

Voyage 1 Limited

Voyage (DCA) Maltby

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

About the service:

Voyage (DCA) Maltby is a domiciliary care agency providing care and support to people in supported living schemes and in their own homes in the community. The service provides support to predominantly younger adults with learning disabilities.

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.

On the day of our inspection 26 people were using the service.

People's experience of using this service:

People told us they were safe. Relatives we spoke with told us staff ensured people were safe. Staff we spoke with understood safeguarding procedures and how to whistle blow if required to ensure any safeguarding concerns were reported. The registered manager monitored accidents and incidents to try to ensure lessons learnt. People were protected by the prevention and control of infection.

Risks were managed to enable people to be as independent as possible. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed.

We found adequate staff were provided to meet people's needs. However, in one scheme people and staff told us there were not enough commissioned hours to meet all people's needs. The registered manager was working with the placing authority to try to resolve this.

The staff recruitment process was robust to ensure only staff suitable to work with vulnerable adults were employed.

Staff were knowledgeable about people's needs, care was person-centred and individualised. Staff received training that enabled them to do their job. Staff received supervision and support.

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 who required assistance were supported to be able to receive a balanced diet. People had access to health care professionals.

Staff were kind and caring and maintained people's privacy and dignity. People told us the staff were lovely. People were involved in their care planning to ensure their decisions and choices were reflected.

Staff, people who used the service and health care professionals we spoke with told us the communication was good. Staff told us they worked well as a team and supported each other.

People told us they were supported by the same group of staff, which ensured consistency. There were some changes in one team but this was not impacting on people who used the service.

The service had a registered manager who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. We found the monitoring was effective.

More information in Detailed Findings below:

Rating at last inspection:

At the last inspection the service was rated Good (report published 23 February 2017).

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) Maltby

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The service provides care and support to people living in eleven '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; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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 short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 9 August 2019 and ended on 5 September 2019.

What we did:

Prior to the inspection visit 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. The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

We visited two supported living schemes and spoke with five people. During the visits we discussed people's care plans and medication procedures and systems. We observed staff interactions. We also spoke with three relatives on the telephone and obtained feedback from two health care professionals. We spoke with nine staff including four support workers, one care co-ordinator, two field care supervisors, the operations director and the registered manager. We looked at documentation relating to five people who used the service, staff files and information relating to the management of the service.

After the inspection:

We continued to seek clarification from the provider, who sent us the training record and updated medication protocols.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. People we spoke with told us they felt safe with staff. One person said, "I always feel safe, staff are lovely." Another person said, "Safe, yes definitely."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse. Staff explained the procedures to follow if they needed to report a safeguarding including whistleblowing. This is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff were passionate about ensuring people's safety.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments. People were supported to be able to take managed risks as part of an independent lifestyle.
- People we spoke with told us they were involved in their care planning and understood risks needed to be identified and managed. Relatives we spoke with told us the staff managed risks to ensure people's safety.
- People we spoke with said staff were good and they were well looked after.

Using medicines safely

- Systems were in place to manage medicines. We looked at medicine management in two people's homes and found they were stored securely, and systems were followed to ensure people received their medicines as prescribed.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. Staff we spoke with confirmed they had received training and were assessed annually.
- Some protocols we saw lacked some detail to guide staff. However, this was addressed immediately by the registered manager and an example of an updated protocol was sent to us following our inspection.
- Audits of medicines were carried out. These were robust and identified issues that were addressed. People were able to explain to us how staff supported them with their medicines and were very happy with how staff did this.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.

- There were adequate staff to meet people's needs. People we spoke with told us their needs were met by staff who know them well. One scheme was struggling to meet people's social needs as there were not enough commissioned hours for staff to be able to support people to access the community as often as they would like. The registered manager and provider were addressing this with the placing authority.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed hands and followed infection, prevention and control practices. We observed staff in schemes following infection control policies and procedures.
- Staff confirmed they always had a good supply of personal protective equipment, including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use the information to inform changes and learn lessons.

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 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 needs were assessed before any service was provided, this was to ensure their needs could be met. Everyone we spoke with told us staff were very good, understood people's needs and supported them in line with standards and guidance.
- People's diverse needs were met in all areas of their support and care was delivered in line with their choices.

Staff support: induction, training, skills and experience

- Staff received training that enabled them to provide effective care. All staff we spoke with told us the training was good. One staff member said, "We can access regular training and I enjoy the training."
- People we spoke told us the staff supported them well and understood their needs. Relatives we spoke with also told us the staff supported people well. One relative said, "The staff understand peoples needs and are excellent."
- All staff told us they felt very well supported. They told us the office team worked well together which in turn assured the support staff were well supported.

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

- People received a balanced diet. Care files contained information about people's dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought. For example, advice was obtained from the speech and language therapist and the dietician when required.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals, including district nurses, GP's and community learning disability nurses. This ensured people's needs were met.
- Health care professionals we spoke with told us the service worked with them to ensure people's needs were met.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes; therefore, the design and decoration were not relevant to this service as CQC do not regulate the accommodation.
- Staff ensured any specialist equipment used when supporting people was available and appropriately

maintained to deliver safe, effective care and support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

- We checked whether the service was working within the principles of the MCA. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- People we spoke with told us staff respected their decisions. One person said, "I am listened to and staff help me make decisions, but it is my choice."

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 had remained 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; equality and diversity

- People were well treated and supported. When we visited the supported living schemes we observed staff were kind and caring. Staff spoke about people respectfully. Staff were passionate about providing the best possible care and support.
- People we spoke with told us staff were lovely, caring and kind. We saw staff knew how to communicate effectively to meet people's communication needs.
- Through talking to staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.
- Relatives we spoke with spoke highly of the staff team. One relative said, "We have a good relationship with the staff, [relative] is well looked after."

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

- Staff supported people to make decisions about their care. People we spoke with told us the staff asked for their consent before supporting them.
- We saw in care plans people's views were recorded and we observed staff involve people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. People we spoke with told us all staff respected their privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. Staff we spoke with spoke about people in a very caring way and explained how they treated them as if they were a family member.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

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

- People's communication needs were met. Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Our observation evidenced staff understood people and communicated effectively. Relatives also told us staff were very good at understanding people and communicating effectively.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were not socially isolated. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the person to ensure their choices were recorded.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- People were supported to access the community and maintain friendships. Social activities were organised and events. People told us staff supported them to access the community, visit family and friends and attend events.

Improving care quality in response to complaints or concerns

- People were listened to. The provider had a complaints procedure in place. People who used the service told us they would feel able to raise any concerns with staff. We saw any concern was addressed and the procedure was followed to ensure any outcomes were communicated to people to drive improvements.
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager told us they would support people to make decisions about their preferences for end of life care if they wished.

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 requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager told us they aimed to provide person-centred care at all times. To competent, consistent staff. From speaking with people and their relatives it was clear people were supported by to achieve good outcomes and had formed meaningful and healthy relationships with staff.
- The registered manager complied with the duty of candour responsibilities. Relatives we spoke with told us staff and management kept them informed of any issues and concerns and were open and honest.

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

- There was a registered manager who was supported by a team of staff. Staff told us the management team worked very well, they worked together and supported support staff.
- The quality assurance systems which were in place to monitor the service were effective. They had identified issues that required addressing action plans were in place and followed to ensure continuous improvements.
- The service was well run. There was a management team in place, a care coordinator and two field care supervisors to support the registered manager. They were committed to providing high quality, person-centred care. The team spoke passionately about ensuring they provided 'excellent care'.
- Staff were happy in their role and felt supported. All staff we spoke with were committed to provide high quality care, there was a consistent approach to ensure all staff were supported and well led.

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

- People who used the service were involved in day to day decision about their support.
- The provider sent out quality monitoring questionnaires. These were in a new format and were extremely long, staff told us they had completed them with the person they supported. We discussed this with the operations manager, who explained the provider was looking at simplifying the questionnaires to be more user friendly.
- Staff meetings were held to get their views and to share information. Staff told us meetings were effective and they felt listened to and felt involved in the service.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The management team demonstrated an open and positive approach to learning and development. To ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.