

Voyage 1 Limited

Voyage (DCA) Marlborough House

Inspection report

Flats 1-8 Marlborough Road
Longton
Stoke on Trent
ST3 1ED

Tel: 01782324928
Website: www.voyagecare.com

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 10 May 2017.

Voyage (DCA) Marlborough House is registered to provide personal care and support for people in their own homes. At the time of our inspection eight people received care and support from this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not notified the Care Quality Commission of safeguarding concerns, injuries sustained by people, or incidents involving the police as they were required to do..

There were systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained. However at times when staffing levels were lower the provider did not have an overview of how staff were deployed.

Relatives felt that staff were kind and caring in the support they provided. Staff understood how to recognise and protect people from abuse and received regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People were supported by staff and management who were approachable and listened to any concerns that people or relatives had.

Relatives were confident that staff had the knowledge, skills and experience to provide effective care and support. People's care records contained the relevant information for staff to follow to meet people's health needs and manage risks appropriately. Care plans and risk assessments were clear and updated quickly if people's needs changed.

People were involved in the care and support that they received. Relatives told us that people had choice over the support they received with nothing being done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

Staff responded quickly if someone was unwell and supported people to access other health professionals when needed. People were supported to take their medicine safely and when they needed it.

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 supported in a way that protected them from harm.
People were supported to take their medicines safely at the times they needed them.

Staff understood how to minimise risk to keep people safe.
People received care and support at the times that they needed it.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to provide care effectively.
People received support to access different health professionals when required. Where needed people had support to prepare meals or with eating and drinking.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

Is the service caring?

Good ●

The service was caring.

Relatives felt staff were kind and caring and treated people with dignity and respect.

People were supported to be independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was based on their own individual needs and preferences.

Relatives felt any concerns they raised would be listened to and responded to.

Is the service well-led?

The service was not well led.

The provider had not informed the Care Quality Commission of incidents and accidents affecting people living at the home.

The provider did not have an effective system to monitor how care and support was being delivered.

The provider and the registered manager were approachable and staff felt supported in their roles.

Requires Improvement 

Voyage (DCA) Marlborough House

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 was an unannounced inspection which took place on 10 May 2017 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the information we had relating to the service including any notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to the service.

Due to people's complex needs, we were unable to speak with them about the service. We spoke with two relatives of people who used the service, six care staff, the care the registered manager and the regional operations manager. We also spoke to a social worker and a speech and language therapist.

We looked at the risk assessments and specific care plans care records for three people, three staff files and records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Prior to our inspection we had received some information of concern from a whistle-blower that alleged that people did not always receive the support that matched their assessed need. The registered manager told us that there had been a spell of sickness which meant that some shifts were not fully covered. While they were unable to explain to us what impact this had on the people that used the service, they assured us that people who needed constant 1:1 support always got this support. This was confirmed by the staff and relatives that we spoke with, who felt there were sufficient staff to keep people safe. They told us that there was a current recruitment drive by the provider to employ more staff. There had been no use of agency staff to cover any gaps in the rota, but as soon as the provider became aware of the whistle-blower's information the week of inspection they had decided to allow use of agency staff. The registered manager told us that this had started to ease the pressure with staffing shifts.

We asked relatives what being safe meant to the people at Marlborough House and whether people were kept safe. One relative told us, "[Person's name] gets the support they need." We could see that people got the help and support when they asked for it. For example one person asked for assistance with personal care and staff were quick to support the person to make sure they could move safely to the bathroom.

Staff told us about how they promoted positive risk taking to make sure that people could do what they wanted as safely as possible. One example was a person who had periods of anxiety which resulted in an increase in behaviours. Staff understood the times when they were able to take the person out and when it would be too distressing for the person. Staff were able to tell us about people's needs and could tell us how they managed risks associated with people's care and medical conditions. They said that the risk assessments were clear and reviewed regularly. Relatives felt that staff were aware of people's individual risks and how to manage them safely.

Staff told us what they would do if they suspected abuse and who they would contact. The registered manager told us about how they handled concerns and of the safeguarding referrals they had made to the local authority. The provider told us that they took their responsibilities regarding people's safety as a priority and regularly worked with agencies to ensure people remained safe.

Staff told us that the provider completed checks on them before they started working for the service. The staff files confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. We saw that references and checks with the Disclosure and Barring Service (DBS) were completed and, once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care. The provider told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

Staff understood what support people needed to make sure that they took their medicines safely. Where people required medicines to be taken only when needed we saw that there were guidelines to tell staff

when these were needed. Staff were aware of the guidelines and when to administer these medicines. All staff who administered medicines had regular training and understood the importance of safe management and administration of medicines. Staff were able to tell us about people's individual medicine requirements. Relatives told us that medicines were managed appropriately. We saw that accurate records of what medicines had been given were maintained and also that medicines were stored safely and securely.

Is the service effective?

Our findings

Relatives and professionals told us that staff had the knowledge and skills to give them the support they needed. Staff told us that they had good quality training and support that enabled them to do their jobs properly. Staff said that they did not carry out specific care tasks until they had the suitable training and felt confident and competent to do so. New staff had a period of induction which included working alongside more experienced staff and training in areas such as, safeguarding and moving and handling before fully commencing their roles.

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. We checked whether the service was working within the principles of the MCA.

Relatives felt the care and support was always provided in the person's best interests. Staff explained to us what needed to happen if a person did not have the capacity to make choices. They told us that they provided information to people in a way they could understand and be involved in decisions. They also checked throughout the time they spent with people that they were comfortable with the support they were getting. They were able to explain about best interest meetings and the principles of the MCA. This demonstrated that staff understood about consent and supporting people with their choices. What we saw in people's care plans confirmed this. The registered manager understood their responsibilities in regard to the MCA and Court of Protection.

Staff told us that where they needed support with preparing their meals this was provided. They said that where needed people's food and drink amounts would be monitored. This would usually happen where there were concerns about a person's weight or diet. The staff told us where there were any concerns about a person's eating or drinking the provider would get health professionals involved quickly.

We looked at how people's health was maintained. Relatives said that staff helped people to remain healthy and that if ever other professional medical advice was needed this was sought straight away. We found that staff, the provider and the registered manager were proactive and made appropriate and timely referrals when needed. The provider, registered manager and staff worked alongside a range of other professionals to make sure people's health needs were met. These included doctors and district nurses.

Is the service caring?

Our findings

Relatives spoke kindly of the staff that supported the people living in Marlborough House. They said that the staff were kind and caring. One relative said, "The staff are golden." We saw that people and staff were relaxed and that there was good humour and banter between people and the staff that supported them. We saw that people were treated as individuals and with dignity and respect. Staff told us that there was a strong emphasis on dignity and respect. They felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting.

Relatives we spoke with felt that staff supported people to maintain some independence. One relative said, "[Person's name] ability to do things for themselves is quite limited, but staff are encouraging and supportive to get them involved in things." We saw where people were given support and encouragement to prepare drinks and food. Staff told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with.

Staff felt that they understood people's individual communication needs. We saw that staff communicated well and took the time to make sure that people were involved in their care. We saw that staff explained clearly before going ahead and carrying out any care tasks. Relatives were positive about the way that people were supported. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

Relatives said that people were treated as individuals and this was supported by what staff told us and what we saw in people's care records. They told us that staff always made them feel the most important person at the time and they felt valued for who they were. Staff told us that care was very personalised and centred on people's individual needs. The provider, staff and the care manager spoke fondly of the people they supported.

Is the service responsive?

Our findings

Relatives told us that staff had a very good understanding of people's health needs and had the skills to meet them. Staff were able to tell us about people's health needs and about what the person liked or did not like to do. We saw that staff had the knowledge and experience to respond to people's health needs. People's health conditions often included more specific and complex conditions. Staff could tell us about these conditions, what additional support they needed and what they looked out for. For example staff told us how a change in a person's behaviour was an indication that they were unwell. Staff knew at what point for each individual they would become concerned and when they would refer them to other health professionals such as a doctor.

People were encouraged to keep active and various activities and opportunities were available throughout the day as well as opportunities to go out into the local community. Relatives told us that they felt people were kept active and that this maintained people's wellbeing. However both relatives and staff felt that recently people had been going out less due to the current staff shortages. Staff said that they worked together and at times 'doubled up' so that people could go out. This would be where a person may be going out but shares that time with another person. Staff told us that at no times did they feel that there were not enough staff to respond to people's needs.

Relatives told us that they felt they could raise any concerns or complaints. All the relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They said that they were confident that any complaints or concerns would be listened to and appropriately dealt with. We asked staff how they gathered the views of the people that lived there. They told us that people had a key worker who would spend time with the person before any care review. Staff were confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Is the service well-led?

Our findings

During the course of our inspection, we identified that the provider had not told the Care Quality Commission about safeguarding concerns or accidents and injuries sustained by people they support, as they were required to do under their registration with us. We identified a recent safeguarding concern we had not been informed of. The incident had resulted in a person sustaining an injury and involvement from the police in the investigation of the circumstances leading to the injury. Statutory notifications ensure that the Care Quality Commission is aware of important events and play a key role in our on-going monitoring of services.

We brought this to the attention of the provider, who told us they were aware of the requirement to submit notifications to the Care Quality Commission and that they accepted they were at fault for not doing so.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager or senior staff carried out regular checks and audits on areas such as risk assessments, care records, training, accidents or incidents and medicines. We could see where actions had been taken as a result of the checks and audits. However the provider and registered manager did not have an overview of when staffing levels were below their contracted amounts. This meant that they were unable to share this information with agencies who commission services for individuals in the service. This meant they could not tell us how staff were deployed to meet people's individual needs at these times and information on people's dependency levels were not being reviewed effectively.

Staff told us that they found the registered manager approachable and open. They said they could talk with them about any comments or concerns and felt that they would listen and forward any concerns or comments to the provider if needed.

Staff were aware of the whistle blowing policy and who to contact if they had concerns about people's safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis. Staff felt that they felt involved in decisions regarding the development of the service and how it was run. There were regular staff meetings and staff told us that they felt valued and listened to.

The staff we spoke with felt motivated to provide the best care and support that they could provide. They spoke of a management approach which was focussed on supporting staff to provide good quality individualised care.

The provider had awareness of current themes in the health and social care field. They were members of the British Institute of Learning disabilities (BILD) who have a vast library of resources on current best practice in the field of learning disabilities. They told us that this information was regularly shared with staff through staff meetings and supervisions.