

Voyage 1 Limited

Voyage (DCA) Staffordshire

Inspection report

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14 June 2016

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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

We inspected this service on 13 and 14 June 2016. This was an announced inspection and we telephoned the provider three days prior to our inspection, in order to arrange home visits with people. This was the first inspection of this service. The service provides personal care support for 18 people with a learning disability who live in their own apartment within four supported living homes managed by the provider.

There was a registered manager in the service. 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.

We inspected this service as we had received concerns from the local authority about the safety of some people who used the service. The provider was working with the local authority and community intervention team to support people to keep safe and to help people to manage their complex behaviour. People felt safe with staff members who had received further training to understand how to recognise and protect them from abuse and harm. When staff suspected any abuse, they now knew how to act to ensure people were protected from further harm.

People kept their medicines in their apartment and were helped to understand what their medicines were for and to take responsibility for them. Staff knew why people needed medicines and when these should be taken.

Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed. People could choose to be involved with a variety of activities. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. People were supported to keep healthy and well and were able to promptly access healthcare services when this was needed.

People were treated with kindness, compassion and respect and staff promoted people's independence. People liked the staff who supported them and had developed good relationships with them. People maintained relationships with their families and friends who were invited to join in activities with them. Staff listened to people's views about their care and people were able to influence the development of the service. People knew how to complain about their care and concerns were responded to.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service and plan on-going improvements. People who used the service and staff felt involved and able to make suggestions to support the development of on-going improvements.

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 avoidable harm and abuse. Staff understood how to recognise abuse and what actions to take. Risks were managed and staff knew how to keep people safe. There were sufficient staff to support people and the provider had safe recruitment processes in place. Medicines were managed safely by staff who were trained to do this.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who were caring. People were encouraged to make decisions about their care and support and enabled to be independent. People's privacy was respected and the staff ensured that their dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People felt able to raise any concerns and complaints were investigated and responded to. People were involved in the review of their care and decided how they wanted to be supported.

Is the service well-led?

Good ●

The service was not consistently well-led.

Concerns had been raised through safeguarding that the provider had not identified. The quality of service was now being reviewed to ensure improvements continued to be made. Systems were in place to assess and monitor the quality of care to bring about improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 13 and 14 June 2016 and was announced. One inspector carried out this inspection. The provider was given three days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We visited seven people in their home and spoke with one relative, seven staff and the registered manager. We spoke with two social care professionals to help us to form a judgement about the service.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. There have been a number of safeguarding investigations within the service and one member of staff told us, "We have come a long way since the service opened. We hadn't recognised where safeguarding should have been raised but we have all had more training and things are a lot better now. I'm certainly more confident that I know what I'm doing and what to do if I was concerned." Another member of staff told us, "Staff have become more aware of what constitutes safeguarding." The provider and manager have been working with the local authority during the investigations to bring about improvements within the service.

Support was planned and delivered in a way that promoted people's safety and welfare. For example, where people needed to use moving and handling equipment, the risks had been identified and staff received specific training for the equipment. One person told us, "I have all the equipment I need in my home and I trust the staff. They help me to get around and come whenever I call them. They are brilliant." A member of staff told us, "We had the training to help people to move and get around. Some people have very specialist equipment so it was important we know what to do." The care records included risk assessments and we saw these were updated and reviewed where people's support changed.

People were supported to take responsible risks and staff helped them with living skills and to manage complex behaviour. Due to the recent safeguarding referrals, the staff had been working closely with the community intervention team to positively support people to manage any identified behaviour. One member of staff told us, "We have very clear guidelines now about what to do when we see people becoming agitated. With all the new training we've had, the incidents where people need to be restrained are very few. To restrain someone is the last option. There's ways you can deflect or remove yourself instead. We have all worked closely with each other so we can support people." We saw staff understood what upset people and put proactive steps in place to help people to manage their anxieties. We saw staff were responsive and where one person became anxious, staff supported them to go out; for another person, they were supported to go to their apartment. The care records included agreed strategies to support people and we saw these were followed.

People stored their medicines in their apartment and were supported by staff to take these. One person told us, "The staff help me to get all my tablets and help me to sort everything out. They have never forgotten about me and if I thought they were late, I'd just remind them that it's time." Some people needed assistance to take responsibility for their medicines and one member of staff told us, "People still have their tablets in the apartment and have the key. We try to empower people and part of that is being responsible for taking and looking after their medicines. For some people we still hold the key because we need to make sure people are safe." We saw where people needed medicines on an 'as required basis' a protocol was in place to inform staff when this should be administered. We saw one person needed their medicine as they became anxious. The staff demonstrated they understood why this was needed and had recorded this. Each member of staff was assessed annually to ensure their competence and this included observation of administering medicines to people. One member of staff told us, "The manager makes sure we know what

we are doing."

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risks. People who used the service had a private tenancy agreement and told us they were happy with how their home was maintained so they were safe. One person told us, "I have everything I need here and more. I buy all my own things and if there's anything wrong the staff get someone to put it right. I love my home."

People felt there were enough staff working in the service to meet their needs; in some parts of the service there was a reliance on agency staff to support people. We saw where agency staff were used, wherever possible, they worked alongside experienced staff. The agency staff knew people well as they covered a large number of hours in the service. One member of staff told us, "It tends to be the same agency staff who work here. This makes it better for people and for us. People feel more comfortable with the staff and they have consistency and the agency staff can actually work as part of the team rather than having to be told what they need to do all the time." The staff worked flexibly to enable people to receive the support they wanted and where activities were arranged. One person told us, "The staff are here to support me and we talk about what I want and what support I need. They are very good and work with me so I can do the things I want."

Recruitment checks were in place to ensure new staff were suitable to work. This included requesting and checking references of the staffs' characters and their suitability to work. Some people were involved with recruitment of new staff and one person told us, "If any new staff want to work here, I get to meet them and spend time with them. The staff ask me what I think and if I didn't want to work with them, the staff would listen. It's important as they need to work in my home."

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People confirmed that staff sought their consent before they provided support and people had the ability to make everyday decisions about their care and support. We saw where people lacked capacity to make decisions; assessments and best interest decisions had been completed. The assessments were decision and time specific. For example, one person needed health intervention and there was information about why this treatment would be in their best interests. Each person had a decision making profile which included information about how people expressed themselves and how staff could identify whether people were happy with any decision. One member of staff told us, "You should never assume people don't have capacity and all decisions need to be the least restrictive. Just because it's not what you think they should want, does not mean it's wrong." Where people had restrictions placed upon them, applications to the Court of Protection had been made and the manager understood that further applications may need to be made for people using the service. A member of staff told us, "Where there are restrictions, these are only in people's best interests, For example, one person has restrictions in the kitchen for their own safety."

Staff were supported to have the necessary skills to support people. New staff completed an induction into the service and worked alongside experienced members of staff. We spoke with one member of staff who told us, "I spent time shadowing experienced staff and I didn't support people until I had the right training. So where people can get anxious, the experienced staff do the support as they have had that specialised training. The staff have been really supportive here and nothing is too much trouble." Another member of staff told us, "It's really good here; whether you are permanent or temporary you all get the same training so you work well together." New staff were completing the care certificate which sets out common induction standards for social care staff. This had been introduced 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 supervisions to support them and one member of staff told us, "Supervision is about how everything is going and whether there are any problems. It helps having this time to speak with the manager and to get feedback on your work."

There was a flexible and relaxed approach to meal times and people chose what they wanted to eat at each meal time. People told us and we saw that they were able to have food and drinks at any time. One person said, "I talk with staff about what I want to eat and that's what we make. We go out shopping together and buy the food I like, so there's always something at home I can cook and eat." Another person told us, "I like

my family to visit and they come and have dinner with me." We saw staff understood the dietary needs of people who used the service and how to prepare meals accordingly.

People felt informed about and involved with their healthcare. Support plans had been developed which included professional health care advice. One person told us, "I want to be able to speak better." As a result of this request a referral had been made to the Speech and language therapist. The staff understood people's health care needs and could describe to us the support they provided to help people to keep well. People could chose who they wanted to support them with health care visits.

Is the service caring?

Our findings

People were happy and liked to live in their home. People we spoke with told us the staff were kind and caring and were always happy to help. They were recognised and valued as adults and staff showed a passionate commitment to enabling people. One person told us, "The staff are always reminding me who is in control; it's me." We saw staff used adult language when speaking with people, recognised their individuality and promoted their independence. One person told us, "When I go to hospital, the staff go with me so they can help me talk with the hospital staff. Sometimes nurses will ignore me and talk to the staff but the staff always direct them to talk to me instead."

Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help. One person told us, "I have everything here I need to be independent. If I need any help, I just press the call bell and they are here. I have staff here for me all the day but sometimes I want to be independent and they respect that."

People were supported to maintain relationships with family and friends. One person told us, "I have family here whenever I want. I have my own phone and call them if I need to. My family is important to me." A relative told us, "There are no restrictions. I come and go whenever I'm invited. It's lovely to be able to just come and have a drink."

People's privacy and dignity was respected and they had facilities in their room to keep personal items safe. People had a key to their apartment and we saw they kept their rooms locked if they wanted to. One person told us, "The staff know they have to knock on my door and be invited in. This is my home." When we visited people, the staff knocked on people's door and sought their permission before entering. When we spoke with people, staff enabled us to speak with people in private and only provided support where people requested this in relation to communication.

People had a keyworker who was responsible for overseeing the care they received and liaising with other professionals involved in their life. The staff told us they enjoyed working as a key worker and were committed to ensuring that people received the care that they wanted. One member of staff told us, "It's been a privilege to see people change since they moved here. For some people it's been hard but it's brilliant that people can and do say 'no' to us. I'm looking forward to seeing how things continue to develop. We've had our ups and downs but it's been a special time spending time with people as they mature and become more confident."

The staff were motivated and were kind and compassionate in their approach to care. Where people needed support with verbal communication, people were given time to consider their options before making a decision and encouraged people to express their views and listened to their responses. Staff respected people's decisions and supported them to do the things they wanted to do.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of

their care records in their home and could choose who to share these with.

Is the service responsive?

Our findings

People were involved in the planning and delivery of their care and support and their views were listened to and acted on by staff. People within one part of the service said the staff asked them how they wanted to be supported when they started using the service and they were pleased with the care they received. Some people consented to us looking at their records with them and we saw they focussed on what was important to them. They included information about their care and welfare and reflected their specific likes, dislikes and preferences for how support should be provided. People had a support plan and discussed this with staff to ensure it met their current support needs. One person talked in detail about their plan and told us that staff sat with them and reviewed the information each month. They told us, "This is all about what I want to do and what I want the staff to do. I'm happy with all of this." Some people were supported by family members to help them to raise their views about how they wanted to be supported. Family members were invited to review meetings. One relative told us, "I am invited because [person who used the service] wants me here. It's good that we can still talk about what is important for them and continue to be listened to."

People chose where to go and how to spend their time and we saw people were asked what they wanted to do that day. We saw staff were not rushed and where people wanted their attention, this was given and staff took their time when engaging with all activities. Where activities were planned, staff worked flexibly to ensure people had opportunities to do the things they liked. One person told us, "It's really good here. Voyage and the staff don't just care about money; they care about you and what you can do." One member of staff told us, "We're really good at activities. All the staff are starting to think more about how to support people. For example, we bought a table and adapted how one person could use this so they could be more involved with cooking. It's working really well." Another member of staff told us, "It's great that people have their own flat. [Person who used the service] has pride in their home. It's lovely to see. For some people, this is the first time they have had their own private home. It's brilliant to see the change and people being spontaneous and doing more."

People benefited from receiving care from staff who had a good knowledge of the people's needs and preferences. Staff demonstrated an understanding of how people, their likes and dislikes and how they preferred to be supported. One person told us, "I've told the staff what I like to do and we look around so I can do more things. The staff are fantastic and have helped me go to a night club. I came home really late and the staff didn't mind. We had fun and I'm going to do it again." One member of staff told us, "[Person who used the service] likes to know what is planned. They have a calendar so they can see what day it is and what's happening." One person told us, "I like to go on day trips; I don't want to go on holiday." We saw staff supported them with this decision and had planned days out as an alternative to a holiday. Other people were supported to go on trips to local places of interest. One member of staff told us, "We help people to visit places where they have an interest. We've recently been to RAF Cosford and had a great time there."

People were supported to work and one person spoke enthusiastically about the voluntary work they were involved with. They told us, "I've talked with staff about what I want to do and where I want to work. I know I have to look after my money and this matters even more if I'm working. I'm doing voluntary work at the

moment. I love it and want to carry on."

People were able to raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the registered manager or a member of staff if they had any complaints or concerns about the support provided. One person told us, "I can speak with any of the staff to tell them if I'm not happy. If you are in any trouble or need help you can just speak to them." Where people were unable to express their dissatisfaction, the staff told us they looked for changes in behaviour. One member of staff told us, "It's more difficult when people aren't able to tell us if we are they are not happy but we are getting to know people better every day and whenever we learn something new about what someone is telling us, we write it down so communication is getting each day." We saw where any complaint received, this was investigated and responded to and people received information about the outcome.

Is the service well-led?

Our findings

The service had been visited by the local authority quality monitoring team and was subject to on-going safeguarding investigations. The provider had acknowledged that improvements were still required and was working with the local authority to address their action plan and make improvements for people. The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. We saw where it had been identified that improvements were needed, the action plan recorded what needed to be done along with timescales for action.

The registered manager assessed and monitored the staff's learning and development needs through supervision meetings with the staff and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One member of staff told us, "Each home has a separate manager. I have to say, the manager we have now is the best. We have so much support and they know people so well. It's a pleasure to come to work." Another member of staff told us, "We talk about my development and how things can be improved. We are all committed to making things better and all have a role to play in that."

Staff understood how to raise concerns. A member of staff told us, "We've talked about whistleblowing policy and what we would do if we were concerned. There's a good management team here now and I'd be happy to talk to them if I was worried about what I saw or heard." This is a policy that the provider has in place to enable staff to raise any issues of concern about the service anonymously if they preferred. There was a dedicated confidential whistle blowing phone number for staff to use. One member of staff told us, "We've discussed whistleblowing and know we can ring the number if we are worried about anything. We also have forms we can fill out, 'See something, say something.' I think it's good that we have these options."

The provider consulted people about how the service was managed and how they could influence the development of the service. This service was new and people had recently been sent a questionnaire to comment about it. One person told us, "It asked me if I knew who I could speak with if I wasn't happy and what I felt about the company." Within one of the supported living homes people were invited to attend tenants meetings each month, where they could talk about the service that was provided. One person told us, "Only the manager comes, as some of the things we talk about are confidential and it doesn't concern other staff. If something needs to be discussed with them, they ask for our permission to share the information." Some people were not able to contribute within a team and were asked individually about how they liked the service. One member of staff told us, "It's still a relatively new service and we are looking at different ways we can support people to have a more active involvement. We have to take things at each individuals pace. We hope we can develop this so we can develop the service around what people want, not what we think they want."

The provider and manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. The staff told us they felt part of a supportive team and felt the registered manager was approachable and

listened to them. The staff told us that the registered manager and management team provided leadership, guidance and the support they needed to provide good care to people who used the service.