Voyage 1 Limited

Voyage (DCA) North 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 on 23 November and 1 December 2016. We gave the registered manager 48 hours' notice of our visit so that people would be available to speak with us.

The last inspection took place on 10 and 22 September 2015. At that inspection Voyage (DCA) North Yorkshire we made two recommendations regarding staffing and quality assurance. We found that the overall rating for this service at the time to be requires improvement.

Voyage (DCA) North Yorkshire is registered to provide personal care to adults living with a learning disability. People are supported by staff to live in small groups in independent supported living schemes. Different levels of support are provided over the 24 hour period according to people's individual requirements. During our inspection the service supported 13 people who lived in four shared houses.

There was a registered manager. 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 improvements had been made. Additional staff had been recruited to ensure people received consistent care and this enabled them to take part in their individually planned activities and enhanced their overall well-being.

Staff had been trained in safeguarding topics. The registered manager had a good understanding of safeguarding processes and followed these in practice. Thorough recruitment processes were followed before staff started work. This reduced the risk of unsuitable people being employed.

Risk assessments and risk management plans were in place to protect people from avoidable harm. Assessments contained detailed guidance for staff about how to minimise the risk of harm whilst protecting people's rights and freedoms

Medicines were safely managed. Medicine records were completed correctly, and checks of these were undertaken on a regular basis. This meant if any errors were noticed they could be addressed quickly.

People were supported by well trained, skilled staff. Staff supervision, meetings and appraisals were taking place on a routine basis, which meant staff had the opportunity to reflect on and develop their practice.

We found that people were encouraged to exercise choice and control in every aspect of their lives. People were supported to make their own decisions wherever possible, and during our visit we observed staff supporting people to choose what they did with their time. 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.

There was access to a varied and balanced diet and people were encouraged to be involved in the planning and the preparation of their meals. People were supported to access their health care appointments to make sure they received appropriate care and treatment.

Good personal and professional relationships existed and we observed staff took care to maintain people's privacy and dignity. People told us that staff were caring, kind and friendly. We saw that staff were focused on the person and what was important to them.

Staff were knowledgeable about the people they supported. This was confirmed in the feedback we received about the service. People had comprehensive care and support plans in place. These guided staff on people's preferred approach to meet their care needs. For example, one person liked staff to pass them their medicines to take independently.

People were supported to follow their individual interests and pursuits including working in local community organisations. People understood how to make complaints and information on how to make a complaint was displayed.

There was clear leadership and management at this service. The registered manager was described as approachable and part of the team. Senior managers promoted the values of the service and we saw that they led by example.

The provider undertook a range of audits to check on the quality of care provided. People were encouraged to discuss future goals and aspirations and how they were going to achieve these.

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 received training on safeguarding and the registered manager had followed local protocols to ensure safeguarding concerns were investigated.

Additional staff had been recruited since the last inspection and staffing levels were kept under review.

Robust recruitment checks were followed before new staff began work. Staffing was provided in line with the contractual arrangements in place for each person.

People were supported to take their medicines safely and in the way they preferred.

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 and were trained to meet people's needs, choices and preferences.

People's rights were protected because the provider involved them in decisions made about their care. Where people could not consent, best interests meetings were held to ensure their view was taken into account.

People received food and drink to meet their needs.

People were supported to access appropriate health care to make sure their care and treatment needs were met.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were kind.

People's independence was promoted.

People's rights to privacy and dignity were respected. We observed positive relationships existed between people using the service and staff.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed. Care and support plans were kept under review and updated, to meet people's changing care needs.

People had access to a range of activities.

People knew who to speak to if they were worried or upset. They were confident that action would be taken if they raised a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager and wider management team demonstrated an open, person centred culture.

Effective management systems were in place to promote people's safety and welfare.

The quality of the service was monitored to ensure that shortfalls were identified and action taken to drive forward continuous improvement and provide high quality care.

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 23 November and 1 December 2016 and was announced. The registered manager was given 48 hours' notice because this is a domiciliary care service and we needed to make sure someone would be available at the office to meet with us and we wanted to ask people who used the service if they would be available to meet with us.

The inspection team consisted of one adult social care inspector.

Before the inspection, we received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC. We sent questionnaires to three people who use the service, three relatives, 14 staff and 11 community professionals. We contacted commissioners from two local authorities who contracted people's care. We used this information to plan the inspection.

During the inspection we visited the office and one of the shared houses. We reviewed 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. We looked at three support plans and associated documentation. We checked recruitment and training records for four staff. We spoke with four people who used the service. We spoke to the operations manager, the registered manager, and three support workers.

Good

Is the service safe?

Our findings

People told us that they felt safe and had good support from their staff team. Comments included, "I like it here." And, "I get worried sometimes, but staff help me." A social care professional noted, "If there are any problems I know [the staff] will respond straightaway."

Effective management systems were in place to log and investigate safeguarding concerns. Staff had received training in how to safeguard people who used the service, including the different types of abuse and how to report concerns. Up to date safeguarding and whistleblowing policies were in place. These provided guidance for staff about what action they needed to take to safeguard people from avoidable harm and how to raise concerns. Posters, "See something, say something" were displayed to inform people who used the service how to raise a concern. This was in an easy to understand, accessible format. Staff told us they would report any concerns immediately and one staff member confirmed that they had done so in the past.

The registered manager understood their role and responsibilities with regard to safeguarding and their responsibility to submit statutory notifications to CQC. We reviewed three safeguarding issues over medicine errors that the registered manager had raised with CQC. We saw that they had taken appropriate action to ensure people were safeguarded and that staff received appropriate supervision and training to improve their practice.

New staff had been successfully recruited to vacancies, thus relieving the staffing pressures reported at the last inspection. The registered manager told us that they kept staffing levels under constant review. They said staffing levels were adjusted as people's care needs changed in negotiation with the commissioners. In the service we visited, the staff told us that there was a stable staff team that provided consistent care. This was confirmed in feedback from health and social care professionals and in discussions with people who used the service.

We found that effective recruitment and selection processes were followed. Appropriate checks were undertaken before staff began work including two references and checks with the Disclosure and Barring Service (DBS). This service helps employers make safer recruitment decisions and prevent unsuitable people being appointed.

Newly appointed staff completed a probationary period and they were monitored to ensure they were working effectively. Wherever possible, the registered manager said that staff personalities and interests were matched with the people who used the service. This meant people were supported by staff with shared interests and experiences.

We saw people had a personal emergency evacuation plan (PEEP) in their care records. PEEPS were kept to ensure guidance was available if the house needed to be evacuated in an emergency. They took into account people's care needs. People confirmed they participated in planning their individual care and treatment in relation to the management of risks. Assessments were used to identify any risks to the person

using the service whilst minimising any restrictions placed upon them. These included environmental risks and any risks due to the health and support needs of the person such as falls and epilepsy.

Risk assessments included information about when people might become anxious or distressed and guidance on the correct staff approach on these occasions to help calm the situation and reduce the distress. One person told us they followed agreed strategies, which helped to reduce their anxiety levels. We checked the person's records and saw that these were also detailed in the person's support plan. This meant both the person and staff knew what action they should follow to ensure the person received consistent, safe care and treatment.

Staff were aware of the reporting process for any accidents or incidents and audits of incident and accident reports were undertaken to ensure action was taken to help protect people. All accidents and incidents were recorded and reviewed by the team leaders. The registered manager told us they analysed this information for any trends and themes so that action could be taken to reduce the likelihood of them recurring. This was confirmed in the records we checked.

Systems were in place to ensure a safe environment for people. These included health and safety checks of water temperatures, hoists and fire safety equipment.

We reviewed medicines handling and confirmed that people received their medicines in a safe way and people were protected against the risks associated with medicines. For example, for one person their medicines made them sensitive to sun burn and measures were in place to reduce the risk of this by the use of sun screen. There was a medicines policy in place and staff received medicine management training. Staff received training regarding specific care needs such as epilepsy. Where this applied, a protocol had been devised in consultation with the person's GP. This was kept on a 'Grab sheet' for use in case of emergency and we were told paramedics had commended staff on the use of this for one person who needed urgent treatment.

Good

Is the service effective?

Our findings

Staff were knowledgeable about people's care and support needs. One person who used the service said, "They [The staff] know me and they help me."

Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences. Newly appointed staff completed the Care Certificate in health and social care as part of their training, which covered a range of topics including autism and epilepsy awareness. The Care Certificate is a set of standards that social care and health workers stick to in their daily working lives. It is the minimum standards that should be covered as part of induction training for new staff. Staff told us that they were encouraged to put forward ideas for training opportunities and these were supported.

Since our last inspection a new registered manager had been appointed. The registered manager was undertaking supervision sessions with team leaders on a regular basis. Staff confirmed that they felt well supported by managers and they described positive working practices. Records confirmed all staff were receiving regular supervision and appraisal to enhance their skills and learning. This was confirmed in our discussions with the registered manager and staff. This showed us that staff were given the opportunity to discuss any training and development needs, together with feedback on their practice.

Staff completed mandatory online training in addition to the face to face training which included medicines, 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 this included the use of verbal de-escalation techniques to support people.

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. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In a supported living setting the Court of Protection is involved in decisions to restrict a person's freedoms.

We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of the processes to follow where it was felt a person's normal freedoms and rights were being significantly restricted. People had detailed mental capacity assessments in place. There was a clear record of how any decisions had been reached using best interest decision making processes. 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 individual's life. One example included the proposed use of electronic records to promote people's participation and involvement in record keeping. This was recorded and we could see people, their families and appropriate health and social care professionals were involved.

People were supported to have a healthy balanced diet. We saw one person preparing the evening meal with staff support using fresh ingredients. People's care records included nutritional care plans and identified actions such as the need for a reducing diet. These took account of people's food preferences but also of the need to maintain a balanced diet. People required different levels of support and we saw this was recorded in their care records. We observed one person preparing the evening meal with staff support and they told us they enjoyed cooking. Records indicated that other people required full assistance with all their meals and drinks, to ensure their safety. We saw that speech and language therapists (SALT) had been consulted to provide individual guidance and support as required.

Records showed people had access to a range of healthcare professionals such as the community learning disability team, psychiatrist and epilepsy nurses. In their feedback, healthcare professionals confirmed that the service always followed any professional advice given. 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 support. People had health action plans and these described the support they needed from health and social care professionals. Health action plans are used by hospital staff to provide people with complex needs and communication difficulties with the appropriate care on hospital admission.

Good

Is the service caring?

Our findings

People were positive about the staff and said they were kind. We observed positive relationships existed between people using the service and staff. This was confirmed in the feedback from healthcare and social care professionals.

Throughout our visit there was a welcoming, friendly atmosphere. We observed that people looked comfortable and at ease with the staff who supported them. Staff involved people in conversations and were patient giving people time to respond to questions Staff were knowledgeable about people's support needs and this was clearly detailed in their care plans. It was clear staff knew people well and had good relationships with each other and with the staff who supported them.

We observed staff encouraging people to undertake household tasks for themselves, which promoted their independence. This was done in a light hearted way and we saw staff were quick to help out where assistance was needed. Some people chose to spend time by themselves and we saw this was respected by staff.

Staff were enthusiastic about their roles and spoke positively when speaking about the people they supported. People who lived together socialised with each other and other people who also lived in supported living services. People told us that there was no restriction placed on visits to family and friends, and visitors were welcome anytime.

For people who had limited or no contact with their family we saw advocacy support was provided.

Staff confirmed people were encouraged to be independent and to maintain control in their day to day living. People's support plans focused on people's strengths and were used to highlight areas people might want to develop and identify ways of achieving these. One person told us they were hoping to move into their own flat and had written a list of things that was important to them such as accommodation that would permit a pet. Some people were employed within the local community. This meant people were supported to live as independently as possible.

Managers visited the individual houses regularly on an unannounced basis and observed staff approach and care practice. This was to monitor staff to make sure they were providing personal care with dignity and encouraging the individual to maintain as much independence as possible. The registered manager told us that these monitoring checks allowed any emerging issues to be quickly identified and addressed with the individual staff member to improve their practice.

People confirmed that staff listened to their views and acted upon what they said. Written information was made available in accessible formats, to promote people's participation and understanding. Examples included the use of pictures or symbols if people did not read or use verbal communication. We saw evidence of this displayed in the service we visited.

Good

Is the service responsive?

Our findings

Staff worked flexibly so that people could follow their individual interests and pursuits and lead a fulfilling life. We found staff were responsive towards people's needs and supported their relationships with their family and friends.

Care records were comprehensive and included information about people's health and dietary requirements, together with their likes and dislikes and preferred lifestyle. This information was used to develop support plans, which specified clearly how these needs were to be met. Each support plan had a one page profile which summarised the information and focused on areas such as, 'What people like and admire about me,' And, 'What is important to me.' Staff were knowledgeable about the people they supported and knew about people's life choices and care preferences. This enabled them to provide a more personalised service.

People's care was reviewed monthly to identify any changing care needs promptly, to ensure they continued to receive an effective and responsive service. Reviews focused on people's health, medicines, aspirations and contact with family and friends, together with any significant achievements for celebration. For example, we saw one person had won a prize for their baking. People confirmed that meetings were held with them to review their care and support needs.

People's care records included information about their social history and lifestyle choices. 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. Where possible people signed and dated their support plans, to show they were in agreement with the support plan that had been developed. The registered manager told us that for those people who were unable to consent to their support plans, best interest decisions were made in relation to care and support.

People told us they followed a varied range of activities including planned one to one activities, trips out and holidays. One person told us about their forthcoming holiday, which they were very much looking forward to. Other activities included bowling, gym and social community events held locally.

There was a complaints policy and people had easy read forms to complete to make complaints. This meant the service took into account individuals needs when making complaints. A complaint and compliments file was maintained and this included a record of any action taken in response to complaints. This was in line with the organisation's complaints policy. People told us they knew who to speak with if they had any concerns and said they would speak with family or with staff if they were worried or upset. A social care professional said that they would have no problems approaching the staff with any concerns and they confirmed staff had responded positively to minor issues they had raised previously. The registered manager outlined the process that would be followed in the case of complaint, which included head office scrutiny and oversight of any complaint investigations.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager in post. Since the last inspection a new manager had been appointed and they were registered with CQC in March 2016. The registered manager was fully aware of the need to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. We found that the registered manager had a highly visible presence in the supported living services. This was confirmed by people who used the service and the staff we spoke with. During our visit both the registered manager and the operations manager were present. It was evident that people who used the service knew them well and were comfortable and at ease in their company.

The arrangements for quality assurance within the service had been reviewed and among other things, the registered manager was monitoring staff levels and recruitment. In addition to the registered manager, there were two team leaders each responsible for services at two of the houses. Team leaders provided day to day management support within the service and supervised staff. The registered manager told us that they had nominated specific staff within the service to champion health and safety, dignity and training. This gave individual staff members a responsibility to drive forward improvement in these areas and to ensure staff were kept up to date on best practice.

People confirmed that the management team was open and approachable and we observed staff and managers communicated openly with each other. In their feedback to CQC staff confirmed they were well-supported and had regular staff meetings, supervision and appraisals. This gave staff the opportunity to reflect on their practice, discuss complex cases and share professional ideas. Staff we spoke with understood their role and responsibilities and we observed a positive culture within the service. There was a strong focus on person centred support and the staff demonstrated a clear commitment to providing high quality, compassionate care.

Our observations and discussions with the registered manager showed us that each person was encouraged to retain control of their life and be actively involved in any decisions. We saw information was provided to help staff support those people who found it more difficult to have their voice heard in the way they would like. This included the 'See something. Say something' form to enable people to raise a concern. Staff told us that they watched people's body language and non-verbal cues to allow staff to determine what the individual wanted. The registered manager told us they are looking at how they can improve record keeping and ensure people they support are more involved in this and in support planning.

Audits were used to monitor service provision and to ensure the safety of people who used the service. Where staff supported people with their medicines and finances they completed monitoring checks daily. We saw this happened when we visited one service. Further audits were undertaken weekly, monthly, quarterly and annually. These covered the environment, medicines and care documentation. The registered manager confirmed they analysed the results monthly, which enabled them to identify any emerging themes or trends and take action.

In addition to these checks, the operations manager completed unannounced spot checks in services. The registered manager told us that any themes or trends identified would result in an action plan, to include timescales for action and the progress monitored. We reviewed a spot check undertaken in June 2016 and this included advice given and timescales for actions. Staff signed to show they had read and understood the report and the actions required.

The provider collated information they received from the annual service reviews. They used information received through these, together with people's comments from review meetings, compliments and complaints to look at improvements to service provision. We looked at the annual service review for one of the supported living services. This contained positive feedback regarding people's one to one support, activities and social experience. In their feedback people said they liked being supported to go out and being able to have their friends visit. They said they could make choices and the staff were friendly.