Voyage 1 Limited

Voyage (DCA) Warwickshire

Inspection report

Stretton Lodge
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Nuneaton
Warwickshire, CV10 9NY
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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?	Requires improvement

Overall summary

The inspection was announced and took place on 31 December 2015 and 4 January 2016.

Voyage 1 Limited, is a large provider of care services. Stretton Lodge, is Voyage 1 Limited's office for its 21 domiciliary care and supported living services provided to people living in Nuneaton, Warwickshire and Stratford upon Avon. The agency provides personal care and support to 41 people in their own homes. The length of care and support hours provided depends upon people's individual needs, and ranges from 4 hours per week to twenty-four hours daily supported living.

There was a registered manager in post. 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.

Staff understood their responsibilities to keep people safe and protect them from harm. Staff understood how to raise concerns if following the provider's safeguarding

Summary of findings

and whistleblowing policies. The registered manager assessed risks to people's health and welfare and people's care records included the actions staff should take to reduce the risk of harm to people.

The provider had faced some challenges with recruitment which meant that agency staff were used to cover a weekly average of 276 care and support hours of the total 3437 weekly care hours provided to people. Plans were in place to recruit further staff to fill the remaining six care staff vacancies.

People told us they had their prescribed medicines available to them and staff supported them to take them. Staff had received further training to refresh their knowledge in the safe handling, administering and recording of people's medicines.

Staff read people's care plans and received an induction and training so that they were able to effectively meet people's needs. Staff felt improvement had been made to the level of detail in people's care plans and provided them with the information they needed.

The registered manager and senior staff understood their responsibility to comply with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Some people supported had complex needs and we saw their families and other health care professionals were involved in making decisions in their best interests.

People were supported with their grocery shopping, to prepare meals and to eat and drink according to their needs. Staff supported people to access healthcare appointments to maintain their wellbeing.

Staff knew about people's individual likes and dislikes and how they liked to spend their time. Staff were described to us by people as kind and caring. People's care records told staff how to promote people's independence whenever possible.

People and their relatives were involved in planning and reviewing care and support. Care was planned to meet individual needs and was person centred.

People's feedback on the service provided had not been sought by the provider. However, people were asked by staff if they were happy with the care and support they received. People and relatives told us they felt they could raise concerns or complaints if they needed to.

Concerns had been shared with us from the local authority about the provider and we received notifications. These concerns related to a high number of medication errors, medication recording errors and lack of detail in people's care records. The provider had worked closely with the local authority to agreed action plans to implement improvement. Some improvement had been made and further improvement was planned for.

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?
The service was safe.

People felt safe with staff in their homes providing their care and support. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing. The provider had completed all the required pre-employment checks on staff to ensure they were suitable to provider care and people would be safe. People were supported with their prescribed medicines from trained staff where needed.

Good

Is the service effective?
The service was effective.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs. Staff explained to people what they were doing and gained their consent. Staff supported people with their food and drink f required. People were supported to attend healthcare professional visits if needed.

Good

Is the service caring?
The service was caring.

People and their relatives told us that staff were kind and caring toward them or their family member. People and their representatives were involved in planning their care and participated in reviews of their support. Staff treated people with dignity and respect. People's independence was promoted wherever possible.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed and staff had the information they needed so they could be responsive to people's preferences about their daily routine. People and their relatives told us that they knew how to make a complaint if needed.

Good

Is the service well-led?
The service was not consistently well led.

The provider's had systems to monitor the quality of the service provided to people had not always been effectively used and sufficient action had not been taken to implement improvement. However, a new management team, systems and plans were in place to make improvement and seek feedback from people on the quality of the service provided. Staff were supported through training and meetings.

Requires improvement

Voyage (DCA) Warwickshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 December 2015 and 4 January 2016 and was announced. The provider was given short notice because the location provides a domiciliary care and supported living service; and we needed to be sure that someone would be available to spend time with us. One inspector carried out this inspection.

The provider completed a provider information return (PIR). This is a form that 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 information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The local authority informed us that the provider had agreed to a voluntary suspension on providing further care and support to new people whilst improvement was implemented .The suspension was implemented during Autumn 2014 and remained in place at the time of our inspection. We reviewed statutory notifications received from the provider about, for example, medication errors and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with seven people that used the service and five relatives who told us about their family member's experiences of using the service. We spoke with five care workers and three senior staff, the quality compliance manager, the registered manager and the regional director for the service. We reviewed a range of records, these included care records for four people and their medicine administration records. We reviewed four staff induction, training, support and employment records, quality assurance audits and the progress the provider had made on implementing the agreed action plan; with the local authority, for improvement.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff supporting them. One person told us, "I'm really happy with my carers, they make me feel safe." Another person said, "The staff look after me, I'm safe with them."

Staff understood what constituted abuse and their responsibilities to report this to the team leaders or managers based at Stretton Lodge office. One staff member told us," If I had any concerns I would report it to the office. I believe they would investigate. If I was still worried, I'd report my concerns to you at CQC or the local authority." Staff knew who to go to within the organisation if they thought the concerns raised had not been acted on.

The quality compliance manager told us the office was open during usual business hours and offered support to staff if needed. When the office was closed there was an 'out of hour's on-call' system which could contact if support was needed. Staff confirmed they had this telephone to contact the on-call staff member for support if required.

Staff knew about risks associated with people's care and told us there were copies of risk assessments in peoples' homes for them to read and follow. One staff member explained, "The risk assessments are now far more detailed. They give us better information." Another staff member said, "It is my job role to keep [Person's Name] safe. This includes how I undertake tasks such as who I allow into their home and how I use equipment to support them. I feel the information given to us, as staff, is good."

Care records contained risk assessments and showed care was planned to take into account and minimise risk. However, we found one person's care record including their risk assessments was not available in their home for staff to read. The quality compliance manager explained the reason for this and agreed to action this so that staff had key information available to refer to if needed.

Staff we spoke with told us they had worked for the provider for over one year and had been recruited by the previous provider. They recalled they had an interview and employment checks were undertaken before they started to work with people. We looked at four staff employment records and saw one was for a recently recruited staff member. This confirmed the provider had undertaken employment checks to make sure the staff member was of suitable good character to work with people. We saw checks included references and disclosure and barring service (DBS) certificates being received by the provider. The DBS is a national agency that keeps records of criminal convictions.

People told us they felt there were enough staff to meet their needs and most had the same staff to provide continuity of care and support. People told us staff arrived on time. One person said, "My carer is very punctual." Another person told us, "My carer turns up on time, like clockwork." One relative told us, "I would like my family member to have more continuity with the staff that supports them." The registered manager told us they had experienced challenges in recruiting staff and used agency staff to cover care and support hours for people. They explained to us that further recruitment was planned for and whilst agency staff were used they made every effort to use the same agency staff member with people so that some continuity was given.

Some people received support to take their medicines. One person told us, "Staff always help me with my medicines every day." Staff told us they had received training to administer peoples' medicines safely, and had been checked to ensure they did this safely (competency checks). One staff member told us, "There have been some changes to the medication training. Mecication errors had been occurring, so we now complete the on-line training but also taught training as well and have regular observations to check we do things right." Training and competency check records confirmed this to us. The quality compliance manager explained that the newly appointed 'clinical lead' senior staff member would be responsible for further planned refresher training updates for staff administering people's medicines and competency checks to ensure the safe management of medicines.

We looked at one person's medicine administration record (MAR). We saw their photograph was on their MAR and details of all their prescribed medicines. Staff had signed correctly to record when medicines had been given. We saw MAR codes had been used correctly to record, for example when 'as required' medicine had been given to the person and details of why this had been given had been written on the MAR, as required.

We looked at some checks completed on people's MARs by senior staff. We found two instances where the checks had identified medicine recording issues, the staff had followed through on the issues but the outcome of their

Good

Is the service safe?

investigations had not been recorded. We discussed this with the senior staff member and they agreed to record any actions to their MAR checks before they were sent to the office where further medication audits were completed.

Good

Is the service effective?

Our findings

People and their relatives told us they felt their family member's needs were met by staff that had the skills they needed for their job roles. One person told us, "My carer is very good. They have built up my confidence so that I can go outside. They understand me and my condition. I've been scared to go outside but with them I feel safe to do so." One relative told us, "We are thrilled with staff and feel they are 100% effective and have the right skills for the job."

Staff told us they completed a comprehensive programme of training to support them to meet people's needs. Staff said they completed an induction when they first started their employment and also worked alongside more experienced staff to get to know people well before they worked unsupervised. A relative said, "I don't always feel the staff have all of the right knowledge about my family member's specific conditions when they start supporting them. They learn from my family member, other staff and perhaps us as relatives. It would be good if perhaps their initial training contained a bit more about individual's specific conditions." A few staff told us they preferred group taught training sessions rather than the electronic on-line training. One staff member told us, "I have mentioned I prefer face to face group taught sessions and there have now been some of these provided. I feel I learn more and they are better at assessing our knowledge. We can also ask things as well." The quality compliance manager told us they offered a mixture of training sessions and styles of delivery to meet staff learning styles.

Staff told us that their knowledge and learning was monitored through a system of supervision meetings and 'observation competency checks' on their practice. Staff said they had individual meetings with their team leader and staff team meetings that provided an opportunity for them to discuss personal development and training requirements.

The MCA and DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves.

Staff we spoke with had some understanding of the principles of the MCA and how this impacted on their practice. One staff member gave us examples of how they sought consent from people before undertaking personal care tasks. They told us, "I cannot force people I support to do anything." Another staff member told us, "I took [Person's Name] for a blood test and they refused to allow the nurse to take blood. I asked the nurse if I could have some time with [Person's name] and I explained to them, in a way they understood, why the nurse needed to take blood. I could not consent on behalf of the person but could explain to them about the process. After a short time they consented and held their arm out for the nurse."

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The quality compliance manager told us that at the time of our inspection no one was being deprived of their liberty. One senior staff member gave us examples of when they would make an application for a Deprivation of Liberty Safeguard (DoLS) which demonstrated they understood their responsibilities under the MCA and DoLS.

Some people required support with food preparation or assistance to eat and drink and this was recorded in their care plan. One person told us, "My carer is a good cook. We go shopping together and I also help with some cooking." Staff knew how to monitor and manage people's nutrition and hydration if this was required.

Staff gave us examples of how they supported people to healthcare appointments if required. One staff member told us, "I take [Person's Name] to mental health care appointments on a regular basis." Another staff member said, "The person I support has the district nurse visits twice every day to give them their insulin injection. I've got their contact number so if I am concerned about the person, I can give them a call for advice." Care records confirmed the staff involved other health professionals with people's care when required including GPs, chiropody services and dental services.

Good

Is the service caring?

Our findings

People and relatives told us they felt staff were kind and caring. One person told us, “I am happy with the staff. They help when I need helping with things.” Another person said, “The staff are good to me, they are kind.”

Staff gave us examples of how they cared for people. One staff member told us, “I always put [Person’s Name] at the centre of what I do. For example, we plan the day according to what they wish to do and how they wish me to support them.” Another staff member said, “I’ve worked with the same people for over two years. They are like my extended family.”

Staff maintained people’s privacy and dignity was maintained when they provided support with personal care tasks. One staff member told us, “It’s a ground floor flat, so I always make sure the curtains and doors are closed to.” Another staff member said, “Often [Person’s Name] has visitors, so I make sure I take their clothes to the bathroom to support them there rather than they walk from the bathroom to their bedroom.”

People’s care plans were personalised. We saw they contained information about their likes and dislikes, people that were important to them, their care and support needs and how their independence should be promoted. Care staff told us they felt the information in people’s care plans had improved ovewr recent months. One staff member told us, “The care plans are now much better. They help us to be more caring because they give more information about people.”

Relatives told us that their family member appeared relaxed in the company of staff. One relative said, “Staff bring [Person’s Name] to visit me at my home. They get on really well. They are more like friends.”

People and their relatives told us they were involved in planning their, or the person’s care. One relative said, “We recently attended a care review meeting. It was overall positive. One small thing that could be improved upon is feedback from the care review. For example, we were involved in discussing a chiropody appointment, but don’t know if it happened.” We discussed this with the registered manager they told us the action agreed had taken place. They asked staff to update the person’s relative. Another person’s care record showed the person had been involved in planning their care and had signed their care plan.

We saw people’s care records described how staff should promote people’s independence. For example, we saw one person’s care record told staff, ‘Do not let [Person’s Name] feel you are in charge.’ The care record was written in this way because the person liked to feel in control of their own life. Staff gave us examples of how they did this with people they supported. For example, one staff member explained, “The people I support can make do things such as cooking, but I need to give prompts for each stage of the task. This makes them feel in control and also promotes their independence.”

Good

Is the service responsive?

Our findings

People we spoke with felt the care they received was personalised to their individual needs. One person told us, “I am really happy with my care. Everything is smooth. If I was worried about anything at all, I’d tell my carer.”

Care planning was centred on the individual and their personal needs. All of the people and relatives spoken with told us they were involved in the initial planning of care and support. We saw, whenever possible, people had signed their care plan. The quality compliance manager explained to us that some people were not able to sign their care plan but were involved in the planning and reviews of their care and support. One relative told us, “We are always invited to care reviews and feel involved as a family. We discuss whether there are any changed needs to my relative’s care plan.”

The registered manager told us wherever possible people had the same staff providing their care and support. Of the 41 people supported, many required 24 hour supported living services with a team of staff covering shifts. Some people required less support, or their care and support was shared with other providers. The service used an electronic call monitoring system to check scheduled visits to people took place as agreed. The system alerted the office if staff had not arrived at a person’s home within the designated time. Office staff could see on the system the times staff arrived, and left people’s homes, and would contact the staff member concerned if they received an ‘alert’ that staff had not arrived at the person’s home.

People felt that staff had a good understanding of their needs. One person said, “The carers know me well and what to do. I have no worries.” Staff we spoke with had good understanding of people’s care and support needs and told us they had time to read care plans. They said there was detailed information in care plans to inform them of what support people needed.

We looked at four people’s care records. We saw that care plans provided staff with information about the person’s individual preferences and how they wanted to receive their care and support. We saw where people lived with epilepsy, there was information about seizure ‘trigger’ factors. We saw a few care records did not always include general information about people’s health conditions, such as diabetes. We discussed this with the quality compliance manager and they explained their provider intranet contained resources that staff could access for information. However, they agreed it would be useful to have paper-based information in care records as well so staff could refer to information if needed.

People told us staff asked them on a regular basis if they were happy with their care and support. All of the people we spoke with told us they had no concerns or complaints about the service. One person told us, “If I had any complaints, I’d tell staff.” All of the relatives told us they knew how to make a complaint if needed.

Requires improvement

Is the service well-led?

Our findings

All of the people spoken with told us they were happy with the service provided to them. One person said, "I do like Voyage Care overall." One relative told us, "We are thrilled with the service."

The registered manager told us they had commenced their employment with the provider in June 2015. They understood the responsibilities of their CQC registration and notified us of the important events as required by the Regulations. Most people and relatives did not know who the registered manager was, but did know their staff team and team leader. All of the staff knew that the managers could be contacted, if needed, at the service's office at Stretton Lodge.

Prior to our inspection visit, we were aware fr4om notifications sent to us and what the local authority had identified, that there were a high number of medication errors and recording errors reported. There was also insufficient detail in people's care records. Audits of series had taken place during 2015, however, actions to implement improvement had not always taken place. Quality assurance systems had not always been used effectively to check on the quality of the service. For example, from January to September 2015, issues identified in audits had not bene acted on. Neither had the provider sought feedback form people who used the service since 2014.

We saw that audits between September and December 2015 were effective and identified acons required for improvement were reviewed. The director told us they were intending to seek people's feedback about the service provided during January and Febraury 2016. The quality compliance manager explained that any actions identified from people's feedback would form an action plan for further improvement.

The provider had also made changes to the management team. A new 'clinical lead' post had been recruited to and we were told the quality compliance manager was going to spend four weeks providing support to the registered manager to continue to improve the services provided. The registered manager told us, "I have been working closely with the local authority to implement agreed actions to improve. I feel the local authority have been supportive toward me." The local authority had asked for an action plan from the Voyage to tell them how they (the provider) were going to make improvement to the concerns identified by them (the local authority). The registered manager told us they felt the current support in place from the senior management team would enable all ongoing and planned improvement to be fully implemented.

We looked at a recent action plan dated 14 December 2015 which identified numerous actions for further improvmenet and specified who was responsible for the action. We saw dates for completion were scheduled for February and March 2016. The provider had acknowledged shortcomings in their own quality assurance systems and had taken action to strengthn their management team to ensure effective quality assurance of the services provided.

A strategy had been put into place to ensure staff informed senior staff of the safe administration of people's medicines. During December 2015 this strategy had reduced the number of medication errors and recording errors. We saw the provider had given refresher training to staff administering people's medicines and had a comprehensive system in place to assess staff competency on an on-going basis. Where possible, the provider avoided the use of agency staff administering people's medicines. The regional director explained to us the staff member newly appointed to the post of 'clinical lead' would continue to audit and improve systems to ensure people safely received their prescribed medicines.

The registered manager told us 17 complaints had been received during 2015. We saw 15 had been satisfactorily resolved and 2 were currently being investigated. We saw complaints were analysed for any similar themes.

A few relatives and staff told us they felt further improvement could be made with communication. One staff member said, "Things have improved under Voyage, but communication between staff teams and from the office to staff teams could be better." A relative also told us, "One improvement could be around communication; feedback from care reviews to family members would be good." The director, quality compliance manager and registered manager told us communication had been identified as an area for improvement, although they felt some improvements had already been made. We saw a 'Monday Morning Meeting' took place and was attended by senior staff and the registered manager. The registered manager told us the purpose of the meeting was to plan the week ahead and, for example, to identify people's

Requires improvement

Is the service well-led?

healthcare appointments and ensure people were supported to go to these. The director told us about further plans, during January and February 2016, to meet people and relatives to improve communication and gather feedback.

We found accidents had been recorded during 2015 but no overall analysis had taken place to look for any trends or patterns. The registered manager told us, "I receive the completed forms and read these and sign them off. If actions were needed, such as a review of a person's risk assessment, I would have actioned it." The quality compliance manager showed us plans were in place for 2016 to complete an analysis of accident and incident records.

The registered manager told us there had been two missed calls to people during 2015. We saw office staff at Stretton Lodge monitored visits took place to people using a call monitoring system (CM2000). A protocol had been introduced to ensure the effective use of the call monitoring system so that visits took place at the agreed times to people.

Staff told there was an on-call system in place if they needed support and most said they felt supported in their roles. A few staff told us they would like more frequent contact with a senior staff member visiting the service. We discussed this with the quality compliance manager and registered manager. They told us some changes to team leaders had recently taken place and planned visits to services would take place. We saw a schedule of team meetings was planned for 2016. The registered manager explained to us that different times were offered to staff so they could attend meetings.

We looked at four sets of care records and saw these were person centred. The registered manager told us they had worked to make improvement to people's care plans, although the quality compliance manager told us not everyone's care plan had yet been improved. For example, not all care plans for people in supported living had a completed 'health action plan', however, we saw a plan was in place to do this in a timely way.