

Voyage 1 Limited

Voyage (DCA) Isleworth

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

The inspection took place on 2 February 2016 and was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure someone would be available to speak with.

This was the first inspection of the service which was registered in August 2014.

Voyage (DCA) Isleworth is an outreach service providing personal care and support to people who have a learning disability in their own homes. At the time of the inspection two people were using the service. The manager and staff also worked at a resource centre for people who have a learning disability at the same address. The service was managed by Voyage 1 Limited, an organisation providing care and support for people with learning disabilities, autism and brain injuries throughout the United Kingdom.

There was a manager in post, who had started work at the service in December 2015. He was in the process of applying to be registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

The relatives of people who used the service were happy with this service. People's needs were met. Relatives and other important representatives were involved in planning the care for people. The people using the service did not have the capacity to consent to their own care or be involved in planning this. The provider had worked with others to make decisions in their best interests. The care was person centred and reflected their individual needs and preferences.

The staff felt supported and had the skills they needed to care for people. There were enough staff and they were suitably recruited and trained. They were kind and caring.

There were systems designed to safeguard people and to assess and minimise risks to people's safety and wellbeing.

The service was well managed and there were systems to record and respond to changes in people's needs, complaints and feedback from stakeholders.

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.

The relatives of people who used the service told us people were safe.

There were procedures for safeguarding adults and the staff were aware of these and what they needed to do if they were concerned about someone's safety.

The risks to people's safety and wellbeing had been assessed and there were plans so the staff knew how to support them.

People received their medicines in a safe way.

There were enough staff to meet people's needs and they were suitably recruited.

Is the service effective?

Good ●

The service was effective.

People were cared for by familiar staff who were skilled, well trained and supported.

People using the service did not have the capacity to consent to their care and treatment so decisions were made in their best interest by their representatives, the staff and health and social care professional.

Is the service caring?

Good ●

The service is caring.

People liked the staff who supported them. They had positive relationships and the staff were kind, caring and polite.

The staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, recorded and met by the service.

There was a suitable complaints procedure and the representatives of people who used the service told us they knew how to make a complaint and felt confident these would be responded to and investigated.

Is the service well-led?

Good ●

The service was well-led.

The relatives of people who used the service and the staff felt there was a positive and open culture. They felt able to discuss the service with the manager and felt they were listened to.

There were systems to monitor the quality of the service and the manager was improving these with the aim of expanding the service to provide support to more people in the future.

Voyage (DCA) Isleworth

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 inspection took place on 2 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available.

The inspection visit was conducted by one inspector. Before the inspection we looked at all the information we held about the service, including notifications of significant events. During the inspection visit we spoke with the manager, regional operations support manager, the deputy manager and three support workers. We met one of the people who used the service at the resource centre, although they were unable to tell us about their experiences of the service because of their learning disability. We spoke with the relatives of both people who used the service on the telephone.

We looked at the support plans for both people. These included risk assessments and records about medicines. We also looked at four staff recruitment and support files and other records the provider kept in respect of managing the service.

Is the service safe?

Our findings

Relatives of people who used the service told us they felt people were in "safe hands" with the staff. One person told us, "(Our relative) often has seizures. The staff make sure they are safe, inform us and record everything they need to." They told us the staff used hoists and other equipment in a safe way. They felt the staff were appropriately trained to move people safely. One relative told us, "The staff always inspect the sling and hoist before they use it to make sure it is safe and in good repair." The other relative told us, "the staff are all very good, they know what they are doing and (our relative) is safe with them."

The provider had a procedure for safeguarding people. The staff were aware of this and had all received training about this. One staff member told us, "We have a policy, say what you see, it means we must speak up if we have any concerns." They told us the manager reminded them about this procedure. The staff told us they knew what to do if they had any concerns about someone's safety. They said they would be able to contact the local authority or senior managers in Voyage 1 Limited if needed. The manager was aware of the local authority safeguarding procedure and information about this was displayed for staff. There had not been any safeguarding alerts at the service at the time of our inspection.

The risks to people's safety and wellbeing had been assessed. The support plans included a risk rating for any care provided to people. There were clear actions for staff and the rating indicated if someone was considered at risk and how great this risk was. There was information about the use of equipment, such as hoists, in people's support plans. The information was clear and gave staff instructions about how to keep people safe. Risk assessments were regularly reviewed.

One person received support with their medicines. The relative of that person told us, "The staff are well trained and are fantastic with the medicines – they know what they are doing on that score." There was an appropriate medicines procedure and all the staff had received training in the safe handling of medicines. The staff's competency was assessed each year by managers. We saw evidence of these assessments. The staff completed medicine administration records and these were checked by the manager each month, or more often when senior staff visited people's homes. Any discrepancies with regards to administration were recorded and checked by the manager or senior staff.

There were enough staff employed to support people. The staff were employed to work at the resource centre and undertook work for the outreach (domiciliary care) service as part of their weekly work. The staff told us there was a rota to show when they needed to support people in their homes. We saw this was recorded and the staff said that they received the rota four weeks in advance. One relative told us, "If the carers are running late they ring to let us know, but this does not happen often." There was a contingency plan if staff were sick or unavailable. The manager and other emergency "on-call" staff were all trained to cover unexpected short notice staff absences. The staff told us there was always a senior member of staff available outside office hours if they needed to call someone in an emergency. Information about the emergency contact and staff rotas was shared with people who used the service and kept in their homes.

Voyage 1 Limited had suitable procedures for recruiting staff. The organisation screened potential staff via a

telephone interview. Successful candidates were then interviewed by the manager at the resource centre. We saw records of staff interviews and written assessments which they were required to complete at the interview. The provider then undertook checks on their suitability, such as confirming their identity and eligibility to work in the United Kingdom, requesting references from previous employers and undertaking a Disclosure and Barring Service (DBS) criminal records check. We saw evidence of these checks in the staff files we viewed.

Is the service effective?

Our findings

The relatives of people who used the service told us people received support from the same familiar staff. One person said, "(Our relative) receives care from the same staff most of the time. When there is a need for new staff we are introduced at the day centre so we can all get to know each other." Another person told us, "they all know (our relative), we wouldn't have it any other way."

The staff had the skills and training they needed to support people. All the staff working with people who used the service were employed to work in the organisation's resource centre. Both people who used the service attended the resource centre for some days each week. The staff worked alongside people at the centre before they were allowed to support them in their own home. The staff told us that they received an induction into the organisation's procedures and working with people. They said that they took part in on line and classroom based training and had their skills and competencies assessed. We saw evidence of this, for example assessments of manual handling techniques and administration of medicines. The staff were given an additional introduction to working with people in their own homes by shadowing experienced staff and by liaising with people's relatives. The provider monitored when staff training updates were due. The manager said that they discussed specific policies and procedures as part of their regular staff meetings and the staff confirmed this.

The staff received the support they needed. They told us the manager and rest of the staff team were very supportive. They said that they communicated well with each other and shared ideas. The staff had regular individual supervision meetings with their manager. At these they discussed their performance, training needs and any areas of concern. We saw that staff were praised for their work in these meetings and had the opportunity to request additional training. One member of staff told us that they had been given opportunities to try new things; they said they had requested training in a specific area and they had been supported to access this. The staff had annual appraisals where they discussed their work and career development. We saw evidence of these.

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. The staff and managers had received training about the MCA. They were able to tell us how this affected their work and gave us examples about the people who they supported.

The two people using the service at the time of the inspection did not have the capacity to consent to their care and treatment. Decisions about their care were made by the person's relative, social workers, staff at the service and any relevant healthcare professionals. The staff had recorded how each person made their choices known and the type of decisions they could make themselves. Neither person was able to communicate verbally, and the support plans described the non-verbal communication they used to express their contentment, understanding and make choices. The main carers for both people were their parents and they were consulted about all decisions for the person.

The provider had not gained written agreement from the next of kin and healthcare professionals for some of the care they delivered. For example, one person took their medicines mixed with a drink. The manager told us that the GP had agreed to this method of administration but the provider did not have a copy of their written agreement, or that of the pharmacist. We discussed this with the manager who told us they would request a copy of the GP and pharmacist agreement to this type of administration in order for the staff to continue to support this person with their medicines.

People received the support they needed to eat and drink. The support plans described individual needs and how the staff should support people. The relatives of people provided the food, and the staff supported people to eat some meals. Special dietary requirements were recorded.

People were supported to stay healthy and any changes in their health were acted upon. The support plans included details of the relevant healthcare professionals. The relatives told us that the staff informed them if they noticed any changes in the person's health conditions. The staff confirmed this, they told us they recorded and spoke with relatives if they felt someone was unwell or they had any concerns about their health. There was evidence that some of the healthcare professionals who supported people were involved in planning and reviewing their care. For example, we saw the physiotherapist had attended one person's review meeting and had helped to plan the exercises they needed to perform.

Is the service caring?

Our findings

Relatives of people who used the service told us the staff were kind and caring. Some of the things they said were, "They are really caring", "they are always caring, polite and respectful", "we are extremely happy with the service", "(our relative) is happy so I am happy", "the staff are very good with (our relative)" and "(our relative) is always happy and smiley to see the carers."

Relatives told us that the staff respected people's privacy and dignity. They said that they made sure people were appropriately dressed or covered when supporting them with personal care.

Although we did not observe people receiving care in their own homes, we saw the staff supporting one person who used the service and other people at the resource centre. The staff were kind, considerate and caring. They treated people respectfully, involved them in decisions and allowed them to express themselves.

The staff spoke about people with genuine fondness. They knew them well and were able to tell us about their personality, likes and dislikes. The staff said that they enjoyed supporting people in their own homes and making them content and happy.

The manager told us that they thought the staff did a "fantastic" job. They said they had observed them caring for people in their own homes and they did this in a kind and gentle way. He said they "paid great attention to detail" making sure people were happy and relaxed.

The support plans included information about people's preferences and how they would like to be cared for. The relatives told us that people using the service were happy because they were well cared for and they did not have any concerns about the staff. One person told us, "(our relative) is so happy to see the staff, they have a good relationship with them."

Is the service responsive?

Our findings

The relatives of people told us they were always at home when the support workers cared for people. They said that the support workers asked them if they were happy with the care and consulted them about what they were doing. They told us they showed new staff how to care for their relative and discussed their routine with them. One relative said, "The staff understand (our relative) they know his needs and they make him happy."

The relatives said that people's needs were met and the staff made sure people were happy and had everything they needed before they left at the end of their work.

The relatives told us that when they first started using the service there was a meeting to discuss what was needed and how this would be provided. They said the provider had arranged further meetings to review the care and see if any changes were needed. The relatives felt involved in planning and reviewing the care. Relatives told us they had copies of the support plans at their home and the staff recorded the care they had provided each day, including how the person had felt.

Each person had their needs assessed and recorded in a support plan. The support plans gave detailed information about how the staff should care for people. These included what things were important to people, information about the things that others liked and admired about the person and how a good day would look for that person. The support plans had been reviewed and updated regularly and signed by the staff to show they understood how to meet people's needs. Copies of the plans were kept at the person's home and at the resource centre where the location's office was situated.

The staff who supported people in their own homes also supported them at the resource centre. They had a good knowledge of their needs, including social needs. The care and support they offered was holistic and the staff told us that they felt it was important to get to know people in the different settings so they could understand how best to care for them.

Relatives of people who used the service told us they did not have any complaints but they knew what to do if they did have a concern. One relative told us, "the staff are very approachable and I feel confident in raising a concern if I needed to." They also said, "I would speak directly to the manager if I wanted and feel able to do this." The other relative said, "if there is any problems we sort it out, they listen and I can talk to the staff or manager anytime."

There was a complaints procedure and copies of this were shared with people who used the service, their representatives and the staff.

Is the service well-led?

Our findings

One relative told us, "I would definitely recommend this service I cannot think of any one thing that would improve the service."

The manager had been in post since December 2015. They were in the process of applying to be registered with the Care Quality Commission. They also managed the resource centre. The manager had worked with a variety of different people in residential and day services before they started work at the service. Since they had been in post they had updated the records for the service and had started to review and improve how the service was run. The manager told us that the long term aim was for the service to expand and offer support to more people, but this expansion would be slow and they would make sure they could meet the individual needs of each person before expanding.

Voyage 1 Limited provided care and support to people who had a learning disability, brain injuries and autism throughout the United Kingdom. There was a clear management support structure and the regional operations support manager regularly visited the service. The organisation had a range of policies and procedures which were reviewed and updated. The staff had access to these, training and additional guidance and support through the organisation's intranet.

The staff told us they felt supported by the organisation and that they had opportunities to develop and learn. They liked the manager and told us they were supportive. Some of their comments were, "(The manager) is always around and we can talk to him whenever we need", "he fits right into the service" and "he has been really supportive and he listens to us." The manager spoke positively about the staff, telling us that they were very caring towards people they supported and worked well as a team.

The relatives of people who used the service said that they found the manager supportive and approachable. They told us they had regular contact with the staff and manager of the service. They said that they had not been asked for formal feedback but they did not feel this was necessary because they had plenty of opportunities to discuss the service.

The provider had a system to send out quality satisfaction surveys to people who used the service and their representatives, however none had been requested specifically for the service at the time of our inspection.

The operations support manager conducted quarterly audits of the service. These looked at different aspects of the service and where improvements were needed. The manager was required to create an action plan for any areas which needed development. The manager and staff also carried out their own checks and audits. For example, daily care notes and medication administration records were checked by senior staff and equipment such as hoists were checked weekly by the staff to make sure they were safe to use.

There had not been any accidents or incidents at the time of our inspection. The provider had a system to record and analyse these. All accident records were checked by the manager and operations support

manager.