

Voyage 1 Limited

Kent and Medway Domiciliary Care Agency

Inspection report

5 Highpoint Business Park
Henwood
Ashford
TN24 8DH

Tel: 01233636724
Website: www.voyagecare.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 9, 11 and 14 January 2019 and was announced.

Kent & Medway DCA provides personal care for 12 people. The service provides personal care to adults who want to remain independent in their own home in the community. Some people also lived in 'supported living' settings, so that they can live in their own home as independently as possible.

At our last inspection in May 2016 we rated the service Good overall and 'Outstanding' in Caring. At this inspection we found the evidence continued to support the overall rating of Good and continued to be 'Outstanding' in the key question of Caring.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service demonstrated an excellent commitment to providing outstanding care which was embedded into the practices of the staff and the management team.

People had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community. People's privacy was respected, and they were supported to maintain and develop their independence.

Staff were empowered to work creatively and to develop positive therapeutic relationships with people. Staff were proud of the support that they provided to people and the positive outcomes that they had observed.

People were encouraged to be involved in their own care and were involved in developing their own care plans. There were systems in place to seek feedback from people and their relatives to improve the service. People and their relatives told us that they were listened too.

People continued to be protected from abuse. Staff understood how to identify and report concerns.

Medicines were managed safely, and people received their medicines when they needed them.

Peoples' care met their needs. Care plans continued to accurately reflect people's needs.

Risks were assessed and there were mitigations in place to minimise risk and keep people safe.

Where people needed support to eat and drink or access healthcare this was provided, and staff knew how to keep people safe.

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 support this practice. Staff were aware of people's decisions and respected their choices.

There continued to be sufficient numbers of staff who had the skills and knowledge they needed to support people. Staff were appropriately supervised and supported. New staff had been recruited safely and pre-employment checks had been carried out.

Staff and relatives told us the service was well-led and that they had a positive relationship with the provider. The service was regularly audited to identify where improvements were needed, and actions were taken.

Where things had gone wrong incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies to develop and share best practice.

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 continued to be safe.

Is the service effective?

Good ●

Service continued to be effective.

Is the service caring?

Outstanding ☆

The service continued to be Outstanding.

There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offer care and support that is exceptionally compassionate and kind.

Staff used a variety of tools to communicate with people according to their needs, which may include using new technologies. Staff find innovative and creative ways to communicate with each person using the service.

People continued to be treated with dignity and privacy. Staff continued to form positive relationships.

Is the service responsive?

Good ●

Service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

Kent and Medway Domiciliary Care Agency

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 comprehensive inspection took place on 9, 10 and 14 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the service is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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.

We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection, we visited three people in their own home and spoke with them about their experience of the care provided. We also spoke to five relatives on the telephone. We looked at three people's care plans and the recruitment records of two new staff employed at the service since the last inspection.

We spoke with the provider and four other staff. We viewed medicines management, complaints and

compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Is the service safe?

Our findings

People and their relatives told us that they felt that the service was safe and they gave a good standard of care. One person said, "They are always on time" One relative said, "I trust the care staff. My [loved one] also trusts them"

People continued to be protected from abuse. Staff understood how to identify and report abuse. The provider was aware of their responsibilities to raise any concerns with the local authority. Staff told us they were confident that any concerns would be dealt with appropriately. There had been no safeguarding concerns since the last inspection.

Staff continued to assess risks to people and knew how to keep people safe. For example, one person was supported with eating and drinking. Staff had the appropriate training and guidance available on how to ensure that the person was kept safe when eating. Where there had been concerns staff had identified these and had acted appropriately to keep people safe. Where staff used equipment to support people the provider had checked that this had been serviced appropriately.

There continued to be sufficient staff to meet people's needs safely. People and their relatives were very positive about staff's punctuality. The provider told us that they would call people if staff were more than 10 minutes late, people and their relatives confirmed this. The provider told us this very rarely happened as the support they provide can last from two hours to 24 hour one to one care and as such they plan effectively. The office staff had the skills and knowledge they needed to undertake care where needed, for example, if a carer was off sick. There had been no missed calls recorded this year. People usually had the same staff to support them and there were good levels of continuity of care. The provider continued to ensure that staff were suitable to work with people before they started, including carrying out pre-employment checks.

People's medicines continued to be managed safely. Medicine administration records were complete and accurate. Where people used creams, there was information for staff on where to apply these. Where people had been prescribed medicines on an 'as needed' basis, there was information on what these medicines were for and when to administer them. Staff had received training in medicine administration and had their knowledge and competency checked. One person told us, "I like to do my medication myself but they will always help me or remind me to take them."

Risks of infection continued to be minimised by the use of personal protective equipment such as gloves and aprons which were available to staff. Staff had completed infection control and food hygiene training so that they knew how to keep people safe.

Steps were taken to learn from incidents, accidents and near misses. The registered manager kept a log of all medicine errors and any action they took to reduce errors in the future. These included arranging for staff to receive additional training, and discussing reasons for errors in team meetings.

Is the service effective?

Our findings

People told us the service was able to effectively meet their needs. One person said, "Staff are very well trained." A relative told us, "Staff understand [loved one's] needs well. They know how to speak to them and how to understand different things"

People's needs and choices were assessed in line with national guidance. Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's religion and disability.

We were told about the individualised support given to one person that enabled them to be involved in choosing a room and the décor and furnishings. Staff worked closely with people and relatives, so they had as much information as possible about people.

People were supported to be involved in recruiting the staff who might support them and had the right support from staff, especially with communication, leading to a smooth move into the service and improved control for them. This support was praised by relatives who wrote that their relative had 'thrived' and was now enjoying 'a life full of variety.'

People were supported by staff who had the skills, knowledge and experience to deliver effective care. Newly recruited staff shadowed more experienced staff before they worked alone. Staff who did not already hold a qualification in care had completed the care certificate as part of their induction. All new employees completed a robust induction which included mandatory training needed for support to be effective. More experienced staff were supported with additional training to make sure they kept up to date with changes to legislation and best practice. Specialist training was provided in order to effectively support people with specific health needs. Staff were also supported to further develop their career by studying for nationally recognised qualifications within the health and social care sector.

People were supported to eat and drink enough to maintain a balanced diet. When needed, care plans included goals which were designed to encourage people to prepare their own food and drinks as part of their enablement. Staff received food hygiene training which helped ensure when they prepared food with people it was done so safely.

Staff worked in a joined-up way to make sure people received effective care and treatment. Staff made sure information on people's health and care was shared at the end of each shift by recording what action they had taken in documents in the person's home. This also meant relatives had access to information about how people were being supported. Staff also made sure people's information was made available to health professionals if the person needed to attend a health appointment in the community or hospital.

People were supported to have access to healthcare services to keep healthy. Staff made referrals to professionals when people needed support. Where one person had a specialist health condition, staff made sure the person received regular support from the appropriate health professionals.

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 law 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 make 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 in order 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. We found staff were knowledgeable about the MCA, and where necessary took steps to ensure people were fully protected by the safeguards contained within the Act.

Is the service caring?

Our findings

People told us they liked all the staff. They said the staff were good and they were like family not carers. They spoke positively about the kind and caring nature of staff. People said, "They take care of me and they are always here for me. A relative told us, 'They are absolutely superb, really can't praise them enough. They are so caring.'"

Staff were exceptional at helping people express their views and knew how best to communicate with people to support them. Staff used a variety of tools to support people to communicate as clearly as possible, this included using technology to identify innovative and creative ways of supporting people to communicate. Some people who communicated non verbally had aids to help them. At the last inspection people had iPads to help them communicate with staff and the community in general. At this inspection this had been further developed and intuitive applications had been researched by staff and people together, resulting in better applications that could give people a more extensive and person centred library of words and phrases. This enabled them to create more custom phrases that reflected their individual personalities. Staff told us this had improved the persons day to day life as they had been empowered to become more independent in communication and in their interaction with others.

Staff went over and above to fulfil their roles and there was a strong, visible person centred culture. Staff demonstrated a genuine empathy for the people they supported. During discussions with the registered manager, it was clear they held a real passion for improving outcomes for people they supported. They offered care and support to help people lead more independent and dignified lives, achieving goals and exceeding expectations. One person told us, "If it wasn't for them [care staff] I don't think I would be alive now." One person had been prescribed medication to deal with anxieties which prevented them from going out at all. They initially had asked to live on the same floor as the sleep in flat so that staff were close by when needed. Staff had built an open and honest relationship with the person and over time supported them to manage their health needs better. This included putting in place coping strategies to manage anxious events better. As a result, the events dramatically reduced. Together with staff, goals were identified for the person to achieve, and now the person lived on the ground floor with their own front door and was living a more independent lifestyle. They supported the person to attend counselling to address their behaviour and they no longer need medication to help with anxiety. Staff had since supported the person to gain employment at a local supermarket. The staff at the service were instrumental in improving outcomes for people.

Another person was supported to integrate into the local community. A person's home was situated on the same street at as a local school and they enjoyed saying good morning from their front garden to the children and their parents as they arrived at school. Due the person's anxieties, this was their only interaction with the community as they didn't like to go out. The service felt this may have been a sensitive situation so they worked together with a local neighbourhood police officer and they attended the school to gain the views of school children and parents. The school appreciated this approach and the children and parents enjoyed speaking to the person on school days to the point where last year, they exchanged Christmas cards.

The registered manager told us they held equality and diversity high on their agenda. A person originally from another country where English was not their first language wished to join the service at very short notice and needed to be assessed for their needs. Communication proved to be a barrier during initial assessment and they felt vulnerable talking to certain people. The registered manager forged a relationship and gained their trust. The registered manager, outside of work time sometimes, supported the person with various visits to services in order to make the transition as smooth as possible. The service researched innovative ways for staff to help improve communication between staff. They secured the services of a translator where appropriate but on a daily basis the service used an online translation tool to help with any anxieties and to ensure wishes were fully understood. For example, this translation tool was instrumental in ensuring the correct furniture and decoration of their room suited their wishes.

When we visited people in their homes people were encouraged to talk to us. One person greeted us at the door, happy and smiling and ensured we signed in before proceeding. Another person was more anxious at our arrival and we could see staff reassuring them in a manner that quickly calmed their nerves. People were clearly relaxed with the staff and we saw numerous positive interactions between them, laughing and joking.

People were given clear information about their rights and the service to which they were entitled. The provider's Statement of Purpose set out the aims and objectives of the service and explained the organisation's values.

Confidential information was stored and shared securely and staff were briefed on the importance of confidentiality during their induction.

None of the people receiving personal care was making use of an advocate. However, the service held information on independent advocacy and made this available to people if required.

Is the service responsive?

Our findings

People continued to receive care responsive to their needs. One person said, "We are looked after. I try to do most things on my own but they [staff] are there if needed."

People living in a supported living setting had lived together for many months and were involved if new people were thinking about moving into the service. People's needs were identified and then any new prospective person was invited to spend a few hours at the service. The registered manager said, "A new person will come for a visit. A drink first, then maybe dinner. All the guys will be here, so they can meet the person and get their input."

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "I follow the care plans and guidance and ask if I need to know more or need help". In people's care plans were life histories, detailed guidance on communication and personal risk assessments. In addition, there was specific guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they need help with and how to support them.

Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. People were supported to access activities that they enjoyed such as, day centres and local community groups. One person told us they were restoring a table at an arts and craft group.

Care plans were also in place which detailed people's health care needs and involvement of any health care professionals. People had review meetings every six months to discuss their care and care plans were updated accordingly where needed.

Complaints were managed People and relatives told us they knew how to make a complaint and were confident that the registered manager would listen to them and deal with any concerns they had swiftly. The registered manager kept a log of all complaints, which showed they had been responded to in line with their policy and procedure. This included arranging home visits when there were complaints. The registered manager told us, "We take complaints seriously."

The service didn't currently support anybody at the end of their lives to have a pain free and dignified death. However, staff received training on how to support people at the end of their life.

Is the service well-led?

Our findings

People and relatives told us they thought the service was well led and the registered manager and the staff at the office were approachable. A relative told us, "I think it is well managed, the registered manager has really helped our [loved one] settle at her new home."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of certain changes and important events that happen in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. This is important so that we can check that people are being kept safe.

The manager was aware that they had to inform CQC of significant events and had submitted statutory notifications in a timely way.

The provider had a set of values. Staff told us the values they believed were those of the service and these aligned. Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. One newly recruited staff member said, "If I'm not too sure about something I will call, they talk you through it. They've been brilliant."

Staff understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to. Staff held specific responsibilities such as managing medicines or checking health and safety risks. Staff completed these roles fully and were accountable for the own practice. A keyworker system was in operation, each person had a staff member who was responsible for planning and reviewing their care and support with them.

The provider had a 'Quality framework' that informed staff of the provider's expectations and quality 'goals' to ensure people received good support from well trained staff. The quality of support was checked and reviewed by a quality committee who tracked reports of incidents, accidents and complaints to look for ways to improve. The provider's quality framework can be found on their website.

Arrangements had been made for the service to learn, innovate and ensure its sustainability. The registered manager and staff carried out weekly, monthly and quarterly quality audits and checks to make sure a safe and effective service was provided. This included checks of medicines, care and support plans and environmental checks. People being supported by the provider across the organisation were supported to be quality checkers and to take part in checking that people were happy with their support.

People's, their relatives and staff's views were gathered to help improve the service. The registered provider shared plans for improvements with people and their relatives.

The provider were members of Skills for Care and BILD (British Institute for Learning Disabilities), to support with keeping up to date with best practice and new initiatives. The registered manager told us they had received an award for their contribution to the service through Voyage care and the support team received

an award for their dedication to the people they support.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community.