

Voyage 1 Limited

# Voyage (DCA) Scotia House

## Inspection report

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28 February 2018

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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 was carried out on the 26 and 28 February 2018.

This service provides care and support to people living in 'supported living' so that they can live as independently as possible. This comprised of 11 independent flats contained within one building with communal lounges and management offices based at the location. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection 11 people were receiving support from Voyage (DCA) Scotia House.

There was a registered manager in post who was present during our inspection. 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.

We carried out an unannounced comprehensive inspection of this service on 9 June 2016 and breaches of legal requirements were found and we rated the service as Requires Improvement overall. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to Regulation 12, safe care and treatment and Regulation 17, good governance.

We undertook a focused inspection in October 2016 to check that they had followed their plan and to confirm that they now met legal requirements. At that inspection we focused on the key questions, is the service safe? And is the service well-led? At that inspection we found that they were meeting the legal requirements but improvements were still required in these two key areas.

At that time these topic areas were included under the key questions of safe, responsive and well-led. We reviewed and refined our assessment framework and published the new assessment framework commencing from 1 November 2017. Under the new framework these topic areas are included under the key questions of safe, effective, responsive and well-led. Therefore, for this inspection, we have inspected these key questions and also the previous key question to make sure all areas are inspected to validate the ratings.

At this inspection we found that improvements had been made and we rated the service Good.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People were supported by enough staff to safely assist them. People received help with their medicines from staff who were trained to safely support them. When errors occurred the provider had systems in place to investigate and take action to minimise the risks to people.

The provider followed infection prevention and control guidance. The provider undertook regular checks on equipment that people used to ensure it was safe and well maintained. The provider completed pre-employment checks on staff before they started work to ensure they were safe to work with people. The provider had systems in place to address any unsafe staff practice.

People received care from staff members that had the skills and knowledge to support them and to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to those they supported and any additional training needed to meet people's requirements was provided.

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

Staff received support and guidance from a management team who they found approachable, knowledgeable and supportive. People, relatives and staff felt able to express their views and felt their opinions mattered.

People had positive relationships with staff members who knew their individual likes and dislikes and who assisted them in a way which was personal to them. Where possible people were involved in decisions about their care and had information they needed in a way they understood.

People had their privacy and dignity respected and information personal to them was treated confidentially. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider had regular contact with those they supported to gain feedback in the service they provided and to make changes where necessary. People and relatives felt confident they were listened to and their views were valued. The provider had effective quality monitoring systems in place to identify and drive improvements to the service they 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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs of abuse and knew what to do if they had concerns.

Staff members knew how to minimise the risks of harm associated with people's care. People were safely supported to take their medicines by staff who were competent to do so. The provider followed safe practice when recruiting new staff members.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People had access to healthcare to maintain their wellbeing.

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them. People's diversity was respected by staff members.

People's personal information was kept confidential by staff members supporting them. People were supported at times of upset and anxiety.

### Is the service responsive?

Good ●

The service was responsive.

People, and where appropriate their relatives, were involved in their assessments of care. People received care from staff members who knew their individual preferences. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns. People were provided with information relating to their care in a way they understood.

### Is the service well-led?

Good ●

The service was well led.

People, and relatives, had regular contact with the registered

manager and found them approachable and supportive. The provider had systems in place to monitor the quality of support given and to make changes when needed. People, relatives and staff members felt involved in the service provided and felt their views mattered.

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# Voyage (DCA) Scotia House

## 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 26 and 28 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the service supported younger adults in their own homes who are often out during the day. We needed to be sure that they would be in.

The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law.

We reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we met with two people using the service but they were unable to communicate with us verbally, therefore we were not able to gain their views on the support they received. We spoke with five relatives, four care staff, the registered manager and operations manager. We looked at the care and support plans for three people including risk assessments and medicine administration records. We confirmed the safe recruitment of two staff members and looked at records of quality checks completed by the provider.

## Is the service safe?

### Our findings

At our last inspection, published in November 2016, we focused on the key questions is the service safe, and is the service well-led. At that inspection we found that improvements were needed in order to keep people safe. At this inspection we found improvements had been made.

Relatives told us they felt their family members were safe and protected from the risks of harm associated with their care and support. One person said, "They (staff) are very adaptable and will always change their practice in order to keep [person's name] safe." Staff members we spoke with were aware of the risks to people who they supported. For example, one staff member said, "When out in the car we have to be aware of where people sit in order to keep them and us safe when driving." We saw that risk assessments in place protected people from risks associated with their needs and their environment.

Staff members had received appropriate training on the use of mobility and moving and handling equipment and had been assessed as competent to safely support people. We saw individual assessments of risk including skin condition, eating, drinking and mobility. People had individual personal emergency evacuation plans in place in case of emergency situations for example, a fire. These plans detailed what staff members and the emergency services needed to know when helping people out of their own homes in such situations.

The provider, in conjunction with the landlord, completed regular health and safety checks to the property including fire safety checks and window restrictors. When faults or concerns were identified these were rectified in order to keep people safe. The provider had systems in place to identify repairs which had not been corrected within a reasonable time period and took action to escalate the concerns.

Staff members knew how to report incidents or accidents and these were monitored by the registered manager. Any reported incidents were also overseen by the provider's operations manager and the provider's health and safety team. This was to ensure the appropriate action had been completed and to advise if anything additional was required in order to keep people safe.

We saw that the provider followed infection prevention and control guidance when supporting people. Staff members we spoke with told us that they had access to personal protection equipment including gloves and aprons when needed. The provider completed regular infection prevention and control checks in people's flats and in the communal areas.

People were protected from the risk of abuse and discrimination by staff who knew how to recognise and report any signs of abuse. One relative said, "I have nothing negative to say about this at all, they (staff) are very professional and have [person's name] best interests at heart." Staff we spoke with told us they would report any such concerns to the registered manager. In addition staff members knew how to report concerns to the local authority, the police or to the Care Quality Commission in order to keep people safe. We saw the provider had made appropriate referrals to the local authority in order to keep people safe.

People received support from a consistent staff team who knew their individual needs. One relative said, "We went through a period of instability where there were a lot of agency staff members. However (provider's name) has greatly improved and there is a consistent staff team. Some have been there for years." Staff members we spoke with believed there were enough staff available to support people safely and how they wanted.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable individuals from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action.

We looked at how people were supported with their medicines. Relatives we spoke with told us they were happy with the support their family members received. Staff members told us they received training and were assessed as competent and safe to support people with their medicines. Regular checks were made by the registered manager to ensure staff members followed safe practice.

We saw there was guidance available to staff members on how to support people with "as required" (PRN) medicines. This included the signs of discomfort the person may be expressing and what to do as a result. When PRN medicine, including creams, was used we saw staff members accurately recorded these on the medicines administration record. The provider completed quality checks regarding the medicines people received in order to confirm staff followed safe practice when supporting people. We saw one staff member identify a potential medicine error. The staff member undertook checks to ensure the person had received their medicines as directed. They went on to confirm that the error was administrative and took action to rectify the omission.

# Is the service effective?

## Our findings

At a previous inspection published in October 2016 we found that improvements were needed to ensure that people's health and wellbeing was monitored and managed effectively. At this inspection we found improvements had been made.

Relatives we spoke with believed the staff members supporting their relatives were skilled and trained to a good and competent standard. One relative said, "I think they (staff) have the right skills. They are specifically skilful with mental health and responding quickly to any changes." Staff members we spoke with told us that they had access to training suitable to the needs of those they supported. This included basic introductory training for instance, moving and handling, first aid and medicines. One staff member said, "We had dysphagia training to help us support those with swallowing problems. It helps you understand the issue and what to do to prevent any harm coming to people. This can include prompting people to sit in a certain position when eating."

Staff members new to their role with Voyage (DCA) Scotia House undertook a structured induction with the provider. This included working alongside more experienced staff members to see how people liked to be supported. One staff member said, "You spend the first week or so working with others just to get used to how people like to be supported. After this you meet with the manager and see how you have got on. I didn't feel any pressure at all to work on my own. It was only when I felt comfortable and competent that I did."

New staff members, who had not had experience of working in care, were supported to complete the Care Certificate. The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them.

People were assisted by staff members who felt well supported by the management team and by the provider. One staff member said, "I feel that I still have a lot to learn in this job. The management are great and there are no silly questions. Everyone here is supportive and I can go to anyone for advice and guidance." Staff members told us they had regular one-on-one sessions with a member of the management team. It was during these meetings that they could discuss aspects of their work and personal development.

Staff members had the skills to effectively communicate important information between themselves, the person they supported and anyone else involved in their care. One relative told us, "We are kept fully informed about any changes or issues with [person's name] care. However, communication is a two way process and we shouldn't always rely on them (staff) contacting us. Whenever we call they give us a complete update on anything we would like to know. I can't fault them." We saw staff members sharing appropriate information between themselves when new staff members came on shift. Updates on people's support were provided along with any additional assistance they may require as the day progressed.

We spoke with relatives about how their family members are involved in making decisions about the care and support they received. Those we spoke with told us they believed their family members had options

available to them on how they wanted to be assisted. One relative said, "[Person's name] takes part in a lot of activities and staff encourage them to have new experiences all the time. However, this is up to them if they want to engage or not. It's their choice always and staff will support them to make a decision and not make it for them."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for these are called the Deprivation of Liberty Safeguards (DoLS). Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We looked at how staff members obtain consent and permission to support someone with their care. One staff member said, "Sometimes the decision made is communicated to us non-verbally. This can be a look or a movement. Something as simple as pulling the duvet over your head indicates that they are not ready to get up just yet. In these instances we respect the decision made. We will then return later and further prompt until they make the decision that they want support."

People were supported to eat and drink enough to maintain good health. One relative told us, "Person's name] has struggled with their weight over the years. They (staff) really try to support them to be healthy and to stick to a good diet." Staff we spoke with told us they encourage people to be as involved in the creation of their meals as possible. This included preparing meals and devising a meal plan for the week. We saw people's weights were monitored appropriately and additional support was sought when concerns about unplanned weight gain or loss was identified.

People had access to additional healthcare services, including GP, district nurses, community psychiatric nurses and occupational therapists, if needed, and were supported to maintain good health. We saw records where staff members had identified changes in people's needs and promptly made referrals for additional healthcare support.

## Is the service caring?

### Our findings

At a previous inspection, published in October 2016, we found that improvements were needed to ensure that staff understood how other factors had an effect on people's care. At this inspection we found that improvements had been made.

Relatives we spoke with described the staff members supporting their family members as, "Fantastic," "Proactive," and "Caring." One relative said, "I can't fault any of them (staff). They are so proactive in the support they provide. They can anticipate any changes and respond to them brilliantly. I am very pleased with the support they give to [relative's name]."

At this inspection we saw staff members chatting with people and responding to them in a kind and empathic way. We saw one person required assistance with a personal care need. The staff member responded to them promptly. The person was asked if they needed any help before the staff member supported them. The staff member and person shared a joke and the support was discreetly delivered. The staff member then spent some time with the person afterwards and spoke about what they were going to do. We saw staff members were focused on the needs of people and not on tasks. This included their emotional, educational and aspirational needs in addition to any physical care needs they had.

Relatives told us their family members were encouraged to be as independent as they could be. One relative said, "They (staff) encourage [person's name] to build on their skills. This included cooking and also in keeping their home clean and tidy. They (staff) do not just automatically do everything for them but encourage them to do it as well." Staff members we spoke with told us that they go into people's home to assist them and not to do everything for them. One staff member said, "If we just took over then the person becomes deskilled. That it not what it is about."

People had their diversity respected by staff members providing support. Staff we spoke with told us of specific methods of supporting people in order to comply with their wishes. One staff member told us, "It is difficult to support people to identify and follow a specific religion if they are not able to make an informed choice. We look at their spiritual needs as a whole. This can include buying flowers to remember a loved one who has died and supporting them at such times."

Staff took the time and opportunity to reassure people in times of upset and worry. We saw one person become distracted and potentially upset by something that was happening around them. A staff member recognised this and responded before it caused the person any further anxiety and we saw them physically relax. One relative said, "Staff always seem to be there for [person's name]. We visit when we can but we know all the staff members will help them to cope with the more difficult times."

Relatives felt that staff members communicated appropriately with their family members. One relative told us that their family member was involved in their care and the decision affecting where they lived. The went on to say that the staff members provided them with information either verbally or written and in a way they could understand. One staff member said, "Often we break information down into very short sentences. This

may seem impolite but it helps the person understand what is being said."

Relatives told us, and we saw, that their family members had their privacy and dignity respected by staff providing support. One relative said, "Everything we have seen at [relatives home] has been respectful and dignified. We saw people being supported in a way that promoted their dignity and any care tasks were completed in private.

Information concerning people receiving support was treated appropriately and not divulged without their permission. We saw information personal and confidential to them was kept securely and only accessed by those with authority to do so.

## Is the service responsive?

### Our findings

At a previous inspection, published in October 2016, we found that improvements were needed to ensure that people's care was reviewed and changes in people's needs were reflected in their care records. At this inspection we found that improvements had been made.

Relatives we spoke with told us the care and support plans regarding their family members accurately reflected the assistance they needed. One relative told us, "We attend regular reviews with [person's name] and care staff. We go through any changes and any improvements. The plans are up to date. If any changes occur outside of these reviews the staff let us know."

The care and support plans we looked at were regularly updated and reflected the support people required. For example, we saw one person's mobility had changed. This resulted in a review of their care and a referral for a specialist assessment. Following the assessment a different piece of equipment was provided. The staff members we spoke with could tell us about these changes. This evidenced to us staff member's awareness of people's changing needs in order to respond to them appropriately.

People were supported to be involved in the creation and review of their care and support plans by attending monthly keyworker meetings. A keyworker was a named member of staff who regularly supported with one individual and supported them reviewing their care. One staff member said, "We use these meetings to sit with people and talk about what has gone well and what needs changing. We look at activities and if there anything else the person would like to try."

People were involved in activities they found interesting, stimulating and fun. One relative told us, "The activities are very good. [Relative's name] is always going out somewhere different which is what they really enjoy." At this inspection we saw people involved in arts and crafts, meal preparation and outings to local areas of interest. One staff member said, "We know people are individual and live independently. This can lead to social isolation if we are not careful. Therefore we organise and run group activities in the communal areas. This can include baking which encourages people to socialise more with those living nearby."

People were supported by staff members who knew them well and who knew their individual likes and dislikes. For example, people had recorded what was important to them. In one instance this included their family, activities and new experiences. One staff member told us about a recent achievement for one person. They told us the person, with assistance, had managed to make a cup of tea for themselves. The staff member told us, "This may seem like something small but it was really a big achievement for them. If we set small achievable goals for people they keep motivated when they reach their goals. We then look at the next steps for them." The staff members we spoke with could tell us about these and how they helped the person maintain what was important to them.

Staff members and the management team sought alternative ways to communicate with people in order to reduce or remove barriers. For example, we saw information was presented in an easy to read format for people to aid their understanding. These documents regarded the care and support they received and were

supported with pictures depicting what had been written. The management team had a good understanding of the accessible information standards. All providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard. This means that services must identify, record, flag, share and meet people's information and communication needs.

Relatives felt comfortable and confident about raising any concerns or complaints with staff or the registered manager. One relative told us they had a very good relationship with everyone that supported their family member that they could approach anyone if they had a concern. Other relatives we spoke with told us they felt able to go straight to the registered manager if they had any concerns at all. We saw the provider had procedures in place to identify, investigate and respond to any concerns or complaints raised with them.

## Is the service well-led?

### Our findings

At our last inspection, published in November 2016, we focused on the key questions is the service safe, and is the service well-led. At that inspection we found that improvements were needed regarding how the service was managed. At this inspection we found that improvements had been made.

Relatives we spoke with told us they knew who the management team were and that they felt able to contact them at any time they wanted. We saw the registered manager regularly met with those who received a service and knew their individual preferences and needs well. One relative told us, "We have seen a lot of changes recently. All have been for the better. If there is anything at all that affects [relative's name] or where they live [registered manager's name] will always be in touch."

People were involved in the care they received and in decisions related to how they spent their time within the service. One staff member said, "At Christmas we looked at how people wanted to celebrate. During one of the monthly tenant meetings we asked people and everyone agreed to spend time together and have a buffet dinner." We saw people and their relatives were kept involved with what was happening with the provider and the services they provided. This was not only with their relatives but as an organisation generally. One relative told us, "There are regular newsletters available to us to pick up and read whenever we go and visit. I also have them emailed to me so I can see what is happening."

Staff members told us they felt involved in the services provided and in decisions effecting where they worked. As well as individual one-on-one sessions with a member of the management team they attended regular staff meetings and weekly core meetings. One staff member said, "We have the opportunity to make suggestions and if it is appropriate [registered manager's name] will make it happen."

Staff members told us they believed the management team was open and transparent and that if any mistakes or incidents occurred they could talk about it openly in order to prevent reoccurrence. For example, one staff member told us about a complaint and how, as a team, changes were made regarding their communication with families.

At this inspection, there was a registered manager in post. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

We saw that the provider had, within the registered location, displayed its rating from our last previous inspection and also on their website.

The registered manager maintained their personal and professional development by subscribing to a variety of professional development websites and support organisations. Any learning or changes to practice were cascaded to staff members through regular team meetings or one-to-one sessions.

We saw that staff members, the registered manager and the provider worked in partnership with other agencies to achieve positive outcomes for people receiving a service from Voyage (DCA) Scotia House. This included the local authority, community based mental health services, GP practices and district nurse provision.

The provider had systems in place to monitor the quality of service provision. The registered manager completed a number of quality checks to the premises and to the support people received. These contributed towards an on-going action plan of improvements which was overseen by the operations manager. In addition the operations manager completed a number of quality checks and fed back to the registered manager to add to their action plan.