

Voyage 1 Limited

Voyage (DCA) Rotherham

Inspection report

Unit 19
Moorgate Croft Business Centre, South Grove
Rotherham
South Yorkshire
S60 2DH

Tel: 01709331245
Website: www.voyagecare.com

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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) Rotherham is a domiciliary care agency providing care and support to people in supported living schemes and in their own homes in the community. The service predominantly provides support to younger adults with learning disabilities.

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.

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.

On the day of our inspection 48 people were receiving a regulated activity.

People's experience of using this service:

People were safe. All people we spoke with told us staff made them feel safe. Staff we spoke with understood safeguarding procedures and how to whistle blow if required to ensure any safeguarding concerns were reported. The registered manager monitored accidents and incidents to try to ensure lessons learnt. People were protected by the prevention and control of infection.

Risks were managed to enable people to be as independent as possible. Accidents and incidents were monitored, and lessons were learnt. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed.

We found adequate staff were provided to meet people's needs. However, in one scheme they were short staffed and permanent staff were covering extra shifts. The provider was actively recruiting to ensure adequate staff were employed. The recruitment process was robust to ensure only staff suitable to work with vulnerable adults were employed.

Staff were very knowledgeable about people needs, care was person-centred and individualised. Staff said training was good and from talking with staff and our observations it was effective. Staff were supervised and supported.

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.

People were supported to be able to receive a balanced diet. People told us they chose their food, but staff supported them. People had access to health care professionals.

When staff engaged with people they were kind, caring and compassionate. People told us the staff were lovely and genuinely cared. People were involved in their care planning to ensure their decisions and choices were reflected.

Staff, people who used the service and health care professionals we spoke with told us the communication was predominantly good. However, we were told in one area the communication could improve, the registered manager had already identified this and was addressing it.

People told us they were supported by the same group of staff, which ensured consistency. However, in one scheme, due to staff shortages this was not always possible. This was being addressed by the registered manager.

The service had a registered manager who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. We found the monitoring was effective. For example, the registered manager had identified the need to improve communication in a service and was addressing this at the time of our inspection.

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

Rating at last inspection:

At the last inspection the service was rated Good (report published 21 February 2017).

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) Rotherham

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The service provides care and support to people living in eleven 'supported living' settings, so that they can live as independently as possible. They also provide outreach services for people living with family in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. This means that they and the provider are 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 30 July 2019 and ended on 5 August 2019.

What we did:

Prior to the inspection visit we reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

We visited two supported living schemes and spoke with seven people. During the visits we discussed peoples care plans and medication procedures and systems. We observed staff interactions. We spoke with another person over the telephone to obtain their feedback. We also spoke with three relatives on the telephone and two health care professionals.

We spoke with thirteen staff, including eight support workers, one care co-ordinator, two field care supervisors, the operations director and the registered manager. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service.

After the inspection:

We continued to seek clarification from the provider, who sent us the training record and updated us on the arrangements for the West Yorkshire supported living services.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us the staff made them feel safe. One person said, "Yes, I am definitely safe." Another person said, "The staff are lovely, they keep me safe."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adults procedure. Staff knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding concern including whistleblowing. This is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Assessing risk, safety monitoring and management

- Care plans we looked at contained assessments of risks to people. People were able to take managed risks as part of an independent lifestyle.
- People we spoke with told us they were involved in their care planning and understood risks needed to be identified and managed. Relatives we spoke with were very confident risks were managed.
- People we spoke with said predominantly staff were good, supported them appropriately, took their time and respected their decisions.

Using medicines safely

- Medicines were managed safely. We looked at medicine management in two people's homes and found they were stored securely, and good detailed records were kept. This enabled staff to understand when medicines were required. This meant people's needs were met.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. Staff we spoke with confirmed they had received training and were assessed annually.
- We did identify in one scheme there were not enough staff trained in one specific area of medicine management. People were not put at risk as staff were covering to ensure they received their medicine as prescribed. However, the registered manager assured us this training was being sourced to ensure there were adequate staff trained.
- Audits of medicines were carried out. These were robust and identified issues that were addressed. People were able to explain to us how staff supported them with their medicines and were very happy with how staff did this.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- At the time of our inspection the provider was actively recruiting staff to ensure adequate staff were employed to support the care packages at one scheme. At present staff were covering shifts to meet people's needs. This meant at times staff were working long hours each week. However, staff were doing this voluntarily and were willing to cover to ensure people were safe.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed hands and followed infection, prevention and control practices.
- Staff told us they always had a good supply of personal protective equipment, including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- A health care professional we spoke with told us that at times communication could be improved. this was because a number of managers covered the area so did not have one point of contact. The registered manger had already identified this prior to our visit. They knew they needed to improve the communication in some schemes and was already addressing this with staff.

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 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 needs were assessed before any service was provided. This was to ensure their needs could be met. People we spoke with told us staff were very good. From talking with staff and people who used the service it was obvious people's main care staff knew the people they supported very well and understood their needs. Care and support were provided in line with their needs.
- People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

Staff support: induction, training, skills and experience

- Staff were well trained to be able to provide effective care. Staff told us the training was good. However, we identified some staff were waiting to attend a specific training, this was booked but was not available until October 2019. The registered manager told us they were trying to source a trainer who could deliver the training promptly. Professionals told us staff were trained and understood people to be able to meet their needs. Relatives we spoke with also spoke highly of the staff and their knowledge. One relative said, "They [the staff] really understand my [relative], they are fantastic."
- People we spoke told us the staff supported them well and understood their needs.
- Predominantly staff told us they felt very supported, However, some felt the support could be better, they said, "Management are always available at the end of a phone, but the office is not nearby." The registered manager was aware of this and explained it would be rectified when a new location was found near these schemes.

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought.
- Staff supported people to eat a healthy diet. One person told us how the staff had supported them to lose weight with a healthy eating plan and exercise. They said, "I have lost weight I am really happy."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals, including district nurses, GPs and occupational therapists. This ensured people's needs were met. When we visited one supported living scheme a person was being assisted with a new chair by an occupational therapist. Staff told us, "They [the person they

support] had been falling sideways in their old chair so we felt they were not safe." Therefore, they had referred the person to the therapist for an assessment, which and the day we visited the new chair had been delivered.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes. Staff ensured any specialist equipment used when supporting people was available and appropriately maintained to deliver safe, effective care and support.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

- We checked whether the service was working within the principles of the MCA. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

- People we spoke with told us staff respected their decisions. One person said, "Staff listen to me, they respect my choices. If they think I am not safe they will tell me, so I understand."

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 had remained 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

- When we visited the supported living services we observed staff were kind and caring. Staff spoke about people with compassion and respect. Staff we spoke with wanted to provide the best possible care and support.
- People we spoke with told us staff were lovely and were always kind. We saw staff knew how to communicate effectively to meet people's communication needs.
- Through talking to staff and relatives, we were satisfied care and support were delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.
- Relatives we spoke with told us the staff were 'fantastic' and confirmed people were well supported. One relative said, "The staff are lovely. They support my [relative] well and they have formed good friendships."

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

- Staff supported people to make decisions about their care. People and relatives we spoke with had told us the staff asked for their consent before supporting them.
- We saw in care plans people's views were recorded and we observed staff involved people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a caring way. One relative told us about a support worker who supported their relative they said, "She is one amazing lady."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

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

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.

- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Relatives we spoke with told us staff were very good at understanding people and communicating effectively.

Supporting people to develop and maintain relationships to avoid social isolation

- People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the person to ensure their choices were recorded.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- People were supported to access the community and maintain friendships. Social activities and events were organised. For example, there were 'working together groups' these are a group of managers who support people to run their own days activity. There was a summer party organised and a Christmas event. They have also arranged group trips out, the last one was to flamingo land, which people told us they enjoyed.
- People we spoke with told us they were supported to do activities of their choice. One person said, "I like to go swimming, I like to swim lengths, the staff support me to do this."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with staff. One relative we spoke with explained to us how they had made a complaint and couldn't praise the management enough in how they had dealt with it. They said, "They listened, responded and took action immediately. We were very happy, we could not have asked them to do any more."
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager told us they would support people to make decisions about their preferences for end of life care if they wished.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager told us the ethos of the service was to ensure people received high quality care delivered by the same small group of staff. From speaking with people and their relatives it was clear people were supported by the same group of staff and had formed meaningful and healthy relationships.
- The registered manager complied with the duty of candour responsibilities. Relatives we spoke with told us staff and management kept them informed of any issues and concerns and were open and honest. For example, one family explained how the service where their relative was supported was short staffed, they had been kept informed of cover arrangements and progress with recruitment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager who was supported by a team of staff.
- The quality assurance systems which were in place to monitor the service were effective. They had identified issues that required addressing and action plans were in place and followed to ensure continuous improvements.
- The service was well run. There was a new management team in place, two care coordinators and two field care supervisors supported the registered manager. They were committed to providing high quality, person-centred care.
- Staff were extremely happy in their role and felt supported. All staff we spoke with were passionate about providing high quality care, there was a consistent approach to ensure all staff were supported and well led.

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

- People who used the service were involved in day to day decisions about their support.
- The provider sent out quality monitoring questionnaires. Relatives we spoke with told us they had completed surveys. This ensured people views were sought and acted on.
- Staff meetings were held to get their views and to share information.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning

and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.

- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. Although one health professional did feel communication could be better. We discussed this with the registered manager who told us this was because there were three managers who covered this authority so there was not one point of contact. This was being resolved by the provider who was looking for an alternative office location in the authority.