

Voyage 1 Limited

Voyage (DCA)(Lincs)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Voyage (DCA) (Lincs) is a supported living service providing personal care to people with learning disabilities or autistic spectrum disorders and physical disabilities. At the time of the inspection the service was supporting 12 people at two separate locations in Sleaford.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

No restrictive intervention practices were used.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the records relating to decision-making were not always in place or completed to a consistent standard. We made a recommendation to improve practice.

There were enough care staff to meet people's needs. We received mixed feedback regarding the

deployment of sufficient numbers of staff to meet people's needs. One person said, "There has been a lot of agency staff but there is always someone I know on duty." The registered manager was actively seeking to recruit staff at the time of the inspection. Staff were recruited safely, and their backgrounds checked before they started working in the home.

An effective system was in place to manage medicines. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these.

People were supported to lead their lives in their chosen way. Staff engaged with people to enable them to follow their preferred hobbies and interests.

Staff were observed to be respectful and caring towards people. They understood the importance of promoting equality and independence. People's dignity and privacy were maintained by staff.

People and their relatives were involved in the planning of their care. Their care records contained good detail of their personal preferences and choices.

People could choose their meals and were supported to maintain a balanced diet to suit their needs..

Staff supported people to access appropriate healthcare services, including annual health reviews.

Peoples environments were well maintained and met people's needs appropriately.

Information was available in a variety of formats to help people understand. Staff told us they knew people's preferred methods of communication which was recorded in care records.

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

Rating at last inspection

The service was rated as Good. (Last report published 16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Requires Improvement ●

The service was not always 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?

Good ●

The service was well led.

Details are in our well led findings below.

Voyage (DCA)(Lincs)

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.

Inspection team

The inspection was carried out by one inspector and two assistant inspectors.

Service and service type

This service provides care and support to people living in two 'supported living' settings, 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.

At the time of our inspection, 12 people were receiving the regulated activity of personal care.

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 four days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with three members of staff, the registered manager, service manager and operations director.

We reviewed a range of records. This included two people's care and medication records. We looked at staff training and supervision records and records in relation to recruitment of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, best interest decision documents, quality assurance records, and written and email feedback from four staff and three healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Staff were trained in the receipt, storage, administration and disposal of medicines.
- Suitable arrangements were in place for the safe transfer of people's medicines to their family members when they spent time with their families.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed. Risk assessments and care plans contained clear explanations of the likelihood of the risk, control measures in place and contained guidance for staff on how to keep people safe.
- Detailed assessments and risk management plans were in place for areas of care including; continence management, gastronomy feeding tubes, and choking. A gastronomy feeding tube is a medical device used to provide nutrition to people who cannot obtain nutrition by mouth. For people who were living with long term conditions such as epilepsy, their care plans gave staff clear guidance on what to monitor and what action needed to be taken in the event of an emergency.

Staffing and recruitment

- Appropriate background checks were conducted prior to staff starting work, to ensure they were suitable to work in a care setting.
- We received mixed feedback from people and their relatives when we asked if staffing levels were sufficient. At the time of our inspection the provider was actively recruiting to ensure sufficient staff were employed to support people's care packages at one service. At present permanent and agency staff were covering shifts, and people's needs were being met.

Preventing and controlling infection

- Staff were trained and followed infection control procedures.
- Staff told us they were provided with supplies of personal protective equipment, such as aprons and gloves.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. A relative told us, "My [Name] care is 24/7. They are never alone. Yes, they are safe."
- Staff demonstrated a clear knowledge of the service's policies and procedures in relation to safeguarding.

They had received training in safeguarding people and they knew what action to take if they suspected people were subject to, or at risk of abuse. One told us, "We would monitor for signs of abuse, using body maps. All medicines are given with two staff present and peoples monies are counted three times a day. See something say something is an initiative and has a number you can call outside of the service."

- The registered manager understood and acted on their duty to report any safeguarding concerns to local authority safeguarding teams and to CQC.

Learning lessons when things go wrong

- There was a system in place for reporting incidents and accidents and staff were aware of it.
- Accidents and incidents had been recorded including what action was taken to address the event that had occurred.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service did not always seek consent to care and treatment in line with legislation and guidance.
- Where people had been deemed to lack capacity to give consent, we found a lack of evidence best interest meetings had taken place and documented consistently. As a result, it was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.
- Where people's records showed a family member had a power of attorney to make decisions on the person's behalf, the registered manager was not always able to confirm what the power of attorney was for; whether this related to financial decisions or decisions for health and wellbeing.

We recommend the registered provider ensures that where people lack capacity to make a decision, the principles of the Mental Capacity Act 2005 are followed and recorded.

- Action was taken after our inspection to assess people's mental capacity for specific decisions in line with the MCA.
- Staff had received training to assist them to support people with making decisions when appropriate.
- We saw people were supported to have as much choice as possible about their daily routine. One person told us about their morning routine and how they had chosen all their own clothes for the day.

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. One relative told us, "I'm involved with all that and go to all the meetings." A healthcare professional said, "I find the staff team to be very aware of the importance of individuals being treated as such and ensuring their wishes are followed."
- Care plans were person centred and contained all parts of people's lives that were important to them including any diverse needs.

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable; and carried out their roles effectively. The provider had systems to help them understand which staff needed their training to be refreshed and when.
- Staff completed an induction and training programme to prepare them for their role and told us they were satisfied with the training they received.
- Staff told us they felt supported by the registered and service manager who was available for support and guidance when required.

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

- Care plans for people's eating and drinking needs were in place and referred to dietary and nutritional information for staff to follow.
- Staff who prepared people's food were aware of their dietary needs and preferences.
- Where people were identified as being at risk of malnutrition or poor hydration they were on food and fluid charts, which were completed appropriately by staff.

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

- People had access to healthcare professionals when required, including regular health reviews. Advice and guidance given by professionals was documented within care files and staff followed their instructions. One person said, "My GP has visited me today." A relative told us, "I attend those [appointments]. If they get a letter, they [staff] text me the letter so I can turn up if I can."
- Information was shared with other agencies if people needed to access other services such as hospitals.
- Professionals told us they felt the service contacted them when appropriate and followed their instructions to ensure people's health care needs were met.

Adapting service, design, decoration to meet people's needs

- People we visited had their own bungalows, and these were decorated to their individual preferences.

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Care records were clear about what support people needed and what they could do for themselves.
- People were supported with everyday tasks such as cleaning their homes, making meals and laundry.
- Staff and people's relatives shared examples of how people's dignity was respected. One relative said, "Any sort of personal care is done by two members of staff. The doors are shut, and they make other people aware. They state that privacy is necessary. Blinds and curtains are shut."

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

- We observed positive interactions between people and staff, who were caring in their approach.
- Relatives told us their family members were cared for and felt the care provided by staff was good. Comments included, "You can tell by the way they are [that staff care]. They treat them with the greatest respect" and "Oh god, yes. The way they interact with them. [Name] is giggling and laughing."
- People's diverse needs were recorded in their care plans. This included the support people required in relation to their culture and beliefs.

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

- People were encouraged and supported to express their views and be involved in making decisions about their care and support. A health and social care professional told us, "The staff work hard to ensure people are included in their care and support."
- Staff understood how people communicated their needs and any support they needed, such as being shown items to choose from. Some people used assistive technology equipment, gestures, movement and facial expressions to talk with staff and others. We observed staff gave people the time they needed to communicate.
- People made decisions about their daily lives such as specific days they wished to go shopping. An advocate supported one person in relation to equipment and finances.
- People had copies of their care plans in their homes, so they could access them if needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. 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

- People had comprehensive care plans in place that were reviewed regularly and altered when people's needs changed. One person's plan we looked at had epilepsy and it was documented what staff could expect before, during and after a seizure, to ensure they supported them correctly.
- Peoples 'social history' provided a timeline of important events which had impacted on them, such as, their physical health and wellbeing.
- Care plans contained personal profiles which enabled staff to understand about peoples likes, dislikes and preferences. A 'one-page profile' documented a snap shot of what important information staff needed to know about people.
- People and relatives where applicable, were involved in reviews of peoples care packages with staff and other professionals, to ensure their care remained suitable. One relative told us, "I'm involved with all that and go to all the meetings."
- Staff were familiar with people's needs, preferences and what was important to them. This supported them to provide people's care in a person-centred way.

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.

- Where required information was provided to people in alternative formats such as picture format, larger print and easy read to enable people to access the information in a way they could understand. A relative told us, "[Name] has a phone. I get photos from them to see how they are doing when I'm not there. Staff read their books to [Name]."

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 engaged in a variety of activities and spent time in the local community going to specific places of interest. Staff told us that people did what they wanted. Comments included, "One person attends all home games at Lincoln [football club], they go swimming, and their mum visits Thursday. Monday night goes to a disco in Bourne. They chose to have their speech and language therapy review in [Name of store] as they love the coffee shop so much."
- People were supported to maintain their relationships with people that were important to them.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place.
- Staff were aware of how to assist people if they had a concern or a complaint to make.
- Relatives said they would talk with staff and the registered manager if they had any complaints. One relative said, "Oh gosh, yes. If I have an issue with a carer, I'll go to the carer. If I can't resolve it, I'll go to the senior. I would then go to the manager. I keep in touch once a month with them via email or the phone."

End of life care and support

- End of life care had been provided. Staff had liaised with healthcare professionals to ensure people received care which met their needs at this important time.

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.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had an effective management structure in place and all staff demonstrated a commitment to providing person centred care to a good standard. A healthcare professional told us, "In my opinion the service is well led with a good management team. Moreover, the staff team work effectively with both the local authority and other agencies to ensure the safety and well-being of the service users."
- Relatives spoke positively overall about the service their family members received from staff. Comments included, "We can mention anything, and they [staff] act upon it" and "Yes, it's nice that I can talk to the carers. I shout, and they come and help."
- Staff said there was an open culture at the service that met the needs of the people they supported. One told us, "I am absolutely comfortable to go to managers. I have brought concerns about past staff members and their practice. They addressed this."

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

- The registered manager understood their duty of candour responsibilities.
- The registered manager and staff had an understanding of their roles and how the service should be delivered to people. A staff member said, "[Managers and staff] always make sure that the people we support get the right amount of care and support and are offered plenty of choices."
- The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely manner.

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

- Staff told us staff meetings were held regularly and they felt able to raise concerns and make suggestions. One said, "Meetings are once a month. I feel that I do have a voice and if I have any problems or concerns I am able to talk to someone."
- Feedback from people was gathered and acted on, including at service user meetings and daily discussions.
- The service was well integrated into the local community. People were supported to access a range of local amenities.

Continuous learning and improving care

- The service was regularly monitored and reviewed. Effective quality assurance systems were established by the provider, and completed regularly by the service, registered and operations managers. They helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service.

Working in partnership with others

- People received coordinated care.
- It was clear from our discussions the registered manager and the staff worked in partnership with others and achieve the best outcomes for people. One healthcare professional told us, "In my opinion it is a very well led service, manager's contact me, but equally the whole team are encouraged to approach health professionals, giving them responsibility for their service users, so it is very much a team approach."