Care Quality Commission

Voyage 1 Limited

Voyage (DCA) (East)

Inspection report

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Ratings

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

Overall summary

Voyage (DCA) (East) is registered to provide personal care to people who live in supported living services. The people receiving the care live with a learning disability, sensory impairment, a physical disability or mental health conditions. At the time of our inspection there were 86 people using the agency.

This comprehensive inspection took place on 1 and 2 December 2015 and was announced.

A registered manager was in post at the time of the inspection. They had been registered since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their

Summary of findings

individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting fully in accordance with the requirements of the MCA. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, they were supported and looked after in their best interests. The provider was advised by the local authority to wait before making requests for DoLS applications to be made by them to the Court of Protection. Nevertheless, the provider was legally responsible in making such requests. However, they could not demonstrate that such requests for individual people had been made to the local authority regarding applications to the Court of Protection to consider. This meant that people were at risk of being deprived of their liberty without the protection of the law.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind, respectful and attentive staff. They and their relatives were given opportunities to be involved in the review of people's individual care plans.

People were supported with a wide range of varied and interesting hobbies and interests, which included competing in international sporting events, working in and being part of the community, going on holiday and to leisure events. Care was provided based on people's individual needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The registered manager was supported by a team of managerial and care staff, the provider's quality assurance staff and locally based office staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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.

There were enough staff to be able to meet people's needs.

Recruitment procedures ensured that people were looked after by suitable staff.

People received their medicines as prescribed and medicines were kept secure.

Good

Is the service effective?
The service was not always effective.

Staff were not always following the requirements of the Mental Capacity Act 2005. This means that people's rights were not being promoted.

Staff were trained and supported to provide people with safe and appropriate care.

People's nutritional, hydration and health needs were met.

Requires improvement

Is the service caring?
The service was caring.

People were treated by staff who were kind and attentive.

People maintained contact with their relatives.

People were involved in reviewing their care plans.

Good

Is the service responsive?
The service was responsive.

People's relatives were kept involved in their family member's care.

People were supported to take part in hobbies and interests that were very important to them.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

Is the service well-led?
The service was well-led.

Staff were supported and managed to provide people with safe and appropriate care.

Good

Summary of findings

People and staff were enabled to make suggestions and comments about the service and actions were taken in response to these.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Voyage (DCA) (East)

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 was carried out on 1and 2 December 2015. The provider was given 24 hours' notice because the agency provides a supported living service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also had made contact with a local authority contracts monitoring officer, two care managers and a learning disability nurse. Before the 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.

During the inspection we visited the agency's office. We also visited three supported living premises, where we observed people's care to assist us in our understanding of the quality of care people received.

We spoke with the registered manager, three service managers, a team leader, two senior carers and three carers [also known as support workers]. We also spoke with six people who use the agency and three relatives.

We looked at seven people's care records, medicines administration records and records in relation to the management of the agency and staff.

Good

Is the service safe?

Our findings

One person said that they felt safe and explained to us the reason why. They said, "When I needed help, staff ran quickly to help me." They explained that this was when they called out for help after they had a minor fall. Another person said that they felt safe when staff intervened and moved them away from other people who had become unsettled and were unhappy. One relative said that they felt their family member was kept safe because they were treated well. Another relative said, "They are very friendly staff. I do trust the staff." We saw that people interacted with members of staff and had no reservations in doing so.

The provider had submitted notifications which detailed the action the staff had taken in response to events that had posed a risk of harm to people. Staff had taken the appropriate actions and had followed the correct reporting procedures to minimise the risk of recurrence of similar events. This included providing a person with alternative methods to reduce their behaviours that had been harmful to their health. The provider had notified us when there were errors in the management of people's medicines. We were told what action was taken to minimise the risk of harm to people due to unsafe management of their medicines. This included the assessment of individual members of staff's competency in supporting people with their prescribed medicines. Staff competency records confirmed this was the case.

Staff were trained and knowledgeable in recognising signs of harm. A team leader said, "People could have bruises or marks on them. They may become withdrawn." A member of care staff said, "People may go into themselves (withdrawn). They may act in a different way to someone who is harming them." They knew what action they were to take if they suspected or witnessed any incident of harm experienced by people they looked after. In addition, there was a staff disciplinary procedure in place. This was carried out when people were placed at risk of harm by unsuitable individual staff members.

A local authority contracts monitoring officer told us that the people had individual risk assessments carried out; the provider confirmed this was the case in their provider information return (PIR). People's risks were assessed and measures were in place to minimise the risks. This included supporting people with moving and handling equipment to reduce the risk of injury. People who were assessed to be at risk of choking were provided with soft, moistened food and thickened drinks. People who were assessed to be at risk when out in the community or using transport, sufficient numbers of staff and safety equipment were provided to minimise the risk. Members of care staff demonstrated their understanding and explained how they minimised the risk of people acquiring pressure ulcers. People's care records confirmed that pressure-relieving methods were used, which included people spending short periods on bed rest.

A care manager told us that during August 2015 there had been issues with the numbers of staff looking after some of the people in one of the supported living premises. They said, "The staffing hours were not filled but things have now got better with staffing levels." They told us that the improvement was due to the recruitment of new staff. A service manager told us that there was active recruitment to fill staff vacancies. Measures were in place to cover staff vacancies and absences which included the use of bank and agency staff. A team leader said, "We were short staffed but we are okay now. We are recruiting for new staff and we don't have that many agency staff. If we do, we have someone who comes for a whole week." They told us that another member of agency staff had worked consecutive weekends. None of the agency staff worked alone but were supported by a member of permanent staff. This arrangement had made sure that people's needs were met in a safe and consistent way.

People and relatives told us that there were always enough staff. One person said that made the feel safe because there were always staff available to support them. One relative said, "[Name of family member] is safe here because there is always enough staff to look after [family member]. [Family member] is never left alone." We saw that there were enough staff to support people with their personal and social care needs in an unhurried way.

The registered manager told us that the number of staffing hours that were required were matched against people's individual needs. They said, "We vary the numbers of staff depending on people's activities during the day and night. It's very flexible." A member of care staff said, "I wouldn't say we were understaffed. People get out and about including the weekends."

Staff recruitment procedures were in place to protect people from unsuitable staff. One member of care staff said, "I had to have a DBS [Disclosure and Barring Service]

Good

Is the service safe?

check, a CV [curriculum vita] and I had to have two written references." Another member of care staff told us that they, too, had the required checks carried out before they were allowed to look after people. They also told us that, as part of their recruitment process, their communication and empathy skills were also assessed.

People who were able to tell us said that they were happy with how they were supported to take their prescribed medicines. One person said, "Staff give me my medicines. Sometimes I get a headache and I have pills." They told us how they were supported to take their medicines and added, "They [medicines] are helping me." Another person said, "I get my medicines when I need them."

A care manager told us that only trained staff gave people their prescribed insulin. Staff told us that they had received training in administering medicines and were assessed to be competent in managing people's medicines. Records confirmed this was the case.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act [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. Assessments of people's mental capacity were carried out and when people were assessed not to have capacity, their care was provided in their best interests. This included, for instance, managing people's personal finances to buy equipment for their personal use and the use of covert [hidden] medicines. People were supported in making decisions with input from a GP, care managers, relatives and the agency's members of staff.

In their PIR the provider said that, "Staff are trained in the Mental Capacity Act and ensure individuals are involved in decision making." Members of staff were trained and knowledgeable in relation to the application of the MCA. A team leader said, "Everyone has the right to make their own decisions. They are able to make unwise choices. If you feel that they are not able to make decisions you would have a best interest decision meeting." A service manager gave examples of when best interest decisions meetings were held; this included managing a person's finances for the refurbishment of their room.

People and relatives told us the reasons for the use of lap belts when people were seated in their wheelchairs. One person said, "It's to stop me falling forward." A relative said, "I've known all the time that when [family member] has used a wheelchair [family member] needs a lap belt to stop [family member] from slipping down." Another person told us that they were aware of the safety reasons why they were monitored when they were in their room. They said that they were happy with this arrangement and this had made them feel safe.

There were restrictions which included the locking of outside doors and closely supporting people when they went out into the community. The registered manager told us that no person was able to gain access to the community unless they had support from staff. In addition, a service manager told us that a person's room had monitoring equipment to alert staff of the person's whereabouts. The registered manager told us that they had followed advice from the local authority to wait before making requests to them. This was for people to be assessed by the local authority, or people responsible for their funding, for DoLS applications, which would ultimately be made to the Court of Protection, if appropriate. Nevertheless, the provider was legally responsible in making such requests to the appropriate authorities. However, they could not fully demonstrate that such requests for individual people had been made to the appropriate authorities regarding DoLS. This meant that people were at risk of being deprived of their liberty without the protection of the law.

We received positive comments from a local authority contracts monitoring officer. They told us that staff had attended training, which included training to meet people's complex needs. The provider told us in their PIR that, "Staff are all given a full induction and shadow competent and experienced members of the team." A member of care staff told us that they worked with a more experienced staff member for a number of shifts. They also had to complete required training before they were allowed to look after people. Other staff also told us that they had the training to look after people. This included health and safety training and training to meet people's individual needs, which included management of people's diabetes. A service manager told us that staff had attended training in supporting people living with dementia. Another service manager said, "The training is good. If we need any extra training, such as palliative care, we get it. It made me more aware and knowledgeable how to look after someone with palliative care needs." The staff training records demonstrated that staff were trained and assessed to be competent to meet people's individual needs.

Members of staff said that they had attended one-to-one supervision during which their health and well-being and work-related matters were discussed. A service manager said, "Supervision provides feedback and how you consider you and also staff can improve." Another service manager said, "It's really good working here. The staff are good and there is good team work in supporting each other." In addition, staff said that they felt supported by their colleagues and managers. A member of care staff said, "It's a lovely place here. It's really relaxed. Staff are absolutely brilliant. The team work is really good." Other staff members told us enjoyed their work and found it rewarding in making a positive difference to people's lives.

Requires improvement

Is the service effective?

People had enough to eat and drink and photographs demonstrated how people were supported to choose what they wanted to eat. One person said, "I've been to the doctors because I had lost weight. I'm not allowed to eat fat. I'm happy with that. I've got a lot of fruit and snacks. I have fruit in my [breakfast] cereal." A relative said, "[Family member] gets enough to eat and drink and there's always plenty of variety. They [staff] always seem to offer her drinks." We saw people were supported and encouraged to eat and drink. Records demonstrated that people's weights were stable and indicative that people were eating ample amounts to keep them healthy.

People were supported to maintain their physical and mental health. One person said that they attended the dentist and that, due to standard of their dental hygiene, they did not require any treatment. They said, "My teeth are perfect." Another person told us that they visited a GP and was satisfied with following their nutritional advice. One relative said, "There's no hesitation in staff getting [family member] to be seen by the GP. They [staff] are always quick on the uptake to get her to the GP [when they were unwell]." Another relative said, "[Family member goes to the dentist every six months and [family member's] eyes are checked every year." Care records showed that people were supported to access well-women screening services, opticians, chiropodists and psychiatric services.

A care manager told us that since people moved into their new home their health and wellbeing had improved due to "commendable" support from the agency. Another care manager told us that people were supported to access GPs and district nurses in the management of their health conditions. A learning disability nurse told us that they had found members of staff followed their specialist advice. They also told us that they had found staff were willing to improve how people's health needs were met. This included attending additional training in caring for people living with dementia.

Sensory aids were used, and included subtle lighting, to stimulate people's senses whilst at the same time have a calming effect on people's moods. The registered manager gave an example of how a person had responded well to the use of sensory equipment and with a person's mental health needs. We saw the person went voluntarily and calmly into their bedroom where there were sensory lights and moving video pictures. The registered manager and service manager told us that the person was aware of when they needed to be calm and would go into their room to do this. Although they were prescribed as required medicines for being unsettled, their medicines record demonstrated that this prescribed medicine was seldom used.

Good

Is the service caring?

Our findings

People who were able to tell us said that they were treated well and knew the names of key members of staff who were responsible for their care [key workers]. One person told us their names of their key workers and said, "[Key workers] are helping me a lot to keep me in touch with my family." They also told us that the staff treated them well and said that they were "kind". A relative said, "[Family member] is really well-looked after." Another relative said, "[Family member] is absolutely fine and is very settled with the staff and [service] manager." A learning disability nurse told us that that staff treated people with dignity and respect.

People's independence was maintained and promoted in a number of ways. This included independence with their personal care and eating and drinking. Where possible people were encouraged to do their own laundry and meal preparation with the support from members of staff.

We found that people's rights to choose what they wanted to do were respected. A learning disability nurse told us that staff involved people in making decisions about their care. One person told us that they got up when they wanted to. They said, "I shout for the staff when I want to get up." We saw a person wanted to be taken out, to visit a local community centre, and their wishes were respected without hesitation. Furthermore, people's choices of which type of member of staff they wanted to support them with their personal care were respected. One person said, "I don't have men staff. I only have female staff. I wouldn't want men staff." One relative said that their family member had no preferences in respect of the gender of members of staff to support them with their personal care.

People were included in the day-to-day decision making about other aspects of their care. A team leader said, "You involve people as much as you can. People will sit with a member of staff in the kitchen when they are preparing the person's food. One person can do their own laundry and sometimes manages to make their breakfast." One person said that they wanted to go out for a walk and was getting ready to go out with a member of staff. Another person said that they asked to be taken out shopping and a member of staff had driven them to the shops as they had requested.

The provider told us in their PIR that people were actively involved in the recruitment process for new staff. One member of care staff told us that as part of their job interview they had met people and spoke with them. One service manager confirmed that people's involvement and their reactions to the candidate were part of the recruitment process. They said, "We were looking to see if [name of candidate] was interested in people and we made sure that they were comfortable with them."

A care manager and learning disability nurse told us that people and their relatives were actively involved in developing and reviewing people's planned care. One person said, "I had my person centred review and it was then I had things to help me with my memory." Relatives told us that that they were invited to attend reviews of their family member's care. People's care records demonstrated that the person, their family members, care managers and key members of staff were included in the reviews. In addition, relatives received each month a report telling them about their family members' progress. One relative said, "We get a monthly report about [family member's] health, their weight and what [family member] has done." This showed us that people and people important to them were actively involved in the care provided.

Members of staff told us that the principles that supported how they looked after people were based on people's rights to live a good quality of life. A senior member of care staff said, "My job is making people have a happy life with a lot of experiences." A service manager said, "The care is to make people's lives better. To ensure that they are a valued member of the community. To give them dignity, respect and choices. Giving them options." Care records demonstrated how people were enabled to make choices, which included what they wanted to wear, by means of a visual presentation of different garments to choose from.

Advocacy services were used if this was needed. A team leader gave an example of when advocacy services were used in supporting a person in making their decision about a change in their living arrangements. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

The provider told us in their PIR that people were supported to take part in a range of social and recreational activities. These included trips to the theatre, shopping, fishing and going on holiday. A learning disability nurse told us that people were encouraged to lead an active life as much as they were able.

People were supported to be part of the community and to engage in a wide range of social, work, educational and sporting activities. Social media showed how a person took part in and won an award in international skating competition. The registered manager told us that staff supported the person to practise their skating skills; this was at 7am at a local ice skating rink and when they had also taken part in competitions.

Photographs showed a person celebrating their birthday, smiling and holding a birthday cake with lit candles, in front of a fire engine and surrounded by local firemen. The registered manager told us that the person had a great interest in fire engines and members of staff had arranged this birthday surprise. Other activities included going to music concerts and visitor centres. One relative said, "[Family member] is kept really active with their favourite DVDs and CDs. They also go to an art and drama group." Another relative said, "[Family member] has been to the cinema, the London Eye and camping." They told us that their family member, who had a high level of physical and learning disability needs, was supported to fly by air and go on an overseas holiday. One person said that they had enjoyed working in a local supermarket. Another person went horse riding and photographs showed them smiling when patting a horse. We saw another person being taken to a local community centre where they had met new friends.

The registered manager told us that people's cultural and dietary needs were met. They gave an example of how staff, with similar cultural backgrounds, supported a person to eat specially prepared food and to attend religious services of their chosen faith.

People's activities were kept under review and new activities were introduced. This included, for example baking and use of memory boards and items to cue people's memories.

Communication methods were used which included pictures and objects that referred to a particular activity the person was due to engage in. The objects of reference included a red towel to indicate a shower and showing of shoes to indicate the planned activity of going out.

A local authority contracts monitoring officer had positive comments to make about people's care plans. They told us that they were person centred and people had been involved in the development of their care plans as far as possible. A care manager told us that their reviews of people's care records found that they were of a good quality and were up-to-date; we, too, found this to be the case. People's care plans were reviewed and new care plans were implemented in response to the change in people's needs, which included mobility needs. In addition, information about people's life histories and what was important to them was recorded. Members of staff were aware of people's life histories and the people that were important to them, which included parents.

One person said that the staff knew them well and had supported when they had a change in their mobility needs. This included support to change their voluntary work attendance. A senior support worker told us that a person had requested to play tennis but was found a preferred alternative. This was the slower game of badminton, with a balloon instead of a shuttle cock to accommodate the person's hand/eye co-ordination physical abilities. One relative said, "[Family member] has very complex needs and I do trust the staff to look after [family member] well. Staff know and are tuned into [family member's] needs. [Family member] is understood in their own way."

In their PIR the provider told us that people were supported with their individual communication needs by means of sign language and use of pictures. This was so that people were enabled in making decisions about their care. In addition, a range of communication methods were used to help people complete their survey that the provider had sent to them.

People told us who they would speak with if they were unhappy and were able to tell us the names of who they would speak with. One person said, "I would speak to [name of service manager]." One relative said, "If I was unhappy I would speak to the key worker or the [service] manager." The provider told us in their PIR that complaints were responded to in line with their complaints procedure. Members of staff were aware of the actions they would take

Good

Is the service responsive?

if anyone wanted to make a complaint. A team leader said, "I would let my manager know and they would take the action that was needed." Where complaints were found to be proven, remedial action was taken. This included reviewing the suitability of individual staff members and implementing the provider's staff disciplinary procedure.

Good

Is the service well-led?

Our findings

We received positive comments in respect of the registered manager. A service manager said, "[Name of registered manager] is very supportive. She usually tries to visit the service [supported living premises] once a month and is always available on the 'phone." Another service manager said, "I had a lot of support from [name of registered manager] in my first few weeks." They told us that this included support with the management of staff and improving the way people were being looked after. A care manager said, "[Name of registered manager] is very open and honest about recruitment and any other concerns. She always comes back to us with answers and tries to resolve issues." They gave examples of how the provider aimed to improve communication between staff and people's relatives.

We saw that all grades of staff members knew who the registered manager and she knew about individual staff members. In addition the registered manager demonstrated her knowledge about people's individual care needs and their planned care.

The provider sent their PIR when we asked for it. The PIR demonstrated that there was a quality assurance system in place to ensure that people were in receipt of safe and quality care. The PIR also told us that there was a system in place which continually reviewed the standard of care people received.

In their PIR the provider told us how people and people who matter to them were actively involved in discussions about the standard of care people received. This included discussions during social events and at meetings. People and relatives told us that they attended meetings during which they were enabled to make suggestions. One person said, "We discuss bowling and horse riding." Minutes of the meetings demonstrated that people were enabled to take part in the meetings.

Staff were enabled to make suggestions and comments about their work during staff meetings. A team leader said, "We have monthly meetings. The meeting agenda is pinned on the noticeboard and anyone can add items they want to bring up to discuss. The meetings are for reviewing people's needs and how best to support them." Two service managers told us that they had made suggestions for additional training and the provider had taken action for staff to attend this training. This included training in caring for people with palliative care needs and people living with dementia. The staff meetings also enabled service managers to remind staff of their roles and responsibilities in keeping people safe. This included maintaining accurate records and keeping up-to-date with their training.

In addition to meetings, people were enabled to share their views about their care with the provider by means of a survey. Samples of the completed surveys demonstrated that communication methods were used to enable the person to take part in the survey. Actions were taken in response to their suggestions which included playing tennis and having support to have their carpets cleaned.

As part of the quality assurance system, the registered manager visited people's homes at least once per month. In addition, staff were subjected to spot checks to ensure that they were safely looking after people. Records of these demonstrated that people were looked after safely by respectful staff who treated them well. Another quality assurance system involved service managers; they carried out self-assessments against the CQC's five key questions. They also visited other supported living services to check that people were being well-looked looked. Remedial action was taken and competed where deficiencies were found, which were low in number. This included, for example, supporting people to make their homes safer and more comfortable places to live.

The registered manager told us and we saw that there was a process in place to review accidents and incidents. The information was analysed by the provider's quality and risk management teams. The registered manager would be advised of any remedial actions that needed to be taken. The registered manager told us that there was a recurring theme in relation to the management of people's medicines and remedial action had been taken to make people safer. Notifications that the registered manager had submitted confirmed this was the case; individual staff members had their competencies reassessed in the handling of medicines.

The agency operated an open culture where there was a whistle blowing policy in place. Members of staff were aware of the policy. A member of care staff said, "Basically, whistle blowing means reporting things which are questionable, or wrong or harmful to people we look after."

Good

Is the service well-led?

They said they had no reservations about blowing the whistle if they needed to. Notifications which had been sent to us demonstrated that staff were aware of the whistle blowing policy.