Voyage 1 Limited

Voyage (DCA)(Lincs)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 23 November 2013 and was unannounced.

The service provided care for people as part of a supported living arrangement at two locations in Sleaford. There were 10 people using the service on the day we inspected.

At the time of our inspection the service did not have a registered manager. However, we had received an application for a new manager to be registered and the appropriate checks to ensure the person had the appropriate knowledge and skills were being undertaken. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had understood their responsibilities under the Mental Capacity Act. People's abilities to make decisions had been assessed and appropriate support had been provided to ensure that their views were taken into account when making decisions.

There were enough staff to meet people's needs. Staff training and the ongoing support staff received from the manager meant that the care provide was calmly delivered, safe and effective. Staff knew how to safeguard people from situations and people where they could be abused. Safe recruitment practices ensure that staff were safe to work with people using the service.

Care plans contained information on the care people needed and the risks they faced. However, at times the information did not always reflect the latest care people needed. However, staff we spoke with were up to date regarding people's care needs. People had been supported to access healthcare professionals when needed and their care and communication needs were communicated to those looking after them if they had to go into hospital.

Medicines were safely stored and administered. However, recording of when medicines had been administered was not consistently completed. People received person centred support to make choices about their food. Staff knew about people's nutritional needs and ensured that the food provided was presented in a way which was safe for people to eat.

There was a good relationship between people using the service and staff. Staff supported people to be involved in their care and to make choices about how they spent their time. Wherever possible staff encouraged people's independence and supported them to access the local community.

The manager was approachable and took action when any concerns were raised. They had gathered the

views of people using the service, their families, healthcare professionals and staff. Systems used to monitor the quality of care provided were effective and the provider and manager kept up to date with changes in legislation and best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were stored and administered safely. However, record keeping was not consistently completed.

Risks had been identified and staff knew the care people needed to be safe. However, risk assessments in care plans had not been kept up to date.

There were enough staff available to meet people's needs.

Staff had received training in how to keep people safe from harm.

Is the service effective?

Good

The service was effective.

Staff had received the training and support needed to ensure that they had the skills needed to care for people safely.

People's rights under the Mental Capacity Act 2005 were respected.

People were supported to have food which met their needs and to make choices about their meals.

People were able to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

There was a kind and caring relationship between people who used the service end staff. Staff knew people's personalities and their strengths and used this to encourage people to develop.

People were involved in making decisions about their day to day lives.

People's privacy and dignity were supported.

Is the service responsive?

Good

The service was responsive.

Staff knew the care people needed and provided person centred care tailored to people's individual needs. However, care plans had not always been updated to reflect the changes to people's care needs.

People were supported to live active and fulfilled lives both at the service and in the community.

People told us that they knew how to complaint, but no one had felt the need to submit a formal complaint.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were supported to voice their needs and concerns.

The views of people using the service, relatives, healthcare professionals and staff had been gathered.

The manager had systems in place to monitor the quality of care the service provided.

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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 on 23 November 2016 and was unannounced. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people using the service. 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.

During the inspection we spoke with three people who lived at the service. After the inspection we telephoned three relatives to get their views on the care provided. We also spoke with the manager, the deputy manager and a care worker.

We looked at three care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People's medicines were stored and administered safely. Systems were in place to ensure that medicines were reordered from the doctors in a timely fashion so that they were always available for people when needed. Care plans contained information on how people preferred to take their medicine. For example, one person preferred to take their medicine with yoghurt instead of a drink as they found the tablets easier to swallow that way.

People's medicines were discussed with their GP and any changes were implemented and recorded on their Medicines Administration Record (MAR) so that staff giving the medicine were clear on people's needs. For example, staff had discussed with a doctor the medicine one person had at 4am and this had been moved to 8am. This meant the person was able to have an undisturbed night's sleep.

However, there were some gaps in recording on the MAR charts so it was not possible to be sure people had always received their medicines as prescribed. In addition, changes to the MAR had not been signed or dated so that it was not clear when changes were supposed to be implemented. Furthermore, when looking at medicine such as painkillers prescribed to be taken as required, there were some discrepancies between the instructions on the medicine packaging and the MAR chart.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's likelihood of developing pressure ulcers. Appropriate equipment was in place to reduce the risk of occurrence. In addition, person specific risks had been identified. An example of this was one person who was prone to getting chest infections and could be quite poorly with them. It was clearly recorded in their care plan that any staff with a cold was not to care for the person. It also recorded that staff needed to ensure they followed good hand hygiene to reduce the risk of infection for this person. In addition, anticipatory medicines were available so that the person could take medicines as soon as an infection was identified.

However, while staff we spoke with were aware of people's needs and risks we found some changes in care were not reflected in the care plan. This meant that staff could not rely on the risk assessments. For example, on person's care plan recorded that they could be moved using a slide sheet while information showed this was no longer the case.

Accidents and incidents were recorded and appropriate action had been taken to keep people safe and to minimise the risk of the incident reoccurring. Staff told us they had a management system to record any incidents and that any member of staff involved was always de-briefed, so that they could reflect on and learn from their experience.

People told us that they liked the staff that they were good at their job. One person said, "Staff know what to do."

The manager explained that as part of their assessment by the local authority people were allocated a set

number of hours for personal care and further support hours to help them access the local community and activities. The staffing rota was completed to ensure that people received the number of hours care a week they were funded for. Where people received hours to access the community these hours were provided flexibly to fit in with the activities the person planned.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, people had completed application forms and the manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who lived at the service.

Some of the relatives we spoke with raised concerns that at one site there was only one member of staff at nights to look after seven people. We discussed this with the manager who confirmed that this was the case. However, most people were settled at night and where people may be unsettled or require further attention there was extra monitoring in place such as audio or visual monitoring or alert pads on beds. The manager was confident that people's needs were currently being met with one member of staff but said that they would review this if more people needed support or if people's needs changed.

Additionally a relative also raised concerns about the recent high turnover in staff which had meant that current staff had to work longer hours to ensure that all the shifts were staff according to need. The manager confirmed that this had been an issue but that recent recruitment had resolved the problem. In addition, the manager explained how they spoke to staff who were leaving to see what had prompted them to move on to see if the provider could take any action to increase the retention of staff.

People told us they felt safe using the service and when out and about with staff. A relative told us that they had no concerns about their family member's safety.

Staff had received training in the different types of abuse and how to recognise abuse and keep people safe. Where safeguarding concerns were raised the manager completed through investigations and took action to stop incidents reoccurring and to ensure that any learning from the incident was identified and any training needs actioned.

Staff told us that there was a whistle blowing policy and a safeguarding policy in place which supported them to be able to raise concerns. They were aware that the whistle blowing policy meant that they could raise anonymous concerns. However, staff told us that they did not need to do this as the manager was approachable and responded to any concerns raised.

The provider had policies and procedures in place to protect people from abuse. For example, people's ability to understand and manage their monies were identified and recorded. There were clear procedures in place for staff to safely store and access people's monies and all transactions were recorded.

Staff had received training in how to restrain people safely. However, people's care plans showed that people's distressed reactions were well managed. Staff received support and guidance from healthcare professionals which meant that people's needs were understood and met and so people did not become distressed and no restraint had been used.

Good

Is the service effective?

Our findings

A relative told us staff had the skills needed to provide safe care. They said, "They are very well trained and get support from the nurses and other healthcare professionals."

Information gathered before we visited the service showed that the service had a lower number of staff with a nationally recognised qualification that what we would expect. We discussed this with the manager, they were aware that this was an issue and identified that it was due to the provider being short of trained assessors. The provider had taken action to resolve the concern. In addition, the manager told us that there had been a number of new staff recently and they were in the process of completing the national qualification.

One member of staff told us they had completed an induction and had shadowed a more experienced member of staff for two weeks. Alongside this they had completed training which included restraint, mental capacity and safeguarding. Staff told us that they were able to ask for more training if they did not feel confident providing care. One member of staff told us how they had felt they had needed more training on enteral feeding and this had been arranged.

Most people using the service required complex care to support their high level of needs. As part of the training plan people's individual care needs were reviewed and any training needed to help staff provide safe care for people was arranged. Staff were only assigned to support people when they had completed all the training needed to ensure care for that person.

Staff told us and records showed that they had a monthly supervision where they could discuss their current performance with their line manager and raise any concerns they had. In addition, they also had an annual appraisal to discuss training needs and career progression.

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

Where people did not have capacity to make certain decisions care plans recorded if any relatives had the legal authority to make decisions on their behalf. If no one had the authority to make decisions care plans clearly recorded how decisions should be made in the person's best interest and who to involve in the decision making process.

Staff were able to tell us about the mental capacity act and how it impacted on the care people received. For example, one member of staff told us that everyone using the service was considered to have capacity unless an assessment had been completed which identified that they did not. Where people used sign assisted language to express themselves care plans clearly recorded how to gain consent. For example, one care plan recorded that staff needed to gain eye contact with the person and gain consent by means of a smile or eye pointing. Another person's plan recorded that the person would turn their face away from you if they were not ready to get up in the morning. The person would also push food out of their mouth when they had enough to eat.

People's care plans included information on how people could be supported to make decisions, for example, one person preferred to receive all of their information verbally. Care plans included advice on how much information the person needed to be able to make a decision. There was also guidance for staff on how to check if the person had understood all of the information given to them and the decision they needed to make. Information was also available on when was the best time for people to make a decision. For example, one person's care plan recorded that they liked to be asked when they were alone and not engaged in an activity. It was also recognised that people may change their minds as they spent time thinking about the information they had received and discussing it with their families.

People told us they were happy with the food offered. One person told us, "You can choose what you have each day." Where people were able to make choices they were offered a free choice of food. For example, one person did not have a weekly menu in place as they would choose on a daily basis what they wanted to eat and would occasionally choose to have a meal from a fast food outlet. Other people preferred to plan their meals in advance and these were on display in their kitchen so that they and staff knew what they had chosen to eat each day.

People's ability to eat safely had been assessed by the speech and language therapists and care plans recorded people's care needs around the texture of food that it was safe for them to eat. For example, some people needed their food pureed while others required that it was cut into small pieces. When talking with a carer and a person they explained how the person needed support to eat safely as they had trouble swallowing foods. The member of staff explained how they had worked with healthcare professionals to make the person's favourite foods safe to eat so that the diet was not restricted.

Where people's nutritional needs were supported by enteral feeding there was information in the care plan to support staff to ensure the person received their feeds at the appropriate times. Staff had received training from healthcare professionals on how to administer the feeds safely. Enteral feeding is when a person's food is delivered via a tube directly into their stomach as they are unable to eat safely.

People who were at risk of being unable to maintain a healthy weight had been identified and appropriate support from healthcare professionals had been sought.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed. One relative told us, "The staff have a good relationship with the doctors and pharmacy." There was information available for people to take with them to hospital so that hospital staff knew how to communicate with the person and the specialist care they needed.

Good

Is the service caring?

Our findings

People told us that they liked the staff. We saw that there was a good relationship between people using the service and staff. While we were at the service there were lots of positive interactions and people laughed and joked with staff.

Care plans contained information to help staff engage with and build a relationship with people. For example, one person enjoyed being reminded about events they had taken part in and for staff to remind them about upcoming events they had planned. Each person had a personal profile in the care plan this included things that the staff liked about the person. We could see that they had been completed by staff who knew the individual well and reflected that person's personality. For example, one person's care plan recorded that they were knowledgeable, determined and liked to listen to up to date music.

Care plans supported staff to help people communicate by recording their needs. An example of this was one person who needed the time to speak and did not want staff to try and guess what they wanted to say as this annoyed them.

The provider and manager also supported staff to build relationships with the people they cared for by having a core team of staff for each person who was supported. This meant that people received consistent care form a small group of staff who had the time to spend with them and to get to know their needs and personalities.

Staff told us that they included people in decisions wherever possible. An example of this was when people planned their holidays. They sat with the staff at the computer and explored the options available to them. They would also visit the travel agents with the staff. Relatives told us that staff would take the time to get to know people's needs and would take advice from relatives. One family member told us, "Staff listen to what I say about their likes and dislikes."

People had regular key worker meetings. A key worker is a member of staff who supported the person to manage their life. For example, supporting them when shopping for clothes and monitoring their wardrobe to ensure they have enough suitable clothing for the season.

Care plans were not in a format which would be immediately accessible to people. We discussed this with the deputy manager who told us that staff would sit with a person and read through their care plan so that they understood the information it contained and could say if they agreed or not.

One family member told us how they were gradually handing over the responsibilities of looking after their relative to staff. However, staff still supported the family member to remain involved in those areas of care that they wanted to do. This helped the relative to feel engaged with the care process and supported their relationship with the person receiving care.

The need to respect people's privacy and dignity was recorded in their care plan along with a reminder for

staff that people using the service were adults and should be treated as such. Care plans supported people's dignity. For example, several people had chosen to receive their personal care from a person of the same sex as themselves.

Good

Is the service responsive?

Our findings

People using the service and relatives told us they were happy with the standard of care they received. One relative told us, "I have no concerns about [my relative's] care at all."

People were involved in planning their care. A relative told us they had been involved in planning the care their family member received and one person using the service told us that care staff sat with them while they updated their care plan. A person using the service told us that they knew what was in their care plan as they saw it at times. People also had an annual review to discuss their care needs and progress. They were able to invite their relatives to the review and other people who were involved in their care. Records showed that issues discussed at the review were followed up by staff. An example of this was one person who needed support with their wheelchair and a review with the appropriate people was organised.

However, one relative told us that they were concerned that as their relative's needs had changed their care plan had not been update to reflect these changes. When looking at care plans we found that they did not always reflect people's current needs and had not been updated in a timely fashion. We discussed people's needs with staff and found that staff were fully aware of the care people needed and how to deliver the care safely. Therefore, the lack of current information in the care plans had not impacted on the level of care people needed. We discussed our concerns about the care plans with the manager. Following our inspection they wrote to us and told us they would had started to address these concerns.

While some people's care plans needed updating we saw that other people's care plans clearly recorded their personal care needs, the information in the care plan supported staff to provide care that was individualised. For example, one person was prone to constipation and care plans clearly recorded what care they needed along with the consequences of not receiving this care such as pain and possible hospital admission. This helped staff to understand the importance of providing consistent care for people.

Where people were not able to verbalise their needs their care plans recorded other methods of communication they engaged with. For example, what they would do if they were in pain. This helped staff identify people's needs and provide the care needed to keep people comfortable.

People were supported to access activities outside of the service. For example, a number of people attended day care centres. One person was supported to attend all the home games of a local football team. We saw the person, who communicated with eye pointing, was asking staff when they were next going to football. They were really excited about the next game and were impatiently waiting for the weekend.

As well as trips out people were supported to spend time relaxing at home and helping staff to keep their homes tidy. One person said they could choose how to spend their day and they told us, "I like to bake cakes." Activities people enjoyed were recorded in their care plan for staff to use when helping people to plan their week. One family member told us that their relative was supported with a good level of activities.

People were also able to go on holidays. One person told us that staff helped them to manage their budget

so that they were able to save and go on holiday. They said that they had previously been on a cruise and were now saving for another holiday.

People told us they knew how to complain. One person told us they would talk to the manager or deputy manager about any concerns they had and were happy that action would be taken to resolve any problems. Relatives were equally confident that issues would be resolved. One relative told us, "If there is a problem I will say and they will sort it out. I will say something to a care worker and then email the deputy manager and the manager." Another relative told us, "We have always been really really happy, if there are any concerns we have said at the time and they put things right." The manager told us they had received no formal complaints since our last inspection.

Good

Is the service well-led?

Our findings

There was an open and transparent culture in the service. An example of this was when we were speaking to one person about raising concerns. They told us that if they had a problem and the manager did not resolve the issue they would raise the issues with the Care Quality Commission. The deputy manager was in the room at the time and was quick to respond to the person telling them that this was a good idea if they were concerned for their safety. In addition, a relative had noted in the annual survey that they had a good relationship with the staff and felt able to say anything and staff would react if any concerns were raised and sort them out.

Staff told us that they had been fully supported by the manager. One member of staff told us, "The manager has been a godsend and has been really helpful." In addition, managers higher in the organisation were also available in needed. One member of staff said, "We also have a good operations manager and they are always at the other end of the phone if we need them and they are very responsive if we raise concerns." People using the service had been kept fully informed over the changes in the management structure. One person told us that they had been introduced to the new service manager when they had visited the service.

Relatives also told us that they had faith in the manager who was now in charge. They told us that things had been a little up and down since their family member started to use the service. However, they told us that the new manager was approachable and listened to their concerns and had taken action and things were improving.

People using the service, their relatives, visiting health care professionals and staff had been asked for their views on the service. The manger told us that the results had been positive and they had not identified any actions to take as a result of the survey. We looked at the survey results and saw that they reflected a high performing service. Some of the comments from relatives included, "Excellent level of care, person centred support and great relations between all the staff and people who live at the service." "Fantastic care and friendly support staff and management, very approachable and easy to talk to. Always make themselves available even when they are on rest days." "The care and support is very good, [Person using the service] is always well cared for and their thoughts and opinions are always listened to." In addition, to the surveys people were supported to attend regular meeting to discuss the level of care they received and any changes they wanted to see implemented.

There were monthly staff meetings. Staff told us that they were required to attend a certain number of meetings each year. They told us that if the missed a meeting the minutes were always available and that colleagues would pass over important information.

The provider had effective systems to monitor the quality of care people received. The registered manager completed a number of audits to review the care provided. Where issues were identified action was taken to ensure that standards remained high. The operations manager reviewed the audits completed so that they could assure the provider that appropriate action was being taken when necessary and that people were receiving safe care which met their needs.

The provider's registered managers met monthly to discuss any changes in care needed to keep up with legislation and to share areas of good practice which they had implemented in their services. The manager also liaised with external experts to ensure they were complying with good practice. They provider had systems in place to ensure that they responded to any changes in legislation and good practice and updated their policies and procedures accordingly. Changes to the provider's policies were brought to the attention of the staff so they could keep themselves up to date with the provider's preferred ways of working.

The manager was responsive to the concerns we had raised during our inspection. The day after our inspection the manager contacted us and told us that they had reflected on the feedback we had given. They had implemented guidance and risk assessments with immediate effect relating to medication management and pressure area care management for all the individuals they supported. They told us they were committed to providing a safe, effective and responsive environment and to supporting staff to have the skills and knowledge to meet all legislative requirements.