

Voyage 1 Limited

Voyage (DCA) South/West Yorkshire

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

This inspection took place between 19 and 25 April 2017 and was announced with the registered provider being given notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Commission in March 2015 and this was the first inspection of the service.

Voyage (DCA) South/West Yorkshire provides personal care to 20 people living in seven supported living environments and is registered to provide a service to people with a learning disability and/or autism, older people, people with a physical disability, sensory impairment and younger adults. The office is based in Barnsley.

The service had a registered manager in post at the time of our inspection, but this manager was not managing the service at the time of this inspection. The manager managing the service will be referred to as the acting manager in this report. The acting manager is also a registered manager of another registered location for the same registered provider that provides the same type of service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People we spoke with and observed expressed satisfaction with the care and support they received.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with understood how to protect people from harm and were able to explain the safeguarding procedures to follow should an allegation of abuse be made.

We found the service employed enough staff to meet the needs of the people being supported. Staff had completed training to be able to meet people's needs, and received regular supervision, which meant they were well supported. Staff also had an annual appraisal of their work.

We found people received a service that was based on their personal needs and wishes. Care records sampled identified people's needs and preferences within person centred care plans, as well as any risks associated with their care and the environment they lived in.

Where people needed assistance taking their medicines this was administered in a timely way by staff who had been trained to carry out this role.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with information about how to raise a concern and how it would be addressed.

People we spoke with told us they were confident that any concerns they raised would be dealt with promptly. The registered provider learnt lessons from concerns and complaints and improved systems and support where required.

There were systems in place to monitor and improve the quality of the service provided.

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.

Staff knew how to recognise and respond to abuse correctly. People were protected from harm through the assessment of individual and environmental risks.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely and that sufficient staff were employed.

People were supported to take their medication safely.

Is the service effective?

Good ●

The service was effective.

Staff had access to training that enabled them to provide care and support for people who used the service safely and to a good standard. They felt supported through regular supervision and annual appraisal of their performance.

People were involved in making decisions about their care and offered choices. Records demonstrated people's capacity to make decisions, but staff understanding varied for which the service had arranged further training.

People were supported with their health and dietary requirements in a way that met their needs.

Is the service caring?

Good ●

The service was caring.

People expressed they were satisfied with the care and support provided and care was delivered in line with their wishes.

Staff knew the people they cared for well, which meant people received consistent care that met their needs.

Staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to be involved in planning and reviewing their care plans and plans were person centred.

There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Good ●

The service was well led.

The registered manager was not currently managing the service. The acting manager had developed oversight of the service, including the needs of people who used the service and had implemented systems and processes to operate the service in an effective way.

Staff told us the acting manager had been effective in improving the systems and processes in place and felt supported to carry out their role.

Voyage (DCA) South/West 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 was 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.

The inspection included a visit to the agency office on 25 April 2017. To make sure key staff were available to assist in the inspection the registered provider was given notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We looked at any notifications sent to us. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. This information helped to inform us areas of focus as part of our inspection. We also asked for information from contract and commissioning authorities and the local safeguarding authority.

At the time of our inspection there were 20 people who used the service. We visited two supported living environments and were able to speak with one person who lived at one of the supported living environments and a member of staff working there. At the another supported living environment we were able to observe the care provided and interactions between two people who lived there and two staff working there. We contacted three supported living environments and spoke with three people who lived in those supported living environments. We also spoke with three staff present at the time of those telephone calls and were able to hear conversations with people and those staff during the telephone conversations. We also contacted nine staff by telephone to provide them with an opportunity to speak with us. We were

able to speak with two of those staff. During the visit to the agency office we spoke with the operations manager, the acting manager and two staff we had spoken with prior to the visit.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included five people's care records, two people's medicine records, the recruitment records of two staff, supervision and appraisal of three staff, training, supervision and appraisal records, minutes of meetings, quality audits and policies and procedures.

Is the service safe?

Our findings

We checked and found systems were in place to protect people from harm and abuse.

People said they felt safe in their homes when care staff were there. Our observations of people in their own homes told us they appeared safe.

The registered provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow and were confident any concerns reported would be acted on. This was confirmed when we reviewed notifications that had been submitted to CQC and inspected records at the service of how safeguarding concerns were acted on when they had been reported by staff. This included reporting to the local safeguarding authority, investigation of the allegation and actions taken to minimise the risk of further harm, if required. The level of safeguarding reporting was similar to expected from CQC analysis of other similar services.

When we visited schemes staff asked to see our identification and likewise we saw this when other visitors attended whilst we were there. This minimised the risk of unauthorised people visiting people's homes.

We observed a robust system in place for the management of people's finances in accordance with the registered services policies and procedures. This included records of any transaction, obtaining receipts, verification of the financial transaction where possible, weekly checks by a senior member of staff and monthly check by the acting manager.

We checked and found systems were in place to manage risks to people so that they were protected, whilst at the same time respecting and supporting their freedom. The purpose of a risk assessment is to put measures in place to reduce the risk to the person and/or staff, so it is important these are completed and reviewed regularly so they balance the needs and safety of people using the service with their rights and preferences. For example, when we looked at care records we saw assessments were undertaken to assess and identify risks to people who used the service and to care staff who supported them. These included environmental risks and other risks associated with activities due to the health and support needs of the person. Examples included risk of falls and falling, swimming, accessing the community and using the trampoline.

We checked and found safe systems were in place for the recruitment of staff to ensure that fit and proper persons were employed through inspecting two staff files and ensuring appropriate information and documents were in place in accordance with Schedule 3 of the regulations. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. This included proof of identity, including a photograph, a full employment history and accounts for any gaps in employment, that checks had been made with previous employers where necessary to ensure satisfactory conduct in previous employment, satisfactory information about any physical or mental health conditions relevant to the person's capability to perform the tasks they are being employed for and a

Disclosure and Barring Service (DBS) check. The DBS identifies staff who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions or cautions noted against the applicant to enable the registered provider to assess their fitness to be employed.

We checked and found sufficient numbers of staff were employed to meet people's needs and from CQC analysis of other similar services we found staffing levels were better than expected and vacancy rates similar to expected. The registered provider told us they aimed to have staffing hours 10% above that required in order to cover for staff holidays and sickness and training, although they had not quite achieved this at all the schemes.

Discussions with people and staff confirmed there were stable staff teams at each supported living environment. They both shared there was a small staff team that worked with them and they worked at the same supported living environment. This meant the staff and people who used the service could build up relationships, as well as helping to ensure consistency when delivering care and support.

We looked at the systems in place for managing medicines. We saw there was a safe handling, management and administration of medication policy in place, which identified how medicines were to be managed safely, and when we looked in care records we saw the level of support that individual people needed was recorded in their care plan. This helped people to maintain their independence; where possible people were encouraged to manage their own medicines with minimal support from staff.

When we spoke with staff they told us they received training in managing medicines and had, had their competency assessed. This meant the service could be assured staff had been provided with the skills and knowledge to manage medicines safely.

We saw records were kept for medicines received and administered and found people were receiving their medicines as prescribed. Where medicines were prescribed on an 'as and when' needed basis, protocols were in place to guide staff on the signs and symptoms presented by people when the medicine may need administering.

We saw that where medicine errors had occurred, these were reported, investigated and action taken to prevent a reoccurrence.

Where people were prescribed patches, for example, for pain relief we saw there was no patch chart or body map for the administration of the patch. Such a chart would make clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate or incorrect application. The acting manager told us this had been identified and they were in the process of introducing these.

Is the service effective?

Our findings

We checked and found staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care.

We found new staff had undertaken an induction which included them completing the 'Care Certificate,' if applicable, along with other essential training. The 'Care Certificate' looks to improve the consistency and transferability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The induction process included regular support meetings and a full appraisal after six months to determine if probation had been successful and that staff were competent in their role.

Records we saw showed staff received training and the percentage of training completed by staff at each scheme ranged between 93 – 100%. Training was both e-learning and class room based. The training included equality and diversity, fire safety, first aid, food safety, health and safety, infection control, manual handling, Management of Actual or Potential Aggression (MAPA) medicines administration, capacity and consent, nutrition awareness, documentation and adult safeguarding.

Staff told us they received relevant training and that they felt competent in their role. Some staff told us they did additional training to further understand how to meet the needs of people they supported, but other staff felt this was not the case. Discussions with the acting manager told us where this was identified training was provided in a prompt way by their own training department and we saw evidence of this during the inspection, for example, they had arranged for additional learning around mental capacity and deprivation of liberty safeguards.

Staff told us that they received supervision and support from the management team. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Supervision sessions are individual meetings or observations of their practice with their line manager. Staff's comments were confirmed when we inspected a sample of supervision records. Staff told us support had improved over the last few months with the acting manager.

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 (DoLS) so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

Care records we inspected demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process and where they lacked capacity the requirements of the Act had been followed. Examples included, people's behaviour plans, alcohol and drug consumption, medicines, finances, diet, community safety when unwell and placements at the schemes. The acting manager understood that where decisions had been made in people's best interests, these needed to be fully documented.

Where there was information about who was a person's appointee or had power of attorney for a particular part of their care, there was not always documents and records to evidence this, which may mean important decisions could be made without the appropriate legal authority.

We found staff had completed training on the subject of MCA and DoLS, but some did not fully understand the legislation and how it impacted on the people they supported. The acting manager had already identified this through their quality assurance programme and arranged further training. In addition, information on this topic area had been included in the staff information handbook for 2017 – 2018.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. People were offered a varied and healthy diet, which was based on their preferences and dietary requirements. When we visited the supported living schemes we saw people chose what they wanted to eat and were encouraged to plan menus and shop for the food they wanted.

People had good access to healthcare services. We saw records of visits by and to health care professionals in people's care files.

Is the service caring?

Our findings

People we spoke with told us they liked living in their home and the staff that supported them.

Our observations told us staff delivered care in an inclusive way respecting people's wishes and preferences. We saw staff encouraged people to maintain their independence.

All staff showed concern for people's wellbeing in a caring and meaningful way when we spoke with them and they were passionate about their role. When we spoke with staff we found they knew people well.

We also found caring relationships between people who shared the houses at the schemes we visited. For example, one person during our visit noticed someone they lived with requiring assistance and they alerted staff to this.

Information in people's care plans demonstrated how they had been involved in the assessment and formulation of their care plan. Our discussions with people and observations at the schemes showed it was clear they maintained involvement with the plan. For example, everyone knew about their plan. Two people shared their plan with us and actively discussed aspects of their care within it. One other person was not happy to share their plan and staff respected their right to confidentiality.

Care files sampled contained details about people's likes and dislikes. They also outlined people's abilities, so independence could be respected and encouraged. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences.

We saw that people's privacy and dignity was maintained. Staff explained how they would maintain people's privacy and dignity by closing doors and curtains when supporting with personal care. We observed staff speak with people in a caring way and in a manner that was appropriate for each individual person. We also heard that staff knocked on people's doors before entering. This showed staff respected people. We checked with people that staff always treated them in this way and people confirmed they did.

Staff received training in respecting people and maintaining their dignity as part of their induction to the agency. Staff we spoke with described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

People were provided with information about advocacy services and some people had advocates that they spoke of. Advocates are people that are able speak up on their behalf and support them in decision making about aspects of their care.

Is the service responsive?

Our findings

We checked and found people received personalised care that was responsive to their needs.

In our discussions with people and in our observations of care delivery in people's homes we found they received personalised care that was responsive to their individual needs and preferences. One person was able to describe how one of their goals was to manage their behaviour in a better way. They explained this was because they knew it frightened other people they lived with and was not acceptable. Also, that when they were 'angry' this impacted on the activities they were able to take part in, in the community. They told us that with the support of staff the level of intervention had reduced from regular to minimal incidents and from restraint to intervention where staff prompted them to use the things that helped them to become calm again, such as going to their room for 'peace and quiet and time out'. They showed us where this was recorded in the support plan.

Staff were knowledgeable about people's needs, preferences and interests, as well as their health and support needs, which enabled people to receive a personalised and responsive service.

Staff told us care plans and risk assessments were in place and provided them with information to be able to care for people.

We looked at people's care records and found they contained good information about the person's needs, any risks associated with their care and their preferences. During our visits to the schemes people shared with us their care file and what information was in it. Care plans were written in a person centred way that gave staff clear guidance about how to support the person.

Monthly workbooks were completed with and for people to record what interventions had been completed by and for people in accordance with their plans of care. This enabled these to be noted by the next staff to come on duty to ensure there was a handover of important information relating to people's care.

Discussions with people and staff and inspection of people's care records showed the registered provider worked responsively with external professionals, such as social workers, occupational therapists and commissioners. We saw records were updated and care plans and risk assessments reviewed if necessary following any input from health care professionals.

People were supported to access the community and participate in activities and in our discussions with people they told us they enjoyed this aspect of their support, and were involved in the choices and decisions.

People were also encouraged to maintain contact with family and friends and supported with visits home and to attend events and holidays with them.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

We found the service carried out observations of staff in people's home to ensure they responded to people's needs as identified in their care plan. In addition, people were sent surveys to provide them with an opportunity to provide feedback about the service, so that the service could assess any improvements that might be identified.

On our visits to people's homes we saw in people's care files there was a client welcome pack that provided information to people about the service and was in a format that people understood. This included the complaints policy and procedure.

When we spoke with people they told us they knew how to complain but did not have any complaints about the service. It was evident from the comments from people and staff that they knew how to complain and felt confident that they would be listened to and their complaint acted upon. Staff told us if they received any concerns from people they would share the information with the team leader or the registered manager. They also told us how they would support people to raise concerns who felt unable to do so themselves.

Discussion with members of the management team demonstrated that complaints were taken very seriously.

We saw evidence of a working complaints procedure, where complaints were recorded, investigated and responded to.

Is the service well-led?

Our findings

We checked and found the service demonstrated good management and leadership and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The registered provider has approximately 296 registered services and approximately 81% of those are rated good.

The service registered this service with the Care Quality Commission (CQC or Commission) in March 2015. This was the first inspection of the service. At the time of our inspection the service had a registered manager in post, but another member of staff had been acting as manager since February 2017.

The registered and acting manager understood and met their responsibilities for sharing information with the Commission in regard to statutory notifications. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

It is a requirement for all organisations regulated by the Commission to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. The copy at the office required reviewing to ensure it contained all the details required by the regulations and the types of people they have told CQC they will provide a service to from this location.

When we spoke with people and staff they were positive in their responses of the management and leadership of the agency, particularly since the acting manager had started at the service. They were clear of the organisational structure at the service.

Staff told us they worked well as a team and felt much better supported in the last few months. Staff received a staff handbook which included information about the agency and other information they needed to access whilst working such as their roles and responsibilities and relevant policies and guidance.

There was also a staff magazine 'Huddle' with information shared by staff of the organisation including new developments, topic areas, such as diabetes and social events.

Similarly, there was a magazine for people who used the service 'Zest'. This included letters sent by people who used the service, activities and events in the community, people's experiences and reports of social events. These magazines helped to ensure that people involved in the service were kept up to date with events and news about the service

Regular staff meetings had been arranged since the acting manager began working at the service, to ensure good communication and learning of any changes or new systems and procedures. We saw the minutes of meetings that had been held. Staff we spoke with told us communication had improved and meant they

were better informed of any changes. There were also key worker meetings involving the people who used the service, which ensured people's voices were heard.

We saw company policies and procedures were in place to inform and guide people who used the service and staff. They had been reviewed and updated regularly to make sure they reflected current practice.

There were systems in place to monitor the quality of the service. Questionnaires were used to gain the views of people who used the service, relatives, staff and relevant professionals that were currently involved in people's care. The outcome of the last annual service review undertaken in February 2017 had been collated into one response and action plan. It had identified good quality support and individual support and teamwork as areas that were working well and staff shortages and communication as areas not working as well.

The service had a quality audit book, which was linked to regulations associated with each of the key questions of safe, effective, caring, responsive and well led. The service scored themselves against this and produced an action plan, identifying where improvements were needed. This was overseen by an operations manager who confirmed the outcome of the audit, adjusting the action plan where necessary.

We looked at the quarterly audit reports for the current quarter (April – June 2017). The percentage score across each of the key question areas at the schemes that had completed their audit ranged between 71 – 100%. Action plans had been commenced to address improvements, with some of these already completed. These included staff knowledge in regard to MCA and DoLS.

The company had also undertaken a quality audit in January 2017. The acting manager told us 58% of the actions had been completed. The percentage score had remained the same since the previous quality audit. This meant that whilst an action plan was in place and being monitored, the required improvements had not always taken place in a timely manner.

This meant the system in place to monitor safety and quality at the service and regulations was effective in practice.