

Voyage 1 Limited

Kingston Domiciliary Care Agency

Inspection report

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09 November 2017

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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

Kingston Domiciliary Care Agency (DCA) provides care and support for 15 people with learning disabilities, who live in their own homes in the boroughs of Kingston, Hillingdon and Greenwich. This service includes assistance with bathing, dressing, eating and medicines, shopping, meal preparation and household duties and support to access community activities. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by CQC.

This inspection took place on 7 and 9 November 2017 and was announced. We told the provider one day before our visit that we would be coming. At the last Care Quality Commission (CQC) inspection in November 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards

The service did not currently have a registered manager. The previous registered manager left at the end of August 2017 and a new manager had been appointed but was not yet in post. During this interim period the deputy manager and the providers' operations manager were managing the day to day running of the service.

People remained safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. Staff told us they encouraged people to make their own decisions and gave them the time and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. When required staff supported people to access a range of healthcare professionals.

Relatives and local authority quality assurance reports stated staff were caring, kind and efficient and staff respected people's privacy and treated them with dignity.

People's needs were assessed before they started to use the service and support was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

People were supported to access the community and activities of their choice.

Staff we spoke with described the management as very open, approachable, positive and easy to get on with. Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems continue to help ensure people received the care they needed as detailed in their support plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Kingston Domiciliary Care Agency

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 comprehensive inspection took place on 7 and 9 November 2017 and was announced. The location provides a domiciliary care service and the managers were sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection CQC sent out 36 questionnaires to people using the service, their relatives, community based health and social professionals and staff who worked for the agency to get their views about the service. We also emailed seven local authority commissioners of service to ask for their opinion of the service their clients receive. We have included the comments we received in this report.

During the inspection we went to the provider's head office and spoke with the deputy manager and the operations manager. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

The provider gave us a list of people who used the service or their families and a list of staff. The information we received about people who used the service indicated that the majority of people would not be able to fully share their experiences of using the service because of their complex needs. We spoke with three relatives of people using the service. On the second day of the inspection we emailed a short questionnaire to five staff and spoke with two staff members by phone.

Is the service safe?

Our findings

People were cared for by staff who received appropriate training and support. We asked relatives if they thought staff were well trained for their role in supporting their family member. All the relatives commented positively about staff, saying "Our relative knows the staff and is content and happy with them" and "Staff are reliable and think about people's needs." Results from the survey sent out before the inspection showed that staff delivered the support required in line with the persons support plan and people were supported to be as independent as they could be.

We have also taken comments, given by people, relatives or the quality assurance assessor from three local authority quality assurance visit reports. The comments included "Two of the people in this house like the all-female staff who support them and also that the registered manager would visit them weekly." In the report one relative commented 'The staff are all lovely' and went on to say they felt the staff had the right skills and were all kind. Relatives went on to explain the type of individual support their relative received, commenting "Staff have got to know my relative and are developing the skills to work well with him." A local authority commissioner commented "During my clients' annual review I met with the two support workers who provide support for my client and both were aware of his needs and strengths."

Staff continued to have the skills, support, experience and a good understanding of how to meet people's needs. Staff commented "I have had training on how to support people and I meet with my manager every three months and we discuss any training needs I have and we also discuss any areas of concern I may have. This is recorded in my personal file and a copy is sent to me," "I have had a lot of training, most of it is e-learning and it is a great help to me in my job" and "I feel very supported by the managers. They are good at what they do and they are approachable and this makes my work easier."

Records we looked at and comments staff made showed that there was plenty of training available in a range of subjects including first aid, fire safety and awareness, nutrition and working in a person centred way. Records showed that 72% of staff had completed their mandatory training. There was also specialist training available autism awareness, epilepsy and behaviours that challenge. Although staff were positive about the benefits this training had on the support and care they gave people, they also mentioned that the majority of the training was on line e-learning and that many of them would prefer a mix of class room style learning and on line learning.

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 so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were

being met.

Staff told us they encouraged people to be as independent as possible by letting people do things for themselves as much as they were able to. Staff gave examples of helping people to be independent by involving them to make their own decisions, encouraging people to live independently and supporting them in daily tasks of their choice. Staff also spoke about ensuring people had sufficient information to help them make decisions, such as the positives and negatives of a choice they were making.

One staff member said "I make the person aware that they have a right to choose whatever they want and the decision is theirs." Another staff member commented "I make sure the person I support is involved in anything concerning their care. I offer them different choices and respect their decision. I encourage them to be independent by allowing them to do as much as they can themselves and supporting them when necessary."

Staff continued to support people to eat and drink sufficient amounts to meet their needs. People's dietary requirements were detailed in their care plans for those who needed support with food preparation. People's religious and cultural needs were met by staff when preparing food. Records showed that staff were trained in food nutrition and food safety.

Staff continued to support people to meet their health needs. Staff would assist a person to contact their GP or other healthcare professionals as necessary. Staff told us they would contact the emergency services if needed and inform the relatives of the person and the office. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. We asked relatives if they thought staff were well trained for their role in supporting their family member. All the relatives commented positively about staff, saying "Our relatives knows the staff and is content and happy with them" and "Staff are reliable and think about people's needs." Results from the survey sent out before the inspection showed that staff delivered the support required in line with the persons support plan and people were supported to be as independent as they could be.

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Is the service caring?

Our findings

The service continued to be caring. Relatives commented "Staff think about my relative as an individual person and respect their needs," "The agency has a good mix of staff, my relative gets the support he needs in his own home" and "My relative is happy, content and well looked after by staff." Results from the survey sent out before the inspection showed that staff were always introduced to people before working unsupervised with them, that staff arrived on time and people received care and support from familiar and consistent staff and that staff treated people with respect and dignity.

People's care records were well written and informative, giving details of people's support needs, their personal history and daily activities. There was a one page profile detailing 'what people like and admire about me,' 'what's important to me' and 'how to support me well.' There was information on what a typical day looked like for the person and how to help the day go well. There were also action plans for communication, decision making, health and nutrition and other areas important to the individual person.

We also looked at the daily notes for five people. These were well written and detailed what the person had been doing during the day, if anything had gone well or not so well and how the person was feeling. The information in the daily notes gave staff a good insight to the person's day and could help them plan other events that had been successful, with the person's permission.

The provider continued to recognise the importance of providing the same staff consistently over time so they knew the people they cared for well. The operations manager told us they rarely used agency staff but covered staff absences with their own staff where possible. Where an agency had to be used they had an arrangement with the agency to supply the same staff member each time when this was absolutely necessary. This helped people to receive a consistency of support from staff they knew and trusted.

The local authority quality assurance reports detailed the actions staff and other healthcare professionals had taken to ensure people, where possible could make their own decisions. The reports detailed what systems had been tried, whether these have been used correctly by staff and the success rate of the system. An example of this was the use of smiley faces that were introduced to help record a person's behaviour patterns. It was found these were not working as well as the psychology team had hoped and another solution would be found to help this person make their own decisions. Other people had a decision-making agreement which could be used to help the person take more control in their decision making.

Relatives we spoke with felt that the privacy and dignity of their relative was maintained by staff when personal care was being given. Staff told us "People's privacy and dignity is maintained by respecting them, addressing them the way they would like to be addressed and giving people their own space and allowing them take their time" and "I maintain the privacy and dignity for people by putting them at the centre of their care, being patient, taking into account peoples cultural and religious needs. I listen to what the person says and I respect their opinions and this helps to develop a good rapport with them." One staff member said "I think people feel valued and respected when you respect their privacy." Staff went on to explain what they would do to ensure a person's privacy and dignity was maintained at all times.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. Relatives and staff we spoke with knew about people's support plans and had been involved in their development and reviews. Staff said "There is always a support plan in place and that is the one I follow when delivering support to people. Each person has their own plan and they are involved with their family in developing it" and "I plan and deliver care to the person I support by following their support plan. Sometimes we plan and agree on what we are going to do next 'me and the client' but we will still follow the guide lines of the support plan."

Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as guidelines for providing support to them in an individual way. The person using the service was involved in the development and review of their support plan. The support plans we looked at evidenced that the person had where possible signed their plan and a copy was kept in their home and in the office. Staff told us as they got to know a person, if their support needs changed this information would be fed back to the manager, so that appropriate changes, with the person's agreement could be made to the person's support plan. People were able to contribute their views and preferences to the process and to the reviews of their care.

People were encouraged and supported to take part in activities of their choosing. We saw that activities had been risk assessed to help ensure the person had an enjoyable and safe time. Activities included going to the gym, walking and swimming, cooking and skills for independent living, going to college, the cinema or bowling. People were also encouraged to keep in touch with friends and family. In people's daily notes we could see people had gone to visit friends and friends had come to see them. Friends and families were welcome at any time. One relative said "I am always made welcome, they ask after me and my health and I always get a cup of tea."

One of the local authority quality assurance reports detailed a person who was still an active member of their local community, they were part of the local church and involved in their social activities. This person always liked to travel to events on his own and staff supported him to do so. Another report spoke about the discos a person liked to attend and which was their favourite restaurant for meals out.

The provider continued to have a good complaints process. Relatives when asked if they knew how to complain commented "Yes I do it's easy to complain and then the problem just gets sorted," and "I can't fault the service, I haven't needed to complain." Respondents from our survey sent out before the inspection showed that staff felt their managers were accessible and approachable and deal effectively with any concerns they raised.

The deputy manager explained that any complaints or concerns received were reviewed, investigated and responded to in a timely manner. Documents we looked confirmed what we were told. They continued to say the complaints process provided them with the opportunity to improve the service appropriately.

Is the service well-led?

Our findings

The service did not currently have a registered manager. The previous registered manager left at the end of August 2017. A new manager was appointed and due to start on 20 November 2017. During this interim period an experienced deputy manager who had been with the provider for more than two years and the providers' operations manager were managing the day to day running of 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.

Relatives we spoke with told us they thought the service continued to be well managed. Relatives knew who the previous registered manager and deputy manager were and said they were able to speak with them at any time. Two relatives commented "The managers are very good, very responsive and reliable" and "Communication with the office is good, they always ask how much I would like to be involved and respect my wishes." Another relative felt communication with the office was poor and could be improved.

Staff commented about the management of the service saying "The office is good at communicating with us about any changes in a person's needs, which is excellent. I think the management at Kingston is also excellent because we are always kept informed and well trained to deliver good quality care," "The management at Kingston is very good, the office is very good at communicating to us as staff. It's the best management ever because they keep us informed with regular emails, phone calls and meetings" and "The office communicates any changes with staff. The management at Kingston are very supportive and address issues promptly."

From our discussions with the deputy manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. Comments from staff included "It's nice to help people and I really like the people I support," "Good practice is highlighted and shared with staff during the team meetings and it's also written down during supervision and appraisals. I think this is very positive" and "I have built trust with the person I support and this has developed into a strong relationship between us, in a professional way. I can see the person's life being fulfilled and they have happiness in them."

The provider continued to seek the views of people about the service and from staff about how to monitor and improve the quality of the service. The provider conducted a local staff survey in September 2016 and from this an action plan was developed to tackle any issues that were highlighted in the survey for improvement. Some of the comments staff made in the survey were 'excellent, person centred care,' 'a good staff team' and 'we are caring.' A survey for people who used the service was in an easy to read format and

people could get their key worker, family or an independent advocate to help them complete it if required. A survey of relatives and healthcare professionals resulted in a poor return and the provider was looking at other ways to capture relatives' views and ideas.

The provider had effective quality assurance systems in place to monitor the scheme's processes. Including monitoring staff training and future training needs and auditing of peoples support plans to ensure they were relevant and up to date. The manager also conducted 'spot check' calls to peoples home. 'Spot checks' were unannounced visits by the provider to a person's home to ensure the care being given by staff is of a standard and quality the provider and person requires. These systems continue to help ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.