

Voyage 1 Limited

# Dorset Domiciliary Care Agency

## Inspection report

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16 April 2019

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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:

Dorset domiciliary care agency provides personal care to adults with a learning disability in their own homes. The service provides personal care and support for 40 people across seven supported living houses and individual homes.

### People's experience of using this service:

People and their relatives told us they felt safe with the service they received from Dorset Domiciliary Care Agency. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and their community. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

The management of the service were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work and flexibility.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

The service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service met the characteristics of good in all areas; more information is in the full report

Rating at last inspection:

At the last inspection the service was rated good (13 October 2016).

Why we inspected:

This inspection was scheduled based on the previous rating.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Dorset Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 two inspectors. One inspector visited the registered office and then both inspectors visited people who used the service in their own homes.

#### The service type:

Dorset Domiciliary Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

#### Notice of inspection:

This inspection site visit took place on 12 April and continued on 16 April 2019. The provider was given 48 hours' notice. This was so we could be sure a manager or senior person was available when we visited.

#### What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make.

Some of the people had complex communication needs and were unable to provide us with detailed feedback. We made general observations of interactions between care staff and people.

We spoke with ten people who used the service. We received feedback from six relatives. One health and social care professional gave feedback on the service.

We spoke with the registered manager, operations manager and 15 staff. We reviewed three people's care files, three medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.



## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed. However, the service had reported several medication errors these had all been followed up and appropriate action was taken to minimise the reoccurrence. The service had introduced a robust process to manage errors which included keeping people safe, retraining and allowing staff to reflect on their practice and errors had reduced.
- Medicine Administration Records (MAR) had information about when a person's medicines should be given/administered. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Where staff had a concern about a person's medication they called the office, on call or GP for advice.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy with the service they received from Dorset Domiciliary Care Agency. A person said, "I feel as safe as I can be," and, another person told us, "I am safe, staff support me well". We observed people to be happy and relaxed in their home in the company of staff A relative told us, "My loved one is very safe here". A professional told us, "On the whole I feel people are safe in the care of Dorset Domiciliary Care Agency".
- Staff has received safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member told us, "If I saw changes in a person's behaviour or physical marks then that may indicate abuse. I would

report this straight away to the registered manager [name] and I could also contact safeguarding or CQC".

- The service had effective arrangements in place for reviewing and referring safeguarding concerns. There was guidance with relevant telephone numbers and contacts for the local safeguarding teams displayed in the office. Staff felt confident their concerns would be acted upon.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for each person for all aspects of their care and support. Each plan had a risk rating which gave guidance on how to support people in the least restrictive way. The service promoted positive risk taking. Risk assessments were reviewed regularly and if things needed to change.
- Risk assessments included clear instructions for staff on how to minimise the risks for people and staff. This included, risks within the environment and risks associated with activities outside the home.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. These included triggers and causes of the behaviours.
- Accidents and incidents were recorded and analysed by the registered manager on a live system. This meant that they could identify trends in events. The system was monitored by the senior management team. The registered manager told us depending on the nature of the event they could then access support from various specialist advisors such as human resources or behavioural specialists.
- Learning was shared with staff through daily handovers and staff meetings. The care coordinators and field support supervisors shared information and updates.

Staffing and recruitment

- The service had enough staff to support people. Staff told us they did not feel rushed and had enough time to see people and support them. The care coordinators arranged all staff to the visits and then communicated this with the staff. All office staff including the registered manager supported people when required.
- Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Staff told us they had access to enough supplies of gloves. A member of staff told us, "We regularly wash our hands, use the correct PPE (Personal Protective Equipment). We would isolate the home if there was any outbreak and report this. People are encouraged to clean as well".
- Staff had received infection control training and the service had not had any concerns or incidents in regards poor infection control. Cleanliness was monitored by the field support supervisors and by quarterly audits. These records showed staff were compliant with infection control.





## 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and health and social care professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected.
- Consent to care was sought by the service from those that had capacity, and this included consent for photographs. People's records showed signed consent for care or decisions made in people's best interest if required. We overheard staff asking peoples consent during the inspection at various times. A person told us, "Staff ask for my consent and I give it".

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

A clear referral and assessment process ensured people received assessments and effective person-centred support during transitions between services. A relative told us, "The transition was very short, that was good for our loved one [name]. It was easy".

- Peoples outcomes were identified and guidance on how staff met them was detailed. Records and staff knowledge demonstrated plans had been created using evidence-based practices. This was in relation to medicines, behaviour and wellbeing, moving and handling and nutrition. The registered manager told us they worked hard to add to the plans continually and involve the person and staff.

#### Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

- We observed staff who were new to the service. The locality manager told us, "It has been a positive induction so far. I have good support and am being shown things I need to know".

- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. Staff received training on subjects such as safeguarding, basic life support, infection control and medication administration. Staff were positive about the training. A staff member told us, "Training has been really good". Another staff member said, "Training is fabulous".

- The branch trainer told us that they told new staff members that they were "fresh eyes" to support improvements and identify things that needed to change and were encouraged to suggest better ways of working with people. They told us the service is always looking to improve and newer staff may have good ideas. The service had additional courses for staff such as autism support and understanding behaviours. The training was a mixture of online and face to face. Staff told us they were keen to learn as much as they could.

- Staff told us they had regular supervisions and appraisals and knew who their supervisor was. Staff told us that supervision was regular and a two-way process and they felt supported and appreciated. Staff were able to discuss the areas they found most challenging and there were actions on how to resolve them, such as extra training or support.

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

- People were supported to have enough to eat and drink. We received positive comments from people where they were supported by staff with food and drinks. People were supported to shop and cook for themselves. Some people did this independently and some with varying levels of support.

- People received input from dieticians and speech and language therapists (SALT) where required. People's likes, and dislikes were recorded in their support plan. People were encouraged to eat a healthy diet and to cook for themselves. We observed a person making their meal which they enjoyed. A person said, "We all have different likes and dislikes. We are all different".

- Each person had their own menu, completed their own shopping and had areas in the kitchen to store their purchases. A person said, "We all have different likes/dislikes. We are all different". The menus were chosen by people with staff support and displayed in pictures on the notice board.

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

- We observed a person speaking to a staff member about arranging an appointment. The staff member told the person that they would support them to do this once they had finished at the day centre. The person was happy with this.
- One person had woken not feeling well. The service had informed their relatives and contacted the GP who was going to come out and visit the person. The registered manager told the relative that they would contact them with an update and outcome once the GP had been.
- People received an annual health check as per best practice for people with a learning disability. Records showed that instructions from health professionals were carried out. This information was communicated to staff which meant the person was receiving the most up to date care and support.

## Our findings

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

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

- Staff were skill matched with people meaning that staff supporting people had the appropriate training, knowledge and understanding to meet their needs. However, the registered manager told us that they did not necessary always match people and staff based on backgrounds, histories, interests and personalities. The registered manager told us that they would work on adapting current paperwork to reflect this.
- People and their relatives told us staff were kind and caring. Some comments we received were, "Staff are very kind and caring. They do their jobs properly", "Staff are all good and caring in different ways. There are no staff that aren't nice", "The support staff have been wonderful and attentive to my loved one". A staff member told us, "I treat people how I would want to be treated, respecting their wishes".
- People's cultural and spiritual needs were respected. People and relatives were asked about their beliefs, practices and things that were important to them during their assessment. People were escorted to places of worship and events as required. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in private. A field support supervisor told us, they tried to accommodate any needs and work with people as their needs changed.
- Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. Staff had received training and told us they would care for anyone regardless of their background or beliefs. The service provided support for people's individual needs and beliefs.

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

- People and their relatives were involved in their care. Where people were unable to express their needs and choices verbally, we observed staff using a variety of communication methods including, eye contact, gestures and body language. A person said, "I can make my own choices and decisions. I like information discussed with me or in text/written format. This is provided". Another person said, "I like to do things for

myself. It important to me like; bits of cleaning, hoovering and cooking".

- Staff told us they supported people with decisions and offered them choices. One staff member said, "People choose what they want to eat, we show pictures and they decide". The service sought help from external professionals to support decision making for people such as health professionals, relatives and advocacy.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us that the organisation had introduced new training which focussed on 'working with' people rather than 'caring for' them. it promoted independence and supports people to take an active part in their own lives.
- People were supported to be as independent as they could be. We observed staff supporting people with various tasks at their home. One person said, "Staff have helped me to become more independent. I would like to do more". A staff member said, "Independence gives them [people] a chance to live as normal a life as possible".

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were in place and reviewed regularly or as people's needs changed. Plans were personalised, detailed and relevant to the person. This meant people received care that was important to them and met their individual needs. Where a person had a specific health condition or need there was a plan in place for staff to follow. One person told us, "I have regular reviews where I can talk about my support".
- The service used information from the person, their family, friends and professionals to build a care and support plan. The registered manager told us information from staff and keyworkers was involved in updating plans. Essential in building a good plan. For example, a person had limited information regarding their needs. The service worked with them to get to know them and to piece together what support was needed. This included contacting and working with past providers of care and support. Support staff told us they were learning every day.
- Care and support plans and information was available to staff in people's homes. This included people's life histories and details about what was important to them, to help staff understand them better as people. Staff told us the information they had about people's needs was of a good standard. A member of staff told us, "I am a person's [name] keyworker and I can add to their support plan as I get to know them better. I feel involved". The registered manager told us a person's keyworker had researched the specific needs of a person as they changed, this had helped them support them better.
- People were supported to enjoy and explore their interests. This included activities within their home and outside such as clubs, exercise, day centres and colleges. A person told us how with staff support they were now able to go to the shop on their own. They told us this was important to them. A person told us they would like to be supported to have a job. The person said they were interested in delivering; newspapers, groceries, post or similar. They said, "I like to help out". We discussed this with the registered manager who told us they would explore this further with the person.

- Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff. For example, some people used electronic devices to aid their communication.

Improving care quality in response to complaints or concerns; End of life care and support

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A relative told us they occasionally have minor worries that they discuss with the staff and said, "The team have worked hard to address the situation and we are very pleased with the progress".
- People's end of life wishes had not been explored by the service. The registered manager told us that they did not routinely discuss end of life wishes with people and it was not part of the assessment. They told us that they would be happy to discuss this if people wanted to.
- People's likes, and dislikes were recorded by the service and the registered manager told us they would work within these in relation to end of life care if required. They said they would involve families and be guided by the organisation's quality team.

## 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

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, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt proud to work for Dorset Domiciliary Care Agency and they were complimentary about their colleagues. Some of their comments included, "We all communicate so well together to make sure they [people] have a nice day", "You can do something really little and it can impact their [people's] life", and, "I like that I am making a difference".
- Staff and people's feedback on the management of the service was positive. Staff felt supported. The comments included, "The registered manager is nice, supportive and I can always ask for help", "The locality manager [name] has been brilliant", "I know the registered manager [name], they are nice, responsible and listens to me" and "The registered manager [name] is really great, knowledgeable and always there"
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team. They told us, "I get a kick out of telling staff they are doing a good job". The management staff worked together with the support staff. The registered manager said, "We support the staff to deliver excellent care, we respect the staff team. I want to work collaboratively".
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.



Systems were in place for learning and reflection. Audits were completed every quarter by the registered manager and field support supervisors and covered all aspects of support, records and the environment. The registered manager told us this information fed in to the overall action plan for the service which was updated continually.

- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback in different ways. Feedback was gathered through surveys and discussions with people. The registered manager told us that they would be working on changes to some of the questions asked in surveys and on how they collect information as a focus in the coming year. Staff told us people were encouraged to express their feelings about their support.
- People were encouraged to attend quarterly information sessions called 'growing together'. The two-hour sessions had discussed topics such as, keeping safe in the home and the community. The registered manager told us they wanted to expand these as it was a good opportunity for people to learn and meet new friends. They told us that the organisation set the subject however, people had chosen some subject for future meetings such as, being safe online.
- Staff meetings were held regularly. They told us they felt involved and were able to make suggestions to improve things for people.
- The service had good links to the local community. People were known to their neighbours and local shopkeepers. The registered manager told us that they had arranged an open evening to speak to the local community in one area about learning disabilities and autism. This was to support the public's understanding of the various conditions people live with and to overcome barriers that may exist for people.
- Learning and development was important to the registered manager. They had regular support from the operations manager and branch trainer. The registered manager said they kept themselves up to date through providers forums, online guidance and managers meetings. They told us, "I want to support as many people as possible. I love my job and wouldn't want to do anything else".
- The service had good working partnerships with health and social care professionals. A health professional told us, "The standard of partnership between the agency and our team is very good. We work closely with them as soon as we hear there are issues".

