

Voyage 1 Limited

Voyage (DCA) Leicestershire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Voyage (DCA) Leicestershire is a domiciliary care agency providing personal care to older and younger adults, living with physical disability, mental health conditions, eating disorders, learning disabilities and autistic spectrum disorder. People are supported in their own houses or in supported living accommodation.

There are eleven supported living properties including shared occupancy houses. There were eighteen people using the service at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

At the time of our inspection the service did not have a registered manager. However, a new manager was in post and they were supported by the area manager and a mentor who was an experienced registered manager from one of the provider's other services. Prior to our inspection the manager and management team had identified areas for improvement and had developed an action plan that continued to make good progress. Learning and skill development was actively encouraged, and staff felt confident in their role. The manager worked in partnership with other professionals to strive for good outcomes for people who used the service.

The service was safe. Risk assessments were in place and reviewed regularly to ensure safe care continued. Staff were trained to recognise signs of abuse and knew how to report it. Safe recruitment procedures meant that suitable staff were employed. Medicines were managed safely. Staff used Protective personal equipment (PPE) and good hygiene practices to prevent the spread of infection.

People's choices, lifestyle, religion and culture as well as their personal and health care needs were all included in the care planning process. People were supported to access health care services, and the service worked in partnership with healthcare professionals. Staff had the knowledge, skills and confidence to do their job. People received care in line with the law and. People's nutritional needs were met.

Peoples needs were met by good planning and coordination of care. Pre-admission assessments meant the provider was confident they had the right staff available to support people prior to care starting. Regular

reviews of care meant the service could respond to changes in people's needs promptly. End of life care required further development. We have made a recommendation about end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Voyage (DCA) Leicestershire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in eleven supported living settings, so that they can live as independently as possible. 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.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, a manager who intended to register had been employed by the service. The provider is currently legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 7 June 2019 and ended on 13 June 2019. We visited the office location on 7 and 10 June 2019. We also visited people in their homes on 10 June 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority for feedback. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including, a supporting registered manager from another service within the group, the manager, the area manager, a senior support worker and support workers.

We reviewed a range of records. This included three peoples care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. One staff member explained the importance of looking out for signs of abuse other than physical such as, "Has their personality changed? their mood? (are they) sad?"
- The manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns.

Assessing risk, safety monitoring and management

- Risk assessments were completed before people received care, these were reviewed regularly.
- Staff told us that people were involved in assessing their own risk, changes to risk assessments were communicated well and documents in people's homes were amended promptly. Staff that knew people well were involved in assessing risk for people. One staff member said, "We are included in it (risk assessing) we can comment."

Staffing and recruitment

- There were enough available staff to meet people's needs. A contingency plan meant in the event of high levels of staff absence the service would still operate safely.
- Safe recruitment processes were in place. This ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff knew what to do and who to contact if things went wrong.
- Medicine charts were checked regularly to identify any errors or concerns. Where there had been minor errors the provider's policy had been followed, staff had received extra training and competency checks before being allowed to continue to give people medicine.

Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff. One staff member said, "They give us gloves and aprons to take with us, we can collect from the office there is always plenty of stock."
- Staff understood the importance of maintaining a clean environment. One staff member told us, "We use different coloured chopping boards for foods. If we are helping people with cleaning there's a cleaning

schedule in the folders, the houses are definitely kept clean."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Where there had been a medicine error for one person the staff had been quick to identify and respond. They then worked with the person to put agreed measures in place to prevent a future error.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs, and choices were assessed and agreed with them and detailed in their care plans prior to care starting. These were reviewed regularly with people, their relatives and advocates. One person told us, "I've had a review meeting this morning with the social worker, my sister advocates for me."

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. Staff told us that they also received shadow training with experienced members of staff so that they could get to know people before supporting them.
- A member of the management team was available on call to support staff outside of office hours.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans detailed people's likes, dislikes, allergies and dietary requirements. People were supported to be as independent as possible and were involved in the preparation and cooking of food. One person told us, "Staff help me with cooking and meals."
- Food and drink charts were available for when there were concerns about people's nutrition. Staff sought advice from other professionals when needed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other professionals to ensure smooth transition between services. One person was leaving residential care to live in supported living. The service had planned the admission following an assessment and were currently recruiting specific staff to meet the person's needs prior to the move.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to attend health care appointments and dentists. One relative said, "Staff take them (the person) to the dentists and the GP."
- Each person had a key worker that coordinated people's healthcare appointments and we saw good communication methods for ensuring appointments were not missed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the deprivation of liberty safeguard (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for individual decisions that people were unable to make for themselves. For example, one person required minor surgery but was unable to make this decision. We saw that a meeting was held and documented with other professionals in the person's presence to decide in the person's best interest.
- The management team and staff had a good understanding of MCA. Staff understood the importance of seeking consent from people and people were supported in the least restrictive way possible. One staff member told us, "You can't stop people leaving their house if they want to, it's up to them, and if they refuse medicine you can't force them to have it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had good relationships with their staff. One person said, "The carers are brilliant, what they do for me, I've got a good relationship with them they are like friends, they make me laugh. I can talk with staff, I wouldn't have it any other way."
- Care planning considered people's religion, lifestyle choices, important relationships, disabilities and culture.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decision making and they had regular meetings to share ideas and get involved. One person said, "I live in my own flat with staff support. We have residents' meetings"
- Care plan records and reviews evidenced that people, their advocates and staff members along with other professionals were all involved in the review process. One relative told us, "We have suggested gardening to staff and they have responded to that by having garden boxes."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One staff member told us the importance of, "Closing curtains and doors, making sure they [people] have privacy. One person likes to go to their room and listen to their music they're not restricted."
- People had been supported with employment opportunities and voluntary posts. One person had been recruited and had attended a training course with the provider. Their role involved visiting other people using the service to gather feedback and share ideas for service improvement as well as administration duties.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person centred and included people's preference and choices. People were treated as individuals, supported and empowered to make decisions for themselves. For example, we heard one person ask a staff member for advice around a decision, the staff member encouraged the person to weigh up the pros and cons of the decision in a manner that they would be able to understand, and reminded them that it was their choice what they wanted to do.
- People were encouraged to live independent and fulfilling lives. Two people talked to us about their upcoming holiday that they had chosen to go on together. They were being supported by staff to go and we saw staff join in the enthusiasm while they all planned to make a countdown chart together.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were planned into care. One staff member told us, "One person uses Makaton, we have Makaton symbols that we use with [person], such as community, shower. They [the provider] are currently organising Makaton training for everyone." (Makaton is a form of sign language).
- Information was made available to people in other formats when required such as pictorial or large print. One staff member told us that a person they supported could not read but could understand verbal information. Care records and appointment letters were read out to the person by staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to maintain relationships. One relative told us, "I speak every evening with [relative] and staff bring [relative] to see me for lunch as I can't get to see them."
- People's interests and hobbies were planned into care and people told us they had active social lives. One person we met told us they met regularly with their friend for lunch and another person was going into town to shop.

Improving care quality in response to complaints or concerns

- During our inspection we viewed two complaints, both had been responded to in line with the company policy and procedure.
- Staff told us that people had information available to them in their homes on how to make a complaint.

One staff member told us, "We would have to support some people to make a complaint, we have access to a complaints procedure and could support people if we needed to."

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. End of life choices were not routinely discussed with people during assessment or review and staff had not received training in end of life care. We discussed this with the area manager who advised that the service had access to an end of life care plan should one be required, and the service would liaise with end of life professionals to support people appropriately.

We recommend the provider consider current guidance on supporting people with end of life care and take action to update their practice accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was friendly, approachable and focused on providing good quality person centred care. People's goals were included in the planning of their care and we saw people achieving positive outcomes.
- During our inspection several people telephoned the office to discuss their care, staff showed genuine interest in talking to people and hearing about their activities and plans. People were encouraged to visit the office freely, this promoted positive relationships and the office staff knew people well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and management team had a good understanding of their responsibility when things went wrong and had reported incidents appropriately to the Local Authority and Care Quality Commission.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection there was no registered manager for this location. A manager had been recruited and was currently being supported and mentored by a registered manager from one of the provider's other services and the area manager.
- Prior to our inspection the manager and management team had identified areas for improvement and had implemented an action plan, this was making good progress. Care plans and risk assessments had been reviewed by the manager who had implemented systems to maintain good oversight of the service. This will need to be embedded and continued in practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's review meetings included discussing the quality of the service and people's satisfaction. The service had explored ways to engage people and staff in feedback and included this in their action plan.
- The service was an active part of the local community and had supported people and staff with getting involved in local events such as Macmillan coffee mornings, the pancake run and Parkinson's coffee mornings.

Working in partnership with others

- Communication had not always been well led. A relative told us, "I've spoken with Voyage Care as they

were not sticking to agreed times, [name] has [condition] and likes to know times. I did not get a good response from them. There is no communication, the office does not always get back to me even when I email and text." Another relative said, "I have no contact with the offices. They are not good at dealing with [family], they do not communicate well, carers resolve issues."

- The manager was keen to build positive relationships with people and staff and had been out visiting people in their homes and meeting staff. One staff member told us, "[manager is] very helpful and supportive, [manager] is new I met them at the weekend."
- Staff gave a mixed response with some feeling well supported and listened to and others felt support had not always been good. One staff member said, "Staff morale is not what it should be, accumulation of things chaotic shifts, not always good team work, lack of managerial support for a period."
- The service had worked in partnership with other professionals including GP's, social workers and speech and language therapists.