Care Quality Commission

Voyage 1 Limited

Voyage (DCA) North Yorkshire

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 10 and 22 September 2015 and was announced.

The last inspection took place on11 June 2013 and the service was meeting the regulations we assessed.

The service provides supported living to people in their own homes. People who use the service have learning disabilities, autism or mental health difficulties. At the time of our inspection the service supported fourteen people who lived in four shared houses.

The service did not have a registered manager. They had left in July 2015 and the organisation was recruiting to the post. In the interim the operations manager had taken on some of the registered manager's role and responsibilities. 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.

At this inspection we found the service was in breach of one regulation which related to management oversight of

Summary of findings

the service and how the service monitored the quality of support provided. You can see what action we told the provider to take at the back of the full version of the report.

The service did not have a registered manager in post; the operations manager was providing some management oversight. Staff told us they were supportive and approachable. This meant there was limited oversight of the issues across the service, specifically in relation to staffing.

Audits were not consistent or robust and it was difficult to get a sense of the issues within the service and how these would be addressed.

The service had a number of staff vacancies. This meant staff were doing additional hours, or bank staff were being used. Staff expressed their frustration at the organisations failure to retain staff and described staff developing their skills, and getting to know people and then moving onto other care organisations. Although people were not at risk of harm they were not always able to take part in their individually planned activities which may impact on their general well-being and quality of life.

When new staff were recruited we saw the service had robust checks in place to ensure they were suitable to work with people who used the service.

People who used the service and their relatives told us they felt safe and staff knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place. They contained detailed guidance for staff about how to minimise the risk of harm.

Medicines were safely managed. Records were completed correctly, and a stock check took place on a regular basis. This meant if any errors were noticed they could be addressed quickly.

Staff described feeling well supported. Despite this we did not see evidence of supervision taking place on a routine basis, particularly for team leaders. This meant staff did not have the opportunity to reflect on and develop their practice.

People received support from staff who had access to appropriate training and knew how to meet people's needs. A lot of the staff we spoke with had worked for the service for a number of years and knew people well.

Staff had a sound understanding of the Mental Capacity Act and we saw consent was sought routinely. People had been supported to make their own decisions wherever possible, and staff had taken steps to support people to do this. For example we saw in one person's support plan that there was a best time of day recorded for when the person would be best able to make a decision. Where people were unable to make a decision there was a best interest decision recorded within their support plan and we saw the person and relevant people had been involved in making this. This meant people were given the opportunity to be involved in decision making and decisions were made in the person's best interests.

People had access to appropriate healthcare professionals and had a health action plan. This meant people's health care needs were being appropriately supported.

There was access to varied and balanced diets, people were involved in planning and, where possible, making meals.

The service was caring. People knew staff well, and staff were described as, "kind, caring and smashing." Staff knew people well and ensured their preferences for support were met. Support plans contained detailed person centred information which provided staff with instructions about how to support people but also gave them a sense of what was important to the person.

People were supported to be as independent as they could be and some people worked in local community organisations. Activities were planned and person centred, however not everyone had equal access to individual activity due to staffing issues.

People and their relatives understood how to make complaints and we looked at two complaints which had been responded. These had been resolved to the complainant's satisfaction.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The service had a number of vacancies which meant staff were working additional hours. Although people were not placed at harm as a result of this it meant there were not always enough staff for people to take part in planned activities. Staff expressed frustration about the failure of the service to retain staff and the impact this had on people who used the service. We have made a recommendation about staffing.

Staff knew how to safeguard people, they had received appropriate training and the service had an up to date safeguarding policy. The service had a robust whistleblowing policy which meant staff knew how to raise concerns.

Medicines were safely managed. People had risk assessments and risk management plans which helped staff to protect them from harm.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to support people who used the service. Staff described feeling well supported; however, supervision was not consistently taking place.

People's nutritional needs were met. There was access to a varied and balanced diet and we saw people were involved in planning and preparing meals.

Staff understood the key principles of the Mental Capacity Act (2005). People were given the support they needed to make their own decisions. Where people were unable to make a decision a best interest decision was recorded involving the person and all relevant others.

Is the service caring?

Good

The service was caring.

Staff knew the people they supported well. It was clear people had good relationships with support staff who were kind and caring.

People were supported to be as independent as they could be.

Relatives told us they were included in people's support, and were made to feel welcome. One relative told us they felt staff had supported them to discuss end of life plans for their loved one.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People received support which was personal to them. Support plans were person centred and contained detailed information about people's social histories. People and their families were involved in planning and reviewing the support they received.

Activities varied across the service. The majority of people had access to a variety of activities; however, due to staffing difficulties some people were taking part in group activity rather than doing things which were of interest to them.

People and their relatives knew how to make complaints. The service had investigated the last two complaints thoroughly and these had been resolved.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The lack of registered manager meant there was limited oversight of the service as a whole. Audits of the service were not robust. The quality assurance systems in place were not effective and senior staff were not being provided with routine supervision.

Overall staff morale was high, and staff continued to focus on providing people with good support. Staff told us the operations manager was approachable.

Voyage (DCA) North Yorkshire

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.

This inspection took place on 10 and 22 September 2015 and was announced. The provider was given 48 hours' notice because this is a supported living service and we needed to make sure someone would be available at the office to meet with us. We also needed to make sure people would be at home when we visited them.

The inspection team consisted of one inspector.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. We contacted the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we visited the office and two of the shared houses. We spoke with three people who used the service, and because not everyone communicated verbally we spent time observing interaction between people and support staff. We telephoned three relatives to get their views on the service. We looked at three support plans and associated documentation.

We spoke to the operations manager, two team leaders and two support workers. We looked at three staff files; which contained employment records and management records. We looked at documents and records that related to people's care and support, and the management of the service such as training records, audits, policies and procedures.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Staff come with me into town so I am safe." One person told us staff knew their relative well and supported them to keep safe.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the different types of abuse and how to report concerns. The service had an up to date safeguarding policy which provided guidance for staff about what action they needed to take to safeguard people from avoidable harm. The local authority and police are currently investigating a safeguarding concern. The provider has responded appropriately to the concerns raised and there was a robust risk management plan in place to safeguard everyone involved. CQC will continue to monitor the outcome of this.

The service had an up to date whistleblowing policy. The policy contained guidance for staff about how to raise concerns, included contact details for CQC and information about an independent charity which provided staff with confidential free advice. In the office there was a poster with the header, "You can stop bad things happening by speaking out." This showed the organisation encouraged staff to raise concerns about poor practice.

We reviewed the rotas for the last four weeks and found the service had sufficient staff to keep people safe. However, one house where four people lived and received the support living service had vacancies for 110 hours of support each week. This meant current staff and bank staff were doing additional hours to ensure people received the support they needed. Although this did not place people at risk of harm it did mean there was not always enough staff for people to take part in individual planned activities. If the situation continued this could impact on people's emotional well-being. It also meant staff were doing additional hours which may not be sustainable in the longer term.

Two members of staff expressed their frustration at the organisations ability to recruit and retain staff. They explained they had a high turnover of staff and expressed frustration at this. They said, "People love working here, they get to know people, develop good practice and then move onto different organisations." This impacted on people who used the service because they had to get used to new people providing support to them.

The current staffing arrangements were not sustainable and in the longer term could have a negative impact on people's quality of life because people may not be able to engage in activities which are meaningful and important to them.

We recommend the provider review staff retention and look at what strategies can be put in place to retain staff to ensure they are able to provide consistent support with a focus on promoting people's well-being.

Despite this the service had effective recruitment and selection processes in place to make sure staff employed were suitable to work with people who used the service. We looked at three staff employment files and saw evidence that appropriate checks had been undertaken before staff began work; each had two references recorded and checks by the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

A member of staff told us they were concerned the service was recruiting inexperienced staff and the skill mix was poor. However we saw evidence of effective induction and probationary periods. There was a record of probationary reviews which took place after two, four and six months to make sure that the member of staff was working effectively before being offered a permanent contract. Another team leader told us, wherever possible, staff were matched based on their personalities and interests with people who used the service. This meant, wherever possible, people were supported by staff with shared interests and experiences.

Safe systems protected people against the risks associated with medicines. The service had a clear medication policy which staff followed. All staff had received medication training. Staff had also had specialist medication training to administer 'rescue medication' for people with epilepsy.

Requires improvement

Is the service safe?

One person was supported to manage their own medication. A risk assessment had been completed by the relevant health and social care professionals and a support plan highlighted the specific support staff should provide.

Medicines were stored securely. We looked at medication and the completed medication administration records for three people who used the service. These had been completed correctly and we found people had been supported to take their medicine in line with the prescriber's instructions. A stock count was completed at the end of each medication round, this meant staff could identify any problems with medication in a timely manner and take any action required to rectify any problems.

Risks to people who used the service were appropriately assessed and managed. Staff were provided with clear and detailed guidance to help them know how to best to support the person to reduce the risk of harm.

We saw one person had a risk assessment in relation to a specific health condition, for which they needed medication. The risk assessment contained step by step guidance for staff in relation to administering the medication and what action to take if this did not take effect. This meant there was a step by step process for staff to follow with clear instruction which if followed would ensure the person received safe care and treatment.

Accidents and incidents were recorded and reviewed by the team leaders. In normal circumstances these were then submitted to the office to be reviewed by the registered manager. This was to look for any patterns or trends which required further action. At present this was not routinely taking place, this was because the service did not have a registered manager and this task had not been delegated to anyone else.

Good

Is the service effective?

Our findings

People who used the service received effective care. One person said, "All of the staff support me well." Another said, "It's very good support here."

Staff had the skills and knowledge required to support people who used the service. A team leader explained the induction process to us, all new staff completed a three day induction, and this was based at the service they would be working in. The primary purpose was to get to know people and how they wanted to be supported. We were told additional shadowing was available if staff felt they needed this.

A member of staff told us they had come into support work later in life and felt the induction was invaluable. They told us they spent time getting to know people who used the service, and reading their support plans. They said they had, "Constant access to training." They felt well supported by their line manager and also described a supportive team environment.

Staff told us they had access to the training they needed to support people effectively. A team leader showed us the e-learning training system all staff had access to. This included mandatory online training. In addition to the on line training staff had access to face to face training which included; medication, moving and handling and MAPA behaviour management. This was an approach based on the management of actual or potential aggression with non-physical intervention techniques. Staff told us they used verbal de-escalation techniques to support people.

Supervision was not consistently taking place for team leaders. This should have been completed by the registered manager. However, we saw evidence of supervision records which had been completed with team leaders and the support workers they managed. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice. We were told the last formal supervision for team leaders took place before the registered manager left. This issue has been reported on further under the Well-Led section of this report. Despite this staff told us they felt well supported by the operations manager and could contact them anytime for advice or support.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. People had detailed mental capacity assessments in place. There was a clear record of how any decisions had been reached using the best interest decision making process. These were recorded and we could see people, their families and appropriate health and social care professionals had been involved. Best interest decisions are made on behalf of people who are unable to make an informed decision themselves and they involve the person and all other relevant persons in the individuals life.

Staff were able to explain the key principles of the MCA and we saw consent was consistently sought before people were provided with support.

The service had taken appropriate steps to support people to be able to make their own decisions. In one person's support plan we saw there was a record of the best time of day to discuss more complex decisions with the person. This showed the service was doing all it could to support people to make their own decisions.

People were supported to have a healthy balanced diet. We saw one person had a healthy eating plan in place. This took account of their food preferences but also of the need to maintain a balanced diet. Menu plans contained a range of healthy foods, snacks and treats. We saw people sat down to meals together and where possible people were involved in the planning and cooking of meals.

We saw people had health action plans which described the support they needed from health and social care professionals. These plans would be helpful if people needed to go into hospital and would be supported by staff who did not know them well.

People had access to appropriate health care professionals. The service had links with the community learning disability team and we could see the community learning disability nurse had been involved in formulating a risk management plan for one person who used the service. The service had sought the advice of the psychiatrist in relation to a more complex care plan for one person. This meant the service was taking into account the views of relevant health care professionals when planning and delivering care for people who needed more specialist

Good

Is the service effective?

support. However, A social care professional contacted us after the inspection and expressed concern that, despite being actively involved in the person's care, they were not always informed of when the person had a fall.

Good

Is the service caring?

Our findings

People who used the service told us staff were caring and they felt well supported. Some people who used the service were unable to tell give us their view on the support they received, so we spent time observing interactions between people and support workers. We saw positive relationships between people who used the service and staff who supported them. It was clear staff knew people well. Two of the staff we spoke with had supported people for over twenty years. The majority of people had shared houses for a long time and so people knew each other well. It was clear to us people had a good rapport with each other and staff who supported them.

Relatives told us they had known some staff for a long time and felt confident in the support they provided. All of the feedback relatives gave us about staff was positive. Comments included, "Staff are very kind" and, "Staff are friendly, kind and caring."

Every member of staff we spoke with said they would be happy for their relative to be looked after at the service, if they needed this type of care. Staff spoke with warmth about the people they supported. A member of staff told us, "It's like a family home, with a relaxed and homely feel." Another member of staff said, "We're working for the tenants and we want to support them to achieve what is important to them."

People were supported to maintain relationships with their friends and family. People described to us activities they were involved in with friends and visits to friends who lived nearby. People who lived together socialised with each other and other people who also lived in supported living services. For people who had limited or no contact with their family we saw they had been offered advocacy support; however no one who had been offered this had felt they needed it.

We saw records of people being supported to have regular stays with their families, and relatives told us they felt welcome to visit anytime. On relative said, "It's like visiting [person's name] in their own home, she has lived in other places in the past and was tearful all of the time. Now she is really settled, laughs and makes jokes and knows the staff really well."

Staff treated people with dignity and respect. We saw people's decision to have time to themselves respected by staff and other people who lived in the shared house. This meant people had the opportunity to have their own space and privacy despite communal living.

People's support plans focused on people's strengths as well as support they needed. The service supported people to be as independent as they could be. People were supported to be involved in day to day tasks associated with living in your own home; such as cleaning, washing, budget planning and meal preparation. In addition to this some people had been supported to find employment within the local community. This meant people were supported to live as independently as possible within their own communities.

One person told us they had recently started to think about their relative's wishes at the end of their life, they explained they had talked to staff about this and felt well supported. They described being confident their relatives wishes would be met, and felt this would be the case even if they were not in a position to plan and organise this themselves. They said, "They know her well, she feels at home and is happy."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at three support plans and could see people and their families were involved in developing and reviewing these. People had lived in supported living with staff who knew them well for a number of years and this was reflected in the detail and quality of the support planning.

Support plans were person centred and they helped staff to understand what was important to the person. Each support plan had a one page profile which was a summary of information and focused on key areas such as; 'what people like and admire about me', 'what is important to me' and 'how to support me well.' This meant support was provided based on people's strengths and abilities and was not a task based approach to care.

Support plans contained detailed guidance for staff about people's support needs. They focused on what staff needed to do to support the person to have a good day. For people who had no verbal speech there was clear guidance about how they could communicate effectively with the person. This was specific for each individual. This meant even though people could not verbally make their needs known there was clear instruction for staff which enabled them to understand what support the person needed, and to help them to communicate effectively.

Support plans contained a lot of information about how to support people; each section had a summary of critical information. There was clear guidance for staff about how to support people who may have behaviour which could put themselves or others at risk. Risk assessments identified the risk and told staff what they needed to do to reduce this risk to people.

Each person had detailed information about their social history, this meant staff could get to know the person and understand their life experiences as well as well as knowing about the support they needed. People who were able to signed and dated their support plans, this was important because it showed they were in agreement with the support plan which had been developed. For people who were unable to consent to their support plans we saw records of best interest decisions in relation to care and support.

People told us they were kept up to date about any changes in their relative's needs, and they were involved in reviews. A relative told us staff had liaised with a GP about an ongoing health condition, they told us, "Staff are proactive and know what to do and who to contact. They always keep me informed."

People's ability to take part in planned activities varied across the service due to staffing levels. An annual survey was completed by the service in 2014 and all of the people who responded said they had enough activity to take part in. However, in one of the houses we visited we saw there were insufficient staff to support people in planned one to one activities. People were going out together for lunch or to local places of interest. One person told us they missed going to Gateway, which was an evening activity where they socialised with friends. Their relative said, "[person's name] doesn't get out as much as they would like."

However, for other people there were a range of activities which included; hydrotherapy, dance at a local leisure centre, bowls and sensory music. In addition to this people were supported to have pets, one house we visited had a pet rabbit and another house had two cats.

The service had an up to date complaints policy. People had easy read forms to complete to make complaints. This meant the service took into account individuals needs when making complaints. The service had a complaint and compliments file. Two written complaints had been received. We saw the previous registered manager had acknowledged the complaint and there was a record of the action taken. This was in line with the organisations complaints policy. The complaints had been investigated and resolved by the registered manager prior to them leaving their post. There was a record to say the person making the complaint was satisfied with the response.

Families told us they knew how to make complaints but the people we spoke with said they had no cause for complaint. They told us if a concern arose they felt comfortable to raise this with the team leaders and were confident these would be dealt with appropriately.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager. The previously registered manager left the organisation in July 2015. The operations manager was providing management oversight. However, this was in addition to their existing role which meant they could not provide the same level of support as a registered manager.

The lack of management oversight meant issues such as monitoring staff levels, recruitment and assessing the impact of this on people was limited. Although staff said they felt supported, team leaders did not have the opportunity to reflect on the service within regular supervision. One team leader described the feeling of constantly playing 'catch up' with a focus on managing staff shortages rather than developing or improving the service for people. The operations manager assured us they were in the process of recruiting to the role of registered manager. There were two team leaders each responsible for services at two of the houses, they provided day to day management support within the service and supervised staff. We discussed the concerns regarding management oversight with the operations manager and they explained they were supporting team leaders.

We found audits were taking place, however there did not appear to be a consistent approach to this and it was difficult to establish how effective these were. Again this meant there was a lack of oversight of the service as a whole. There were quality assurance systems in place and the operations manager told us audits were taking place. However, these needed to completed on a more routine basis as part of the overall management oversight of the service.

An annual survey took place in 2014 when staff requested more frequent staff meetings to discuss issues, and we saw there had been a commitment to this. There was a record to say the provider intended to take action as a result of this feedback and ensure staff meetings took place six times a year. We did not see evidence of this during our inspection. This meant staff did not have an opportunity to hear about developments within the organisation or discuss service specific issues and were not actively involved in developing the service.

Overall we found there was a lack of management oversight, no supervision for senior staff members and ineffective quality assurance systems. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Despite this the staff we spoke with were clear about their role and responsibilities and we observed a positive culture within the service. There was a strong focus on person centred support and staff spoke with us about supporting people to live well.

Overall we found staff morale to be high and the staff we spoke with were committed to providing good quality support for people who used the service. However, there were frustrations about the organisations ability to recruit and retain suitably skilled staff.

People who used the service had lived together, and been supported by some members of staff for a number of years. In one house we saw two members of staff had supported the same people for over 20 years. This mitigated some of the risks of not having a registered manager, because people's needs were well known to the staff who supported them. Also we saw there was a good rapport between staff and the people who used the service which meant any concerns could be discussed between people, support staff and the team leaders. We were assured by the operations manager they were in the process of recruiting a registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of management oversight, no supervision for senior staff members and ineffective quality assurance systems.