

Voyage 1 Limited

Voyage (DCA) Grafton House

Inspection report

Flats 1-8 Grafton Road
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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

This inspection took place on 10 and 11 April 2017 and was announced.

Voyage (DCA) Grafton House is a supported living scheme providing support and personal care for people with a learning disability living in their own individual flats.

At this inspection, they were providing care and support for 7 people.

A registered manager was in post and present during our inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff had access to care plans and risk assessments and were aware of how to protect people from the risk of harm.

People were supported with their medicines by staff who were trained to safely support them and who made sure they had their medicine when they needed it. The provider completed checks to ensure staff followed safe practice when assisting people with their medicines.

People were supported by enough staff members to meet their individual needs and preferences. The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received care from staff who had the skills and knowledge to assist them. Staff attended training that was relevant to the people they supported.

People received care and support that was personalised to them and respected their likes and dislikes. People engaged in activities they enjoyed and found stimulating. People and relatives felt involved in the development of services provided at Grafton House and they were kept up to date with changes. People's independence was encouraged and staff respected their privacy and dignity.

People were supported by staff who knew them well and had good relationships with them. People were involved in their own care and information was given to them in a way they could understand. People were involved in decisions about their day-to-day care. When people could not make decisions for themselves, staff understood the steps they needed to follow to ensure people's rights were upheld.

People were involved in the preparation of meals and had a choice of food to eat which included healthy eating options. People had access to healthcare when needed and staff responded to any changes in their needs promptly.

Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

People were encouraged to express their views to the provider. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care were assessed and steps taken to minimise the risk of harm. Checks were made before staff could start work to ensure they were safe to work with people

Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance. People were supported to access healthcare provision in order to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported by a kind and considerate staff team. Staff spoke about those they supported with warmth and respect. People were involved in making decisions about their own care and support. People were encouraged to maintain relationships that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People's individual needs and preferences were known by the staff supporting them. People and their relatives were able to raise any concerns or comments with the provider and were confident their opinions were valued.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to express their views to the management team. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

Voyage (DCA) Grafton 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 inspection took place on 10 and 11 May 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service / supported living scheme and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

During the inspection we were not able to talk with people receiving support through Grafton House. We spoke with four relatives, three staff members and the registered manager. We looked at the care and support plans for three people, including assessments of risk and records of medicines and healthcare provision. We saw the records of quality checks completed by the provider and newsletters provided to staff members. In addition we looked at the recruitment details of two staff members.

Is the service safe?

Our findings

People who received support and assistance at Grafton House were safe and protected from the risks of harm and abuse. One relative told us, "I have seen what poor care looks like in the past in other settings. I have no concerns at all about Grafton House. I feel [Relative's name] is protected there." Staff members we spoke with told us they had received training on how to recognise and respond to concerns of abuse and ill-treatment. One staff member said, "I would report anything straight away to the team leader or to the safeguarding team. We have the contact details for the local authority on the intranet, in booklets and on the notice board." At this inspection we saw information was on display informing people, visitors and staff members on how to report any concerns they had. The registered manager had systems in place to respond to concerns including alerting the local Authority or the Police if required. However, up to this inspection they had not needed to make any such alerts in order to maintain people's safety.

People were safe and protected from foreseeable risks associated with their care and with living at Grafton Road. People had individual assessments of risk including, mobility, eating, going out. For example, those with specific health needs were not left alone whilst bathing but supported throughout. People were also encouraged to take part in activities where there was still an element of risk but this potential for harm was minimal. For example, where people had been identified at risk of drinking inappropriate substances they still assisted with cleaning their own apartments. The provider recognised that the benefit to the person gained by being independent and self-sufficient outweighed the potential risk from drinking inappropriate substances. Cleaning products were purchased which presented a minimal risk to people and when not in use were stored securely.

As well as individual assessments of risks to people the provider also undertook assessments of risk associated with where people lived. These included, access to the building, window safety and how to respond to bad weather in order to minimise the risk of harm to people. For example, guidance was provided to staff on how to ensure the pathways to and from the building is cleared in the event of snow.

Relatives told us they believed their family members were supported by sufficient staff members in order to meet their individual needs. One relative said, "[Staff member's name] is very good at making sure [relative's name] gets the correct amount of support and keeps an accurate record which we can see at any time." Staff members we spoke with told us they believed there was enough staff available to safely meet people's individual needs. The provider had systems in place to provide additional support to people when they needed it. For example, when one person was admitted to hospital additional staff members were provided to support this person throughout their stay.

Staff members told us before they were allowed to start supporting people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that were undertaken before staff could start working. These included a satisfactory Disclosure and Barring Service (DBS) check and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff we spoke with confirmed appropriate checks and references had been gathered before they

started their employment. We saw records where these checks had been completed and recorded. The registered manager and provider had systems in place to address any staff member's unsafe practice which included re-training and disciplinary processes if needed.

We looked at how people were supported to safely take their medicines. One relative told us, "I have no concerns at all about medicines. They (staff) are very competent. When there is a change they always inform us so we can assist them when they visit." Staff members we spoke with told us they undertook training in the safe administration of medicines. Following the successful completion of this training they were then observed on several occasions by another staff member. This was to ensure they were competent and followed safe practice.

We saw people had individual guidelines for "when required" medicines. Staff members we spoke with knew how to follow these guidelines and how to record medicines accurately. Staff members we spoke with knew how to respond to and report any medicine errors. These actions included seeking advice from a doctor in order to minimise the potential for any harm. The provider undertook regular checks of the medicines and recording to ensure any discrepancies are identified and addressed at the earliest opportunity. For example, following one recent check they identified that any known allergies were not identified on the medicine records. The registered manager told us they were now working with the dispensing pharmacist to include such information onto people's records.

Is the service effective?

Our findings

People were supported by a staff team that had the skills and training to effectively meet their personal needs. One relative told us, "Staff always seem to be on training or updating their skills one way or another. They are all knowledgeable and I think all know how to support [relative's name]." Staff members we spoke with told us they believed they received a level of training that equipped them to support those living at Grafton House. One staff member said, "We do all the basic training they (provider) think we should do which included first aid and health and safety. We also do other training including managing actual and potential aggression training. It is not needed here but we have the training and skills just in case."

Staff new to working at Grafton house had a supportive and informative introduction to the work they would be undertaking. One staff member said, "When I first started I had the opportunity to work alongside other staff members. I could see the daily routines of people and got an insight into how they liked things done. I wasn't pressured at all. When I felt comfortable to support people I was allowed to work without supervision. However, I could seek support from colleagues at any time."

People were assisted by staff members who were supported by a provider and management team. One staff member told us, "We have regular discussions with [staff member's name] or [registered manager]. We can talk about how things are going with those we support, any training needs or personal things which may impact on how we work. It is a very supportive team here."

People were supported to make their own decisions and were given choice. Relatives we spoke with confirmed that their family members were encouraged to make decisions for themselves. These included day to day decisions regarding what to eat and what to do. In addition people were involved in decisions about what holidays they wanted to plan and any educational or vocational activities they wanted to do. We saw people had individual decision making profiles in place for staff to support and promote their choices. This included how people liked to be presented with information. For example, when presenting information the use of facial expressions and physical gestures to help explain what was being said. Staff members knew the best times for a positive response from people. For example, avoid early mornings when someone could be sleepy or anxious about the day. Staff members we spoke with could tell us about these profiles and how best to approach people to involve them in making decisions. One staff member told us, "[Person's name] will get confused if we offer too many choices. We therefore limit what we are saying and they can make a more informed decision about what they want."

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff understood the principles of the Mental Capacity Act and the process of best interest decision-making. One relative told us, "We are involved in making best interest decisions for [Relative's name] and (staff) keep us informed at all times." We saw best interest decisions for people including prescribed medicines and personal care.

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. 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. Any such applications must be made to the Court of Protection. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. At this inspection, the provider had not needed to make any such applications.

People were supported to have enough to eat and drink to maintain a healthy diet. One relative told us, "They (staff) know what [relative's name] likes to eat. They would always choose curry given the chance but they (staff) make sure they have a balanced diet." Risks associated with people's eating were assessed and additional professional advice was gained when required. For example the Speech and Language Therapist had provided guidance on how to prepare people's food to aid their eating. Staff members we spoke with knew this guidance and supported people in accordance with the advice given. People's weights were monitored and action was taken when needed to support a healthy lifestyle. For example, one person had started to put on weight which could impact on their long-term health. Following advice from the GP, and with the involvement of family members, healthy eating options were made available.

People had access to healthcare when they needed it. One staff member told us, "I thought [person's name] had a swollen leg. We contacted the GP and their medicines were reviewed." People had healthcare action plans which they used to help assist them maintain good health. These action plans contained information regarding regular podiatry visits, medicine reviews, GP visits, eye tests and any other specialist interventions people needed.

Is the service caring?

Our findings

People were supported by staff members who were kind, supportive and respectful of them as individuals. Relatives we spoke with talked highly about the staff who supported their family members. One relative said, "We are frequently asked who we would like to nominate as an outstanding employee. It is really difficult for us to single out one specific person. The whole team is kind and they all seem to go the extra mile for [relative's name]." Staff members we spoke with talked about those they supported with respect, fondness and warmth. Staff members talked about their shared interests with those they supported including sporting and entertainment similarities. One staff member told us, "[Person's name] likes to support their football team. They go with staff who also have an interest so they can talk and share the experience together. It works well."

The staff members we spoke with could tell us about those they supported. This included people's personal preferences, aspirations and beliefs. Cultural and spiritual beliefs were recorded for staff members to support them as they desired. For example, one person had indicated that they no longer observe their religion however they still wished to engage in religious festivals. Relatives told us and we saw that staff members supported them to engage in these festivals.

People received emotional support when they needed it. One relative told us, "They (staff) are very good at understanding [relative's name]. They can recognise that when they are quiet they just need a little space." Staff members we spoke with could tell how they recognise the changing emotions of those they supported. This included changes in behaviours or movements. One staff member said, "By understanding those we support we are able to offer appropriate emotional assistance when people need it." A relative told us, "Staff are brilliant. They know just how to approach and talk to [relative's name]."

People were encouraged to make decisions about the care and support that they received. One relative told us, "When I visit I can see that [relative's name] is fully involved in where they live and what they do. They chose how they wanted their flat decorated and have what they want in their bedroom. They can indicate what they want and when they want it and staff respect their wishes."

People's privacy and dignity was respected by the staff members supporting them. One relative told us, "[Relative's name] has their own space. We see staff members knocking and entering and telling them that they are there. [Relative's name] has their own flat and space that is respected by all of those that help them."

People had information personal to them protected by those supporting them. Personal and confidential information regarding individuals living at Grafton House was securely kept in their own rooms. Only those with authority had access to this information.

Is the service responsive?

Our findings

People had care and support plans that reflected their personal needs, abilities and aspirations. One relative said, "When [relative's name] first moved in they (staff) spoke with us to get a history so they could know all about them. We talked about what had happened in the past. Any highlights and any difficulties they experienced. Once they had this information they made a support plan which we are in full agreement with." Another relative told us, "We feel that we are fully involved in the development of these plans. They (staff) always ask as how we feel about something if they want to try something new with [relative's name]."

The care and support plans we saw were personal to the individual they related to. They contained information staff needed to know in order to support them as they wished. This included what the person liked and what they didn't. People's personal histories were included as well as important relationships which were encouraged. For example, people's personal preferences were identified for staff to follow. One person had a detailed night time plan which included what time they liked to go to bed and to get up the following morning. It also included what their favourite night-time drink was and the assistance they required when preparing for bed. Staff members we spoke with knew the details contained in these plans and how this informed their support of people living at Grafton House. One staff member said, "We followed the plans so that all staff were consistent in their approach. [Person's name] can always change their mind and we will adapt if needed."

People's care and support plans were changed and updated when there was a change in personal circumstance or preference. For example, following medical interventions one person required a change to the way staff supported them for a short period of time. We saw these changes were recorded and passed to all staff members. When alterations were made with people's care and support these were communicated to all staff members supporting the individual. We saw changes made were added to the staff communication book which was read by all staff. This directed staff to the new information so that people were supported by staff members who were aware of the latest information regarding their care.

In addition to regular staff members people were supported by a keyworker. The keyworker assisted a named individual with maintaining family relationships and friendships. For example, following a family bereavement one person was assisted in contributing to the funeral arrangements by their keyworker. One relative told us, "We are kept informed by everyone at Grafton House. However, we have most contact with [Keyworker's name]. We can go to them for anything."

People were encouraged to maintain relationships that mattered to them. All relatives we spoke with told us they could visit whenever they wanted and that they were always made to feel welcome at Grafton House. Relatives told us that family members were supported by staff members to visit them at their home and to meet up for family events. One staff member said, "When [person's name] first moved in we collected their [relative] so they could see their new home. We now take them back to [relative's] house for meals and social events."

During this inspection people were involved in educational and vocational activities as well as activities of

daily living. One relative told us, "They (provider) match up staff with a similar interest to [relative's name]. They are supported to sporting events. Afterwards they know they like a take-a-way so will always end the day with this."

People and relatives were encouraged to raise concerns or to comment on the care and support they received. One relative told us, "I have not felt the need to complain. I do question things on a regular basis but this is part of the partnership we have. Communication is open and I believe honest. I feel I can say anything at all and it is always acted on." The provider and registered manager had systems in place to encourage, investigate and respond to any concerns that people had. We saw information was provided to people in a way they could understand on how to raise any issues they had. In addition we saw information was available to visitors on how to voice any concerns.

Is the service well-led?

Our findings

People and relatives felt involved and informed about Grafton House and the provider. One relative told us, "We have regular coffee mornings at Grafton House. These happen once a month and we meet with [registered manager] and other relatives and staff. We have information about how things are going and any changes which are being made. We can contribute as much or as little as we want." Another relative said, "I can make any suggestion I want but to be honest, if it isn't broke, why fix it." Staff and relatives we spoke with told us they believed that the registered manager was aware of the day to day activities at Grafton House. They felt they were well informed and could provide them with updates or information whenever they needed.

Relatives told us they were further encouraged to provide feedback to the provider regarding their family members experiences at Grafton House. One relative told us, "I have recently completed a yearly survey which asked us what we thought and if there were any improvements we could suggest." Another relative told us the results of the yearly survey was given to them at their regular coffee mornings where they could ask further questions if they wanted.

Relatives said they were encouraged to feedback on the staff who supported their family members. Employees who had been identified as making a difference to people's lives received feedback from the registered manager and the provider. Staff received positive feedback from relatives and visiting professionals. At this inspection we saw compliments made by a visiting professional had been passed to the staff members concerned. One staff member said, "We do get positive feedback from people and it is motivating when we do."

We asked staff members about the values and principles they follow when supporting people at Grafton House. One staff member told us, "We look at empowering people to achieve what they can in life. We always look at the positive aspects but also look at when things go wrong. This is to try to learn from them so that we can succeed in the future." Relative we spoke with told us they believed staff members displayed these values when supporting their family members. One relative said, "It is fantastic to see just how [relative's name] has developed at their own pace at Grafton House."

Staff members felt involved at Grafton House and that any suggestion they made was valued by the management team. Staff we spoke with told us they were involved in regular staff meetings where they were encouraged to contribute. For example, one staff member told us how they made a suggestion on how they could make an activity more successful. This included a change of venue which was more accessible for people. They said the management team was supportive of the idea and the changes were made with the involvement of people receiving support.

In addition to regular team meetings and individual one-on-one support sessions staff members received information from the provider via a weekly update. These updates informed staff members about changes to the service they provided and any other pieces of information they needed. For example, changes to policies and procedures that informed their practice and how to take part in national events like mental

health awareness week.

At this inspection, there was a registered manager in post. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager and provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The registered manager understood the requirement to submit notifications to the Care Quality Commission. We checked that the provider and the registered had made appropriate notifications to the care quality commission.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, feedback from people and relatives and communications from staff members which they used to drive improvements. For example, following quality checks on the environment it was identified that action needed to be taken to ensure safe water temperatures were maintained. At this inspection we saw that action had been taken to keep people safe and to rectify the concerns.