

Voyage 1 Limited

Voyage (DCA) (East)

Inspection report

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05 July 2018
11 July 2018
19 July 2018
23 July 2018

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Ratings

Overall rating for this service	Good ●
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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 ●

Summary of findings

Overall summary

This service provides care and support to people living in 29 '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 the inspection there were 74 people using the service.

The inspection took place on 05,11,19 and 23 July 2018 and was announced.

The service was last inspected in December 2015 and had an overall rating of Good. At this inspection we found the evidence continued to support the rating of good.

At the time of the inspection there was a registered manager in place. 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 service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified risks and provided staff with the information they needed to reduce risks where possible. Systems were in place to promote and maintain good infection prevention and control.

Medicines were managed safely. Staff received training and their competency to do this was checked before staff could administer people's medicines unsupervised.

Staff were only employed after they had been subject to a thorough recruitment procedure. There were enough staff employed to ensure that people had their needs met. Staff received the training they required to meet people's needs and were supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice and worked within the guidance of the Mental Capacity Act 2005.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's independence, privacy and dignity were respected and promoted.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to eat and drink.

Support plans gave staff the information they required to meet people's care and support needs. People received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

There was an effective quality assurance process in place which included obtaining the views of people that used the service, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Voyage (DCA) (East)

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.

At the time of the inspection we were aware that the death of a person who had lived at one of the supported living services provided by Voyage DCA (East) had been referred to the coroner for an inquest. We took this information into account when planning our inspection.

We gave the service 48 hours' notice of the inspection visit to ensure that someone would be available at the office to meet with us. This also allowed for people to be asked if they would like to come and meet with the inspector and share their views on the service being provided. The inspection was carried out by one inspector 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.

Inspection site visit activity started on 05 July 2018 and ended on 23 July 2018. It included a visit to the office, visiting people in their homes, meeting with staff, phone calls to relatives and emails to healthcare professionals. We visited the office location on 05 July 2018 to see the manager; and to review care records, policies and procedures.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service, the registered manager, the operations manager, a service manager and three support workers. We looked at the care and support

records for four people and records that related to health and safety and quality monitoring. We also looked at medication administration records (MARs).

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Yes I feel safe, the staff make me feel happy." Relatives of people who use the service also told us they thought their family members were safe. One relative told us, "Yes [family member] is safe. I can't fault them [the service]."

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. One staff member stated, "I would raise any concerns to a senior member of staff." Staff told us and the records confirmed that they had completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings. Recognising signs of abuse and how to avoid it was also discussed in meetings with people who used the service. Pictures and symbols were used so that everyone could be involved in the discussions and would know what to do if they had any concerns. One person told us if they were hurt in any way they would talk to the [registered manager] about it.

Staff told us they had adequate time to assist people with activities such as personal care, administration of medication, assistance with eating and drinking and social and work activities. People were asked which staff they would like to support them at the beginning of each shift from the staff working and where they would like to go. Due to staff vacancies staff from other agencies sometimes had to be used, however they always worked alongside a permanent member of staff to ensure consistency of the service provided.

Effective and robust recruitment processes were in place to help ensure new staff employed were of good character and suitable to work with people who are vulnerable. Staff told us and records confirmed necessary checks such as proof of identity, references and satisfactory criminal records checks were obtained before they were employed. Previous employment and any gaps in the application form were explored during the interview process. The people who used the service were involved in the recruitment process and had set their own questions that they asked new staff during the interview. This meant that they got to take part in choosing the staff that would be working with them.

Risks to people had been assessed and where possible reduced. We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take to minimise any risks. People were still encouraged to take part in activities with staff taking measures to reduce risks. For example, one person was not aware of the dangers of hot water but helped to make hot drinks by putting the tea bag into the cup. The staff would then pour the hot water in and the person would finish making the drink. This meant that risks were minimised where possible but people were still encouraged to be independent and take part in activities they enjoyed.

Medication was administered and managed safely. Staff told us and records confirmed that they had completed medication administration training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medication in a safe way. People could be assured they would be administered their medicines as prescribed. One relative told us, "They [the staff] are responsible with medications. Whenever [family member] comes home there is a checklist of meds and the time [family member] needs to take them." The medication in stock was checked daily by staff to ensure it

tallied with the records and everyone had received their medication as prescribed. Monthly audits of medication records and stock was also carried out to identify any areas for improvement.

There was an infection prevention and control policy and statement in place. Infection control audits were carried out. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care.

Contingency plans were in place so that the service could continue in the event of any emergencies. For instance, a flood or fire. Staff provided training for people who use the service about what action they should take in the event of a fire.

Policies and procedures were in place in case anyone had an accident or incident. Accident forms were completed by the member of staff working with the person and would be reviewed by the registered manager. The registered manager stated that if any accidents or incidents did take place they would monitor them to identify any themes or patterns. This meant that any action to prevent the accident from reoccurring could be taken.

Is the service effective?

Our findings

At our previous inspection in December 2015 we found that improvements were needed to ensure that staff were following the principles of the Mental Capacity Act 2006 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made by the funding authority to the Court of Protection. The registered manager had notified the funding authority that some people had restrictions of their liberty in place.

Improvements had been made and capacity assessments had been completed when needed. Any restrictions placed on people were only put in place after the correct procedures had been followed. Staff had a good understanding of the principles of the MCA. Staff were aware that people could make what they thought may be unwise decisions but if they had the capacity to make the decision then this was respected. Staff told us they offered people choices as much as possible. For example, although one person was not able to understand the financial implications of going on holiday they were able to choose where they would like to go and who with. This meant that a decision could be made in their best interest about going on holiday but the person made the decision about where they would like to go to.

People's physical, psychological and social needs were assessed in detail before the service confirmed they could provide a service to them. This helped to ensure staff had the right skills and knowledge to meet people's assessed needs. Extra training was arranged for staff when new skills were required. For example, to support someone who had special dietary requirements extra training was provided to the staff working with the person. Guidance from various social and healthcare organisations were used to support staff to provide people with care based upon current practice.

New staff received training that included the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competence. Staff confirmed that they also spent some time with an experienced staff member before being signed off as competent to work on their own by a senior member of staff. Staff were expected to attend mandatory training set by the provider. The registered manager stated that they checked the training records daily to ensure that all staff were up to date with their training.

Staff confirmed that they received regular supervision meetings with their manager to enable them to carry out their role effectively. The registered manager told us that during supervisions they discussed staff members strengths and weaknesses and identified any training needs. People's relatives told us that they thought the staff had the skills and knowledge to support their family members. One relative told us, "Yes the staff have the skills – in house training is always going on."

People's assessments included information about the support they needed with food and drink. Staff were aware of people's needs, how they could encourage them to be independent with eating and drinking but also when they would need support. People confirmed that they received the support with preparing food, eating and drinking that they required.

Records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. People and records confirmed that they were supported to access healthcare professionals for any issues. One relative told us, "With health issues if [family member] is unwell they are straight to the GP. A lot of effort is made working around [family members] limitations to ensure her physical and mental wellbeing." Another relative told us, "The staff make all the appointments for the dentist and his eyes." People also told us that they had been supported by the staff to lose weight and eat a healthy diet.

The registered manager and staff teams across the service worked well with other professionals to ensure that there was a coordinated approach when people moved between services. For example, one person was supported by the staff to find a new service where she could take her pet with her.

Is the service caring?

Our findings

People told us they liked the staff that supported them and they thought they were caring. One person told us that they thought the best thing about the staff was that they helped them with personal care. One relative told us, "The staff are marvellous – absolutely wonderful. There is a consistency and stability to staff approach. I have no concerns or complaints about the way things are. I'm very happy where [name] is, with the life she lives. She is very fortunate." Another relative told us, "The staff do a wonderful job – it is not easy for them. I have never seen or heard anything to cause concern – I take great satisfaction in that."

Staff told us that they tried hard to give people choices even if they could not communicate verbally. For example, one staff member told us how one person chose which member of staff they wanted to support them with eating by not opening their mouth to eat until it was the right member of staff. Staff also told us they used objects of reference such as tea bags and coffee to help people to choose what they wanted to eat and drink. Staff knew people well and were aware of when too many options would add to someone's anxiety, so they limited the options to just two at a time. This meant that people were encouraged to make decisions in a way that was meaningful to them.

People's care plans included information about how staff could promote people's dignity, independence, choice and preferences. The registered manager told us, "Dignity champions are identified to monitor that individuals are being supported with respect and kindness. Dignity Champions are given the opportunity to discuss their role within the staff meetings and act as a positive mentor and role model to their colleagues, ensuring everyone is providing consistent support. One relative told us, "The staff are lovely - they listen to [family member] and provide a shoulder for her to cry on. I think it's an outstanding service, the carers are very good, there is a lovely atmosphere. It is homely and everyone is happy, it is home from home. The staff are kind and caring and put the ladies first. I don't panic or worry, I trust the staff 100%. I am over the moon with this company, they are brilliant - I couldn't ask for anything more. The staff are so kind, loving, funny. She has ups and downs but 99.9% of the time she is very happy and I am very happy. They encourage her independence and she can talk to them any time of the day – they always listen."

People were encouraged to have visitors and interact with their families and friends. As well as family and friends visiting people they were supported to video call, email and send photos to maintain contact. When the mother of one person was unwell and unable to visit their family member a staff member visited them to keep them informed about how they were.

People told us they were treated with dignity and their privacy was upheld. Staff told us that they always knocked before entering people's bedrooms and ensured that they supported people with personal care in privacy. One relative told us, "Staff always draw the curtains and close the door. Staff always knock before entering. We have to wait if personal care is being carried out when we arrive."

Is the service responsive?

Our findings

Each person had a support plan that contained information about how staff should meet their needs. Staff knew people well and were able to tell us their preferences and how they liked to be supported. Detailed information was included for staff to follow. For example, one person's support plan contained detailed guidelines for staff to follow about how they should support the person with managing their emotions and behaviour. This meant that the person received a consistent approach from the staff that was based on their individual needs and preferences. Staff told us that the support plans were reviewed regularly and they were alerted to any changes.

People and their relatives told us that they were involved in the writing and reviewing of people's support plans. One relative told us, "He has an annual review with family, key workers and health care professionals – it's all in his support plan."

The registered manager and staff had responded in a timely and flexible way to find ways of supporting a new person to enable them to live in a supported living service. Staff had held meetings with the person and their social worker and agreed strict guidelines about when staff would intervene to ensure their safety and well-being. This had meant that the person had been living in their new house for over 18 months. Before moving to their new house, the person had not been able to stay anywhere that long. The person had been able to make plans to do things they didn't think would ever be possible such as a trip to London with the support of staff.

People received personalised care and staff demonstrated a good understanding of the people's needs that they were supporting. They were able to tell us about the support they needed with any health issues and what action they should take if they had any concerns. Staff supported people in a way that gave people the information they needed to make important decisions. For example, one person was trying to lose weight. Staff had provided pictures of food which showed how healthy they were using a colour system. When the person chose what they wanted to eat they were encouraged to eat more food from the healthier options. This had given the person the information they needed but allowed them to still make the decisions.

Assistive technology had been used to enable people to be more independent and express their views. For example, one person had been encouraged to use assistive technology to help them to communicate to the staff and other people. During the inspection this enabled us to interact with the person and ask them questions about the support they received. Staff told us that the person had been reluctant to use the equipment at first but with encouragement and support they had gained confidence in using it. Another person had a buzzer pad on their bed that was linked to the fire alarm system. This meant that when the fire alarm system sounded, although they were not able to hear it if they were in bed, the buzzer pad would alert them to the alarm so they could take the necessary action.

People were supported and encouraged to spend their time taking part in activities and events that interested them. Some people were supported to attend work placements, voluntary work and charity events. The service organised a large event once a year to bring people together that used the service.

People told us they really enjoyed this event and the competitions that took place during the event. Other events were also organised by staff for people and their families and friends to enjoy, such as parties. People also enjoyed activities such as sailing and aromatherapy. One person told us that they had been on charity bike rides supported by staff and that this had made them, "Feel happy." They also told us that they regularly went to the gym and that it, "Made me feel good." One person was gaining work experience by going into the main office and helping with filing paperwork. One relative told us, "[Family member] goes out and about – cinema, bowling, day trips, shopping, Truckfest, camping, local pub, holidays - including 3 cruises. Barbecue birthday parties and the 20th anniversary fancy dress party is coming up."

There was a complaints procedure in place. People and relatives spoken with said that they felt able to raise any concerns with the registered manager who they thought was accessible, or any other member of staff. One relative told us, "I go to [family member's] key worker first if I have a concern and then the manager." Another relative told us, "We are kept pretty well informed. I spoke to staff recently where a genuine mistake had been made. They apologised." The records showed that any concerns or complaints had been investigated and appropriate action taken. The manager told us that learning from complaints was discussed during staff meetings so that improvements could be made. The service manager at one of the supported living services had put one day a month aside so that relatives of the people living there could contact them and discuss any issues or concerns.

The registered manager stated that they would work closely with local health professionals to support anyone who needed end of life support. Information about people's preferences, needs and wishes at the end of their life would also be included in their support plan when needed.

Is the service well-led?

Our findings

There had been a change in registered manager since our last inspection. The new manager was registered by the Care Quality Commission (CQC) in June 2017. All of the staff spoke positively about the registered manager and the improvements that they had made since being in post. One member of staff told us, "I feel supported. I have a really good senior [support worker] and manager." Another member of staff told us, "I feel 100% supported. Any concerns I raise are dealt with the same day." The registered manager was supported by service managers who line managed one or more of the supported living houses. The registered manager attended monthly meetings with other managers to access information and share good practice to ensure their knowledge and skills were up to date. One relative told us, "The new manager is very approachable."

Staff members felt valued. Staff members' individual skills were recognised and some had been appointed as champions in areas such as dignity, fire, nutrition, health and safety and activities. The champions completed extra training when applicable and used this knowledge to ensure all safety checks were completed and that staff were supporting people as individuals. Staff members confirmed that they attended regular team meetings and that they could add items to the agenda if they had anything to raise.

The registered manager told us that vision and values of the service were discussed during staff meetings and with people who used the service. The values included empowering people, being honest, supportive and outstanding. One relative told us, "The whole staff team work well together."

The management team had completed 'service of excellence' training and the registered manager stated that they were striving to provide an outstanding service. The registered manager stated that they had included the people that use the service and their families in finding out what an outstanding service would be for them. People had stated that they wanted staff who were always polite and respectful, allowed them to make choices and didn't make promises they couldn't meet.

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken. There were also clear records showing if any safeguarding allegations had been raised, they were reported to the appropriate safeguarding authorities and the CQC, including the outcome of any investigation.

There was an effective quality assurance process in place which included information from people who used the service, the staff and other professionals. Surveys had been given to people, their relatives and healthcare professionals to gain their feedback on the service being offered. The completed surveys were sent to the quality team for analysis and an action plan produced for any improvements needed. One relative told us, "An annual evaluation is completed by families. We can always speak to the management team." The registered manager stated that they regularly carried out, "Fresh eyes visits" to the supported living houses. The registered manager observed how people worked with people and looked at paperwork such as support plans to identify good practice and any areas for improvement. For example, the recent

action plan had included that some people's risk assessments needed reviewing.

One person who used the service had been appointed as a 'Quality Checker'. Their role was to speak to people to gain their views of the service they received and to pass this information on to the managers. The quality checker had received training and support from the Quality Team at Voyage Care to carry out the role. People had been asked what they thought was important about how they were supported. They were supported to express their feelings using pictures and sensory items so that there was a visual display for staff to see. One relative told us, "We have joint meetings every month with staff, parents and the house manager – it is a two-way conversation." Weekly and/or monthly 'house meetings' were held by people that used the service. People were encouraged to raise any concerns or suggestions. For example, what food people wanted that week and who would be responsible for cooking it was discussed.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about anything in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way. People could be assured that if ever poor care was ever identified that it would be dealt with appropriately and that appropriate action could then be taken.

The registered manager and other staff had worked in an open and transparent manner with other stakeholders such as the learning disability partnership, social workers and local health care professionals, to ensure that people received the care and support they required. One social worker stated that the registered manager and service manager had worked with them to ensure they could still provide a service when a person had received hospital treatment for a serious condition. The social worker stated that the service had helped to make changes to the environment and supported the person with their rehabilitation so that they could carry on living in the same house.