spoke to were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. Relative's confirmed that staff knew their relative well and understood their needs. One relative said, "Staff know [my relative] and what works to support him."

People were aware of how to raise any complaints or concerns. We saw complaints were dealt with immediately with lessons learnt cascaded to other services within the provider group.

The provider monitored the quality of the service by regularly speaking with people who used the service and relatives to ensure they were happy with the service they received.

People told us the staff supported them to enjoy social activities in the community. One person told us that the staff helped them to go shopping and to go on holiday.

Summary of findings

Staff told us they felt supported by the management and received information on changes within the organisation and with the needs of the person they were supporting.

The registered manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided.

The registered manager had been pro-active in submitting statutory notifications to the CQC.

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.

Staff had a good understanding of safeguarding adults. We saw from training records all staff had received safeguarding training.

We observed assessments of competence in regard to the management of medicines. This included staff answering questions about their practice and being observed.

We saw the provider had followed their recruitment selection policy. Each file held two references from previous employers and a new DBS check prior to their employment.

Good



Is the service effective?

The service was effective.

We found all staff training was up to date. We also saw staff received regular supervision and annual appraisals.

The operations manager was aware of the Mental Capacity Act (2005) and the need to determine if care or treatment was being provided in people's best interests.

We saw people's care plans clearly described the support they needed with eating and drinking, including any risks associated with their nutrition. Staff were fully aware of any risks around people eating and drinking and understood how they needed to be supported.

Good



Is the service caring?

The service was caring.

People and family members gave us positive feedback about the care provided.

We observed staff were kind, caring and compassionate towards the people they supported. People and relatives told us staff were always respectful.

We observed staff taking time to talk to people and ensured they demonstrated they understood what people wanted. Staff were friendly and engaged with the whole family.

Good



Is the service responsive?

The service was responsive.

Care plans were detailed and reflected people's individual needs. Reviews were completed in a timely manner and always included input from the person and their family.

Staff we spoke to were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.

People were aware of how to raise any complaints or concerns. We saw complaints were dealt with immediately with lessons learnt cascaded to other services.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People told us they were happy with the service they received. One person said, “They do everything I want them to do.” One relative said, “I have a good rapport with [the manager].”

Staff told us they felt supported by the management and received information on changes within the organisation and with the needs of the person they were supporting.

The provider had an effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

The provider ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Good



Voyage (DCA) (North 3)

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.

This inspection took place over two days. The first visit was on 26 May 2015 and was unannounced. Another visit was made on 29 May 2015 and on that day the provider knew we would return.

On 26 May 2015 an inspector spoke with the provider and gathered contact details of staff and people who used the service. The operation manager supported us throughout the inspection and home visits as the registered manager was on annual leave.

On 27 and 28 May 2015 an expert by experience conducted telephone interviews with two people who used the service and four of their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On 27 May 2015 an inspector visited two people who used the services in their own homes.

Before the inspection, we also contacted the local authority safeguarding team, commissioners for the service, and the clinical commissioning group (CCG).

We reviewed other information we held about the home, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We looked at five care plans for people who used the service. We examined five staff records including recruitment, supervision and training records and various records about how the service was managed.

We spoke to four people who use the service, six of their relatives, one team leader, five support workers and the operations manager.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Safe, yeah.” A relative told us “When I go home I know [my relative] is safe and well cared for”. Another said, “If [my relative] is happy I am.”

Staff had a good understanding of safeguarding adults. We saw from training records all staff had received safeguarding training. The operations manager showed us a staff information pocket book which held information on safeguarding and the whistleblowing scheme, ‘See something, say something.’ The scheme outlined what staff needed to do if they witnessed any abuse or harm of a person.

Staff we spoke to were able to describe the various types of abuse and knew how to report concerns. One support worker told us, “I would report it to my team leader and I know they would deal with it.”

We asked to see the provider’s safeguarding log. The operations manager told us the information was held within each person’s file. We saw incidents were reported to the local authority and fully investigated. The operations manager said, “We learn from every incident, the information is recorded and held on an electronic log and conclusions are cascaded to the other services.”

We saw risk assessments were present in people’s care records and included poor nutrition, mobility, challenging behaviour and personal hygiene. The risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe. The ‘summary critical information’ outlined what actions to take – ‘always’, ‘do not’ and ‘never.’ For example, when supporting personal hygiene ‘Always - explain and be sensitive, Do not - make demands and never – make negative comments.’

The provider had detailed general risk assessments. These included administration and recording of medicines, first aid, food preparation and building and structural safety. The operations manager showed us how they had adapted these assessments and put them in place in each person’s home. We saw personal emergency evacuation plans, fire risk assessments and continuity plans were in place for each person’s home. This meant the provider had suitable plans to keep people safe in an emergency.

We asked to look at the accident and incident records. The operations manager advised the records were stored against people’s details rather than as a service. However the information was collected and recorded on the weekly service report and analysis was conducted throughout the provider group. The operations manager also told us all accident and incidents were investigated immediately.

Medicines records we viewed supported the safe administration of medicines. We reviewed five people’s medicine administration records (MARs) care records held in the office and two MARs in people’s own homes. These included information and guidance for staff about how people’s needs should be met. We saw the MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Medicines records we viewed were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines. We also saw monthly audits were conducted.

We observed assessments of competence in regard to the management of medicines. This included staff answering questions about their practice and being observed. The operations manager told us competence assessments are carried out every six months. This showed that people’s medicines were managed to enable them to receive them safely.

We asked the operations manager about staffing levels. They told us that staffing levels were set by the needs of the people using the service. They said staffing rotas were produced four to five weeks ahead. They ensured key staff, with the appropriate skills were available to deliver people’s care packages. The operations manager told us, “If staff are sick we are able to use experienced staff from our supported living services.”

We examined five staff files and saw that the provider was careful to recruit people safely. We saw the provider had followed their recruitment and selection policy. Each file held two references from previous employers. We noted all staff had new DBS checks prior to their employment. The operations manager told us, “Even if someone came with a month old DBS check we still ensure a new one is applied for.”

Is the service safe?

We also saw a risk assessment had been carried out on an applicant prior to employment as information had been disclosed on a DBS check. This meant people were protected because the provider always vetted staff before they worked at the service.

Is the service effective?

Our findings

We saw training and development was up to date. We looked at five staff training records and noted each contained a detailed record of training completed, with copies of certificates. We also saw records of assessment of competence in regard to the management of medicines.

We noted all new staff had completed a two week induction and a shadowing period where staff read care plans and got to know the person they were going to support. The supervising support worker and the person gave written feedback to the new support worker.

The operations manager told us training was monitored monthly where any training needs were highlighted and courses were organised. One support worker told us, “The training is spot on; it covers everything you need to do your job.” Staff told us they received ongoing training. Another said, “My team leader lets me know when I need to go on any training.”

We saw records of supervisions and appraisals held, which covered working practices and training needs. The team leader told us, “We aim for six supervisions per year but we do also carry out observations in-between.” One support worker said, “I have just had my supervision it lets me know how I’m getting on.” Relatives told us, “The staff are well trained and have lots of experience.” This meant that staff had received the appropriate training to ensure people are well cared for.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their ‘best interests’.

Staff had a good understanding of their responsibilities under the MCA. They were able to tell us when MCA applied to a person. They were also aware of the capacity of people

they were supporting and described how decisions were made in people’s ‘best interests’. Staff told us they had completed training on the MCA and this was confirmed on their training records.

We did not see evidence of MCA assessments and ‘best interests’ decisions being carried out for people who lacked capacity to make decisions for themselves. The operations manager told us they had originally followed a direction from the local authority in regard to timescales for making Deprivation of Liberty Safeguards (DoLS) applications, as it referred to individual tenancies. They recognised the error and immediately set about completing the appropriate documentation. On the second day of our inspection the operations manager showed us ‘best interest’ documents for a person completed in May 2015. They also advised MCA assessments were to be carried out for those who needed assessing.

We saw people’s care plans clearly described the support they needed with eating and drinking, including any risks associated with their nutrition. Staff were fully aware of any risks around people’s eating and drinking and understood how they needed to be supported. For example one person had intolerance to wheat products and staff supported and encouraged the person to choose alternatives.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We observed in people’s daily records appointments for external health professionals. A relative told us, “The staff know [my relative] so I am happy for them to attend any hospital appointments with him.”

We observed external health professional’s details were held in people’s health records. These also contained supporting information about a person’s health conditions. One person told us, “I told [support worker] I felt funny and she phoned 999 to get me checked over.” The operations manager said they liaised and supported people with the district nurse or occupational therapist as necessary to meet people’s needs.

Is the service caring?

Our findings

One person told us, “I get on well with my support workers,” and “They do a good job.” A relative told us, “They provide outstanding and exceptional care for [my relation] and support the whole family”, and “They bend over backwards.” Another told us, “[my relative] is happy.”

We spoke with four people and six relatives and they told us they were happy with the service they received. A relative recalled when their relative’s car was off the road, “[support worker] got permission and changed their own car insurance policy so [my relative] could still go out.” One person told us that when their mother was poorly recently staff helped them support their needs too.

The staff were seen to be caring to people and interacted well. We observed staff taking time to talk to people and ensured they demonstrated they understood what people wanted. Staff were friendly and engaged with the whole family.

Staff described how they supported people to do as much for themselves as possible to promote the person’s independence. The operations manager reflected on how one person had been supported to be able to live in the community, secured a job and reconnected with their family.

The team leader told us recently they had organised an autism event ‘Light up the night’. They said, “It creates a community spirit; everyone gets involved including people from outreach services and supported living.” Staff told us it was a great success. One person told us, “I had a brilliant time and met my friends.”

The outreach team aims to develop a community with discos at local venues and a Saturday Club. The team leader said, “It’s been going on for years, it’s a big part of people’s lives it’s fantastic to watch everyone enjoying themselves.”

At the start of a package the person is introduced to the support workers. Any new support worker goes through a shadowing period with the person providing feedback on their performance. The operations manager told us every effort is made to ensure people have the same key support workers. They recognised such changes in routine had a negative impact on people’s care. They said, “We do our best to make sure people know the staff who are supporting them. If I can’t find staff people know I will support the person myself.”

We asked people who used the service if care workers treated them with respect and dignity. One person told us, “Yes they treat me with respect.” A family member told us, “Staff always ask [my relative] if they want help.” Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to help if needed.

At the time of our inspection, no-one used an advocacy service, but the operations manager was aware of the local advocacy service. We saw posters advertising the service in the office and information was available for people in their support records

We saw the local authority represented the interests of people who could not manage some aspects of their lives, such as their financial affairs. This showed that the service were aware how to obtain appropriate support for people in the event they needed assistance in making decisions about their care.

Is the service responsive?

Our findings

We viewed five people's care plans which contained comprehensive information about them and how they wanted to be cared for. We saw a service user guide for a supported living document using images to inform the reader. The guide included a 'What's important for me', a relationship map and a 'typical day' and an activity planner. All care plans were thorough and covered personal hygiene, nutrition; mobility; communication; medication and finances. These were written from the perspective of the person receiving the care. For example, 'I would like to be given information verbally.' Full risk assessments were in place with risk plans to support these.

We found care plans were regularly reviewed and were responsive to people's changing needs. For example one person wished to find employment; staff explored resources in the area and found a suitable placement. Staff worked with and supported the person through their interview to successfully gaining a job. All records we viewed were current and up to date.

The operations manager told us staff read people's care plans as part of their shadowing. They also stated staff were kept up to date with daily changes in people's needs as this information was recorded in a communication book and discussed at change overs. This meant staff had access to up to date information about how people should be supported and cared for.

Staff we spoke to were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. Relative's confirmed that staff knew their relative well and understood their needs. One relative said, "Staff know [my relative] what works to support him."

People and relatives told us they took part in all discussions with external professionals and support staff

involved in planning their care package. We saw people had signed that they agreed to the care plan in place. We observed during our visits to people's home the care records contain the same detailed information held in the office.

The operations manager advised support workers to ensure people take part in as many activities as they wish. One person told us their programme of activities included shopping, swimming, going to the gym and to work. They told us, "I wish to have an overnight stay and [operations manager] is going to help me." A relative told us, "I never thought [my relative] could do so much, they help him have independence."

Staff encouraged people to maintain their independence. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A relative told us, "They encourage [my relative] to do things for himself, I was worried at first but they put my mind at rest."

People told us the staff supported them to enjoy social activities in the community. One person told us that the staff helped them to go shopping and to go on holiday. We saw pictures of a recent party the provider had held 'Light up the night' for autism awareness. Staff, people and relatives all recalled an enjoyable evening.

We examined records relating to compliments and complaints. The operations manager advised us the information was stored by electronic means in the weekly service reports. They told us any issues raised were dealt with immediately and any conclusions drawn from the information was used across the services. A relative told us, "I was unhappy with the state of [my relative]'s flat, I spoke to the manager and a rota was drawn up for daily chores."

A local authority representative told us the provider can be relied upon to find support workers at short notice. If a support worker was not available the operations manager went out to support the people.

Is the service well-led?

Our findings

People told us they were happy with the service they received. One person said, “They do everything I want them to do.” One relative said, “I get on well with [the manager].” A local authority representative told us, “They provide a valued service” and, “They work in partnership with the local authority to ensure people’s needs are met.”

Staff we spoke with told us the registered manager and operations manager were approachable. One support worker said, “I can discuss any concerns with [the operations manager].” Staff told us they felt supported by the management and received information on changes with the organisation and with the needs of the person they were supporting via face to face team meetings, phone calls, texts and emails. The registered manager had been pro-active in submitting statutory notifications to the Care Quality Commission. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

The provider conducted regular team meetings. The team leader told us copies of the meeting minutes were sent to those who could not attend. We saw meetings covered areas such as safeguarding, complaints/compliments and medication. This meant staff had structured opportunities to share information and give their views about service people were receiving.

The service had drawn up a mission statement which clearly outlined the values of the service. This message was present on notice boards and all staff received a mini card detailing the service’s values on their induction. We noted the values also formed part of the discussion during staff member’s supervisions.

We saw the provider had a monthly magazine, KITE. The operations manager told us this was sent to all the people who used the service. They said, “Staff and people are encouraged to send stories in of their achievements or what is going on in their service

There was a system of checks and audits in place to assess the quality and safety of the care people received. The operations manager had a comprehensive system to audit various aspects of the running of the service. They showed

us monthly audits completed by the registered manager which covered five areas: caring, effective, responsive, safe and well-led. They said, “Each manager completes an audit then I conduct a further audit of that information and action plans are put in place if an area has failed.” These included checks of the medicine systems, safeguarding, audits of care plans and risk assessments.

A number of people received support from staff to manage their own financial affairs. We saw that monthly audits were carried out to make sure their monies were accurately accounted for and used in appropriate ways. We also noted the team leader carried out monthly audits of people’s medicines to ensure they were accurately accounted for and to identify any issues.

The operations manager monitored the quality of the service by regularly speaking with people who used the service and relatives to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there, to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. This meant that the provider had effective quality assurance processes to monitor the quality and safety of the service.

The operations manager was well known to people who used the service. We observed people and relatives were comfortable and relaxed talking to her. All of the people we spoke to confirmed the operations manager regularly visited them.

We looked at what the provider did to seek people's views about the quality of the service. The operations manager told us questionnaires were sent to people and relatives once a year. They also said they were proactive in seeking feedback and would also send out questionnaires at random intervals. We noted the questionnaires were available in different formats including a pictorial version. We looked at a sample of these and saw the results were positive.

We saw all policies and procedures were up to date with a clear process and review date in place.