

Voyage 1 Limited

Voyage (DCA) Somerset & Devon

Inspection report

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 11 May 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to visit people in their own homes.

Voyage (DCA) Somerset and Devon provides personal care to people living in their own homes and in supported living houses with shared occupancy. They provide care and support in the counties of Somerset, Devon and Cornwall. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to eleven people. We visited two supported living properties which were shared by two people in one property and four in the other to discuss the care they received. One person agreed to talk with us about their experience of the care they received although they had limited communication. Other people living in the shared accommodation either had limited communication or chose not to talk with us. We observed how people interacted with staff and whether they were relaxed and happy.

This was the first inspection since Voyage (DCA) Somerset and Devon registered with the CQC. No concerns have been identified with the care being provided to people during the registration process.

At the time of the inspection the manager was going through the registration process to become a registered manager. 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.

All staff had attended training relevant to their roles however; they had not received training that was specific to the special needs of some people they supported. For example they had not received training in Asperger's or Autism even though they cared for people living with these conditions. The new manager confirmed they had highlighted the need for staff to attend specific training and we saw dates planned for the week following our inspection. One care worker said, "We look after people with Asperger's and Autism but never been trained in what it means to live with the conditions. I am so glad the new manager has found a course for us to go to, I am looking forward to it."

Supervision and one to one sessions with a manager had not been a regular occurrence. Staff confirmed they had not had regular one to one supervision until the new manager had re-instated them. They told us they had all had a one to one meeting with the manager and they had dates for further meetings and team meetings with their line manager. The manager confirmed they had noted staff supervisions and team meetings had not been happening. They arranged for all staff to receive a supervision date and had been working with all the staff to ensure they received at least four one to one meetings a year and an annual appraisal.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. However; the manager explained that when they first took up their post they had conducted a quality audit of the service and found work needed doing to bring the service in line with current best practice. They had contacted the organisations quality team and asked for a whole service audit to highlight the areas for improvement. The manager had a clear action plan and this showed some areas had already been improved whilst others were in progress. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

People who received care and support from Voyage (DCA) Somerset and Devon indicated they were happy with the service provided. Care workers said the manager and team leaders were open and approachable and cared about people's personal preferences and maintaining their independence. One person agreed to talk to us, when we asked them if they thought they were looked after well and safely they said "Yes." One relative said, "[The person's name] is very, very happy and settled."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed care workers took the time to talk with people during our visit. One care worker said, "We have a really good team and work well together. This means we get to know the people we work with, what they like, and how they like to be supported."

We observed people were cared for and supported by care workers who were polite, compassionate and caring. One person indicated "Yes," when we asked if people respected their privacy and dignity.

People's care needs were recorded and reviewed regularly with care workers and the person receiving the care. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care in the way people preferred.

During our visit we observed a relaxed and friendly relationship between people and the care workers. They were all very happy and relaxed throughout the visit and indicated they were very happy with the staff delivering their care.

The manager had a clear vision for the service. They explained they wanted to build a knowledgeable staff team who felt supported and valued so they would pass those values on in their work. They also said their aim was to provide care and support in a person centred way, respecting people's individual wishes as far as was possible. The manager explained how they planned to involve people more with the running of the organisation.

People were protected from abuse because the provider had systems in place to ensure checks of new staff character and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

The service had a complaints policy and procedure that was included in people's care plans. People and staff said they felt confident they could raise concerns with the manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into 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?

Good ●

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Voyage (DCA) Somerset & Devon

Detailed findings

Background to this inspection

This inspection was announced and took place on 11 May 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This was the first inspection of this service since it was registered with the CQC.

Voyage (DCA) Somerset and Devon provides personal care to people living in their own homes and in supported living houses with shared occupancy. They provide care and support in the counties of Somerset, Devon and Cornwall. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to eleven people. We visited two supported living properties which were shared by six people to discuss the care package they received.

One person agreed to talk with us about their experience of the care they received although they had limited communication. Other people living in the shared accommodation either had limited communication or chose not to talk with us. We observed how people interacted with staff and whether they were relaxed and happy.

We spoke with six staff members as well as the manager; we also spoke with a relative of one person. We looked at records which related to people's individual care and the running of the service. Records seen included four care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People indicated they felt safe with the care provided and the staff who visited them in their shared accommodation. We asked one person if they felt safe, They smiled and said, "Yes." They appeared very relaxed and had a very cheerful and friendly relationship with the care worker who introduced us to them. The relative we spoke with said they were happy with the service provided and felt their relative was safe.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Voyage (DCA) until their DBS check had been received.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "I know that anything I feel I need to raise with the manager is taken seriously and sorted out as it should be." Another care worker said, "I would happily go to the manager he is so approachable, but I know I can go to a social worker or to the local safeguarding if I was really worried." Staff also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing.

Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. One care worker said, "The manager was brilliant they took a witness statement and then dealt with (the matter) as I expected."

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record of, and receipts for, all monies handled.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example one person had been identified as having an increased risk of falling. They liked to go into the garden so extra support was provided by staff this meant they could continue to go into the garden and the wider community.

Staff informed the manager if people's abilities or needs changed so risks could be re-assessed. We saw care

plans had been up-dated following changes in the risk assessments. For example one person had experienced an increase in falls. Their care plan had been up-dated to reflect the change in their mobility and the actions to be taken to reduce the risk of falling without reducing the activities they could take part in and enjoyed.

There were also risk assessments associated with safe moving and handling procedures, all staff received regular training. Risk assessments contained clear guidance on safe procedures and any equipment used. The provider ensured if any equipment was being used it was checked and maintained regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Care plans clearly showed the hour's people were funded to receive one to one personal care and support as well as when care and support was on a shared basis. Staff were able to tell us when people had one to one and shared care. The manager confirmed that at the time of the inspection they were using support from an outside agency to help cover the funded hours for people in the two Somerset shared properties. They also confirmed the agency staff they used were regular care workers who knew the people they supported well. A recruitment programme was in progress and interviews were taking place on the day of our inspection. Staff said they worked well as a team and helped out where it was needed.

Some people required assistance with their medication. Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. One care worker explained how they were planning to support one person to become fully independent with administering their own medicines. Risk assessments were in place to show the level of understanding the person may have about the importance of taking their medicines and their ability to manage them appropriately.

Each person who lived in the shared accommodation had an emergency evacuation plan. These gave details about how to assist the person to evacuate the building with minimal risks to people and staff. People were involved in agreeing their evacuation plan and checking fire alarms were working. One person had also taken the lead in a fire drill with other people living in one of the properties.

Is the service effective?

Our findings

People received effective care and support from staff who had the basic skills and knowledge to meet their needs. However staff had not received training in the specific needs of the people they provided care and support for. We asked one person if they thought staff knew about their needs and how to look after them, "They nodded their head and said, "Yes." One relative said, "The carers are really approachable they are more aware of [person's name] as an individual, a person."

The manager explained they had found some shortfalls within the training and supervision of staff. They had acted immediately to rectify this by introducing training and scheduling one to one supervision for all staff. There was a clear action plan in place to ensure all staff received training that was specific to the complex needs of people they supported.

The manager said it had been difficult to clearly see at a glance the training staff had completed so they were now using a computerised training matrix which would highlight when training had been completed and when updates were due.

The manager said that although staff had attended all the training expected of them by the organisation, they had not been offered training specific to the needs of the people they cared for. For example staff had not received training about Asperger's even though they cared for a person with the condition. The manager said it was something he had noticed on taking up the post and had arranged for all staff to attend a training session on Asperger's and Autism. We saw training was arranged for the week following our inspection. One care worker said, "We look after people with Asperger's and Autism but never been trained in what it means to live with the conditions. I am so glad the new manager has found a course for us to go to, I am looking forward to it."

One staff member explained how they had found the training to be the wrong style for them. They said they had struggled with e-learning, and had not found the induction to be easy to work through. However they said this had been in the past, they were now supporting a new staff member and the induction the new manager had introduced was more user-friendly. They also said they had discussed their difficulty with the style of training with the new manager and they had given them extra support using different learning styles that suited them better.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. They also carried out work placement at a care home for younger adults so they could complete the care certificate and obtain further skills in caring for people. We spoke with two care workers who were working through their induction. One care worker said they had completed their shadow shifts and as they had previous experience in care felt confident they could work alone. They said, "The support was brilliant, the team leader was excellent, anything I didn't know they were more than happy to explain." The other person said they were just starting on their shadow shifts. They also said they felt well supported and were

enjoying the team work within the shared accommodation. They specifically liked the way the induction was presented with important information signposted for them.

Staff told us supervision and one to one sessions with a manager had not been a regular occurrence. One care worker said, "It felt like you were out here working on your own sometimes." Another staff member said, "The new manager has re-introduced the supervision and one to one meetings. It feels good to be getting that level of support again." The manager confirmed they had noted staff supervisions and team meetings had not been happening. They arranged for all staff to receive a supervision date and had been working through all the staff to ensure they received at least four one to one meetings a year and an annual appraisal. All new staff also received an improved level of supervision with meetings with their line manager planned for weeks, one, eight, 16 and 24 plus monthly supervision until the end of their probation. As previously stated it was too soon to judge whether the improvement in this area would be maintained consistently.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there.

Some people needed support to prepare food and plan a nutritional diet. Meal planning meetings were held with people and support was provided to prepare the meal of their choice. Care workers also supported people to make cakes and biscuits if they wanted to and to plan the shopping trip for ingredients and the weekly budget.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care or a relative if they had the relevant authority. The person we spoke with said, "Yes," when we asked if staff sought their consent. Staff confirmed they would always ask for consent before doing anything.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. One care worker explained how they had completed a best interest meeting and forms for one person who needed to see the doctor but did not understand the importance of the appointment.

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 and Court of Protection to legally authorise.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made a standard

deprivation of liberty application to the court of protection for one person. They required one to one support twenty four hours a day and could not go into the community without staff escort to protect both themselves and others. The person's care plan showed the procedure had been discussed with them and the reasons agreed.

Is the service caring?

Our findings

People indicated they were supported by kind and caring staff. The one person who agreed to talk with us said "Yes" when we asked if they thought staff were caring and kind. One relative said, "The staff are very very caring, [the person's name] is very happy and settled now." They added, "They are a young enthusiastic caring team and they listen to us and [the person's name]."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. One care worker explained how they had a very good team and had managed to build relationships with people so they trusted them and staff knew the signs and indications when people were not happy or needed extra support. One care worker said, "I've not been here long but there is a really good working relationship with the people we look after, it is so relaxed."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Care workers supported people to follow interests and hobbies and maintain contact with their local community. Care workers encouraged people to be as independent as they could be. Staff saw their role as supportive and caring and were keen not to disempower people. One care worker explained how they planned to work with one person to support them to be more independent and to work towards obtaining a part time job.

All care workers spoken with confirmed they supported people in a way that respected their privacy. When we visited one shared accommodation the care worker had asked people if they were happy with us visiting. When we arrived they introduced to the people in the communal area and asked if anyone was happy to talk with us. One person answered yes when we asked if they felt care workers treated them with respect. During our visits we did not observe personal care however; we did observe a relaxed and friendly relationship between people and the care workers. They were very happy and cheerful throughout the visit and indicated they were very happy with the staff delivering their care.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. A daily diary was maintained and at the end of the month the care workers sat down and discussed with people how the month had been spent and if there were any changes they would like made for the next month.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said, "Yes," when we asked them if staff knew how to look after them. They showed us their bedroom as they wanted to show us how staff had helped them decorate it the way they wanted it. One relative said, "The important thing is they listen and take on-board what you say."

Care workers had a good understanding of how to support people's choices, lifestyles and preferences. Care plans showed people liked to take part in a variety of interests such as going bowling, walking, gardening and going shopping. One person had indicated in the annual review they would like to go on holiday, the manager and care workers were looking into ways they could support the person on a holiday of their choice. The manager confirmed the support they provided could be flexible to meet the individual needs of people such as going out or going to hospital and doctor appointments. People were encouraged and supported to continue with their hobbies.

Staff worked in partnership with people to make sure care plans were personalised to each individual. Care plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. The information in the care plans were written in a person centred way and showed people had been involved in the detail. For example one care plan explained very clearly how a person communicated. There was detail for staff such as, 'If [person] does this, they mean this, and you do this'. Staff could explain how they were supporting one person with increased shouting and trying to work with them to reduce the incidents. Care records showed that as well as the monthly meeting to discuss any changes, people also had an annual review of their care needs which involved the person, a relative if they wished and members of their care team.

Staff explained people could choose who supported them; for example, one care plan showed how a person preferred male carers. Although there were both male and female staff present in the shared accommodation staff confirmed any personal care was carried out by a male care worker.

Initial assessments were carried out with new people who wished to use the service. This enabled them to express their wishes and views. It also allowed the service to decide if they were able to provide the care requested. The manager confirmed that people could opt to receive care from another agency or care provider if they wished. This meant people could be supported to receive a personal care package that was appropriate to meet their needs and wishes.

Changes to people's care plans were made in response to changes in the person's needs. Staff confirmed people's care plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in care plans. One staff member said, "I think there is plenty of information in the care plans and we are a consistent team so we know the people we are providing care for." Another staff member said, "We did get a bit behind with writing up some changes in the care plans. The new manager found that and we are working on making sure they are all up to date." The

manager confirmed they had identified some work that needed to be done on recording changes and daily diaries however staff had been swift in taking action once raised with them.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy when they started to use the service. Care plans contained the contact details and guidance on how to raise a complaint. The manager confirmed they had dealt with one complaint since being in post. They had discussed the issues with the person and the operations a manager had responded in writing within the agreed timescales. The learning from the issues raised had then been discussed with staff through their team meeting.

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. One staff member said, "[The new manager's name] is brilliant; he is approachable and has made us feel involved and included."

The manager had a clear vision for the service. They explained they wanted to build a knowledgeable staff team who felt supported and valued so they would pass those values on in their work. They also said their aim was to continue providing care and support in a person centred way, respecting people's individual wishes as far as was possible. The manager explained how they planned to involve people more with the running of the organisation. For example they had started to involve people in the recruitment of staff. In their Cornwall shared accommodation people had written their own questions for staff to ask during interviews. Staff said they knew the philosophy and values and hoped they supported people to live their lives as independently as possible. One staff member said, "I am working on supporting [the person's name] to be more independent and eventually have a part time job."

Staff personnel records showed they received regular contact with the manager. One to one meetings had not been carried out regularly in the past but these were now in place and dates for future team meetings were planned. Supervisions were an opportunity for staff to spend time with the manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. The manager explained that when they first took up their post they had conducted a quality audit of the service and found work was needed to bring the service in line with current best practice. For example they had identified some areas of the service were run more like a care home than a supported living service. They immediately spoke with staff through supervisions and team meetings about the importance of remembering they were supporting people in their own homes. They involved people in decision making and ensured their voice was being heard in the way the service was provided for them as individuals rather than a group of people living together. They had planned on-going discussion and training for staff to support their role as care workers supporting people in the community.

Following their observations the manager had contacted the organisations quality team and asked for a whole service audit to highlight the areas for improvement. The manager had a clear action plan and this showed some areas had already been improved whilst others were in progress. For example care workers practice at one shared accommodation had been to keep people's medicines in a shared cupboard. The manager stopped this practice immediately, through supervision staff were made aware people's medicines

were theirs and needed to be kept by them even if they needed support. The manager had ordered lockable cupboards for each person to use in their bedroom to safely store their medicines.

The manager had recently employed a care worker who had experience in working with young adults in the community. They had just completed their induction and spoke of how they were planning to work with people they supported to be more independent. To manage their own medicines, cook more of their own meals and to start meaningful employment.

Following comments raised by a care worker the manager had looked at the way training was being presented and had taken into account the different learning styles of the staff team. The induction pack had been changed as a result of this so new staff were given printed copies of important documents rather than directed to where they were. One care worker said, "The new manager really listens and you can see the changes that have been made, and they are all for the better."

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

The manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the manager kept their skills and knowledge up to date by ongoing training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.