

Voyage 1 Limited

Voyage (DCA) Staffordshire

Inspection report

Point South, Park Plaza
Hayes Way
Cannock
Staffordshire
WS12 2DB

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Tel: 07807463389

Website: www.voyagecare.com

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

About the service

Voyage (DCA) Staffordshire is a care at home service providing personal and nursing care to 19 people aged 18 and over at the time of the inspection. The service supported people across seven supported living houses across Staffordshire and Wolverhampton some of whom were living with mental and physical health needs and learning disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

People were supported by staff who were knowledgeable about the types of abuse and had received training in safeguarding. People had comprehensive risk assessments in place which gave clear guidance for staff. People received their medicines as prescribed by trained staff. This meant people were supported in a safe way.

People had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access the community and pursue their hobbies and interests by a flexible staff team who knew them well. People were supported by kind and compassionate staff who encouraged their independence.

People felt able to raise concerns and complaints were managed in line with the provider's policy. The management team reviewed accidents and incidents to reduce the risk of reoccurrence. This meant lessons were learned when things went wrong.

The management team regularly reviewed the quality of the service alongside people, their relatives and staff and actions were taken to improve people's care where required. This meant the provider continuously looked to improve the service in response to people's feedback.

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

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

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

Rating at last inspection (and update)

The last rating for this service was good (published 27 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Voyage (DCA) Staffordshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

This service provides care and support to people living in seven '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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people available to speak with us.

Inspection activity started on 25 June 2019 and ended on 04 July 2019. We visited the office location on 27 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, field support workers and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving support and felt able to raise concerns with the staff team. One person told us, "If I was concerned about something I could speak to staff. I know everything can be solved because I am never really concerned about anything."
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- Where safeguarding concerns had been raised, the management team reported them to the local safeguarding team and had completed investigations to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which had been completed with them and where appropriate their family and other professionals. For example, people had risk assessments for moving and handling. One person told us, "I know how I want to be cared for and staff work with me to make this happen."
- Accidents, incidents and near misses were reported and investigated by the management team to reduce the risk of reoccurrence.
- Where people experienced behaviours which challenged, staff worked alongside people to understand potential triggers for these behaviours. For example, a person who had difficulty managing their behaviours was supported by the provider to attend a training course to help understand their feelings and actions.
- Whilst staff were trained in restraint, these had not been used in some time and were always used as a last resort. One staff member told us, "We haven't restrained people in over two years, we know people's triggers and give them time and space to calm down."

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs flexibly. For example, we saw people were able to go out with staff support when they wished to.
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- People received their medicines as they had been prescribed by trained staff. There were protocols in

pace for people who had 'as required' medicines and staff were recording these in line with the provider's policies.

- Medicines records were accurate and up to date and the provider had a system in place to audit medicines records to ensure any errors were identified. Were medicines errors had been made, the management team had taken appropriate action to retrain staff and seek advice from healthcare professionals.

Preventing and controlling infection

- Staff were knowledgeable about protecting people from the risk of infection and had access to disposable gloves and aprons.

Learning lessons when things go wrong

- The management team reviewed all incident reports to identify where lessons could be learned and how they could improve people's care. For example, following a person falling the system for contacting the management team out of hours was reiterated to staff to avoid delay in people receiving support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were comprehensively assessed prior to the start of and during their care. The registered manager told us, "People tell us how they want to be supported. [Name of person] writes their own care plan."
- The provider sought professionals' advice where this was required. For example, guidance had been requested from district nurses regarding managing a person's skin integrity.
- People had assistive technology in place to maximise their independence. For example, people had seizure sensors in their bedrooms.

Staff support: induction, training, skills and experience

- Staff received an induction which included the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.
- Staff received training which was led by the needs of the people they supported. For example, staff worked alongside epilepsy nurses to enable them to give people their medicines following a seizure. This meant people did not have to wait for treatment.

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

- People were supported by staff to meet their varied nutritional needs and maintain a balanced diet. One person told us, "I go out with staff to do my shopping. I tell them what I'm going to buy and they offer me advice on healthy options."
- People were supported to access professional support to reduce the risk of choking and unwanted weight loss. For example, we saw people had been assessed by dieticians.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a consistent staff team who knew them well. One person told us, "I have specific staff that I have picked. They know me really well."

Supporting people to live healthier lives, access healthcare services and support

- The provider worked alongside health professionals to support people to access healthcare and support. One professional told us, "The staff team have worked together with us to put a positive behavioural support plan in place for [person]. We have vastly improved their quality of life and the number of incidents have

significantly reduced."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA.
- People's capacity had been explored as part of their care assessments and best interests decisions had been completed where required.
- Staff completed training in the MCA and empowered people to make their own decisions. One person told us, "Staff help me to understand my rights and talk to me about different types of support available."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion by staff. One person told us, "Staff are good. They know when I am feeling low and are able to pick up whether I am having a good day or not. I feel comfortable to speak to staff." One relative told us, "Staff understand when [name of person] is upset and are kind and compassionate."
- Staff were knowledgeable about people's backgrounds and preferences. Staff were able to speak at length about the people they supported and what was important to people was recorded in their care plans. For example, one person's care plan advised they enjoyed parties and sports.
- People were supported by staff in a meaningful way which improved their wellbeing. One person told us, "Staff always give me the time to speak and know when something's wrong. Staff know how to bring me back when I am upset."
- Staff had equality and diversity training and people's religious, cultural, sexual and social needs were considered during care planning and delivery.

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

- People and where they wished, their relatives were actively involved in decisions around their care and support needs. One relative told us, "We had a review recently with the social worker as [name of person] was not sleeping. Everyone is open to ideas."
- People were supported access to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person told us, "Support here is phenomenal and staff are always there when you need it. They give a good balance between independence and assistance."
- People were treated with dignity and respect and staff ensured people's privacy when supporting with personal care. One staff member told us, "We always shut the door and offer the person a towel to cover themselves."
- People's right to confidentiality was respected.

Is the service responsive?

Our findings

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

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

Good: This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard. People were offered information in formats they could understand. For example, staff sat with people to discuss changes in their care and routine.
- People had comprehensive communication plans which gave clear guidance to support staff to engage with them. For example, communication plans included what people said and what this may mean to support staff to understand people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were empowered to have as much control as possible and people were regularly consulted about their care. For example, one person did not want their medicines in the morning. Staff worked with the person and their GP to change the time of the medicines to the afternoon.
- People's needs and preferences were included in personalised care plans and were regularly reviewed by the management team. People's assessments were person centred and staff knew them well. One professional told us, "Staff know people well. There is some very caring staff that absolutely want to get it right."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to follow their interests within the wider community. For example, people visited a local disco to maintain social relationships and were supported to pursue their hobbies.
- People were supported to access educational and vocational support. For example, people had been supported to access adult learning courses and there were opportunities for people to work with the provider to monitor the quality of the service.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. For example, people completed quality surveys and had regular reviews with staff..
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations

were completed in full and involved people and their families.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The management team were aware of the importance of people being involved in planning their end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us the service was well led. One person told us, "The management team are great." One staff member told us, "The registered manager is amazing. I would never fault any of the management team. They all started as support workers and know the people we support intimately. They know their families and their preferences."
- The registered manager promoted a positive culture across the service which was reflected by staff. Staff had the opportunity to meet with the registered manager to discuss concerns and quality improvements.
- The management team were experienced staff who were genuinely passionate about the people they supported and the quality of the care they provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and was meeting these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements.
- The management team regularly reviewed the quality of the service. We saw quality checks were comprehensive and actions were taken when inconsistencies were identified. For example, errors in medicines records were identified and actions taken to improve medicines records keeping.
- The registered manager had sent CQC their provider information return. This indicated areas of strengths and areas they continue to work towards. During the inspection we found the information provided matched our findings. This meant the registered manager had a good knowledge of the service.

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

- The service actively sought feedback and involved people and their families in a meaningful way. One person told us, "I don't wait for surveys, if I have an issue I go straight to staff." People were involved in

monitoring the quality of the service and making improvements to care.

Continuous learning and improving care

- The management team reviews all accidents, incidents and complaints to learn lessons and improve care at the service. The management team communicated improvements to people's care in staff meetings to ensure staffs' understanding of any changes.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.