

Voyage 1 Limited

Surrey and Hants Domiciliary Care Agency

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

Surrey and Hants Domiciliary Care Agency provides care and support to people living in supported living settings, and to people living in their own homes in the community, so that they can live as independently as possible and remain in their homes. The service supports people with a learning disability and/or autistic spectrum disorder. At the time of our inspection eight people received support.

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 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 asked for their consent to their care and staff supported them to make their own decisions.

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.

People's experience of using this service:

People were happy with the care they received and felt relaxed with staff, they told us they were treated with kindness. People said they felt safe, were well supported and there were sufficient staff to care for them. A relative told us, "Everything is fantastic and positive, it comforts me to know that they are not just caring for [my relative] now, but looking towards his future as well".

People's independence was promoted and they told us their needs were met. People had a regular team of care staff who arrived on time and knew them well. A relative told us, "They give [my relative] the opportunity to do so many different things. Everything they do is with her in mind and what makes her happy and independent".

People felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. A relative told us, "The care is really good, I can't fault them. I know that [my relative] is happy and that's the best thing, that makes me happy".

Staff had received essential training and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. 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 provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A relative told us, "They are a big company, but you wouldn't know it, as they are really personal and it feels like they are a small company just specialising for [my relative]".

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 11 January 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 details below.

Good ●

Surrey and Hants Domiciliary Care Agency

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

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible, and also to people living in their own houses and flats. 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 had a manager registered with the Care Quality Commission. 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.

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 information we had received about the service from the provider since the last inspection, such as notifications which the service is legally required to send us. We received feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

Some people were unable to speak with us due to their condition, however we spoke with three relatives of people who used the service about their experience of the care provided to their loved one. We spoke with four members of staff including the registered manager, a field support worker, an administrator and one support worker. We reviewed full care plans for three people. We also viewed a selection of records relating to the recruitment and support of the staff team and the management and running of the service, including policies and procedures.

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

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of potential indicators of abuse and were confident in how they would share their concerns. Staff also understood how to escalate their concerns if they felt these were not being addressed.
- Safeguarding concerns were shared openly with the local authority to enable enquiries to be undertaken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were aware of potential risks for people and what actions to take to try and mitigate these. Risk assessments were in place and reviewed on a regular basis to ensure they contained up to date information.
- Records of accidents and incidents were completed and consideration was given to changes the person may require in their support. The management team had an overview of accidents and incidents to ensure appropriate actions had been taken. Consideration was given to any learning from incidents. A member of staff told us, "If things go wrong, we learn from them".
- Relatives told us staff provided people with safe care. One relative told us, "[My relative] is completely safe, it gives me great peace of mind that she is well cared for and will continue to be when I have gone"

Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe. Staffing levels were determined by the number of people using the service and their needs, as some people required one to one support. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. A member of staff told us, "We cover for each other, there's never a time when there would not be enough staff".
- Feedback from people and staff was they felt the service had enough staff. One person told us, "There has always been staff whenever I have visited. [My relative] has one to one care, that's always been put in place".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Preventing and controlling infection

- People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

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. 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

- Senior staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and their family were involved in the formation of an initial care plan.

Staff support: induction, training, skills and experience

- Staff received regular supervisions, which aided their professional development and supported their well-being. Staff had annual appraisals of their performance.
- Staff undertook training which the provider considered to be mandatory and their practice was observed.
- New staff completed an induction which involved them shadowing more experienced staff, undertaking training and having observations of their practice. This helped to ensure that new staff had the right approach and values in their practice.

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

- People were encouraged to be independent with preparing their own food and drinks where possible.
- Information was recorded in people's care plans about any specialist dietary requirements or preferences people had and staff were familiar with these.
- Referrals were made to healthcare agencies if people were struggling with elements of eating or drinking or if there were concerns about their intake.

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

- People told us they received effective care and their individual needs were met. A relative told us, "They provide excellent care that meets [my relative's] needs. They follow her lead, they understand her strengths and where they need to encourage her".
- Detailed information was recorded about people's health conditions, how this affected them and the professionals to contact. This information helped to guide staff.
- Staff maintained regular contact with healthcare professionals, including GP's and chiropodists. Advice and guidance given by professionals was recorded in people's care plans.
- Hospital passports and health action plans were completed, which provided detailed information about people's medical history and people involved in their support. This information can aid other professionals

should people require care in a different environment, such as hospital.

- People's oral healthcare needs were assessed, and they were supported to ensure they maintained good oral hygiene.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. A relative told us, "The whole focus of what they do is on what [my relative] chooses, they help him to decide on what he wants to do".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "The choices are made by them, we're here to support them".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them to be as independent as possible. Care staff informed us that they always prompted people to carry out day to day tasks and to learn new skills. A relative told us, "[My relative] has learned so much. There's still things she needs encouragement to do, but I'm so happy with the progress she's made". The registered manager added, "We support them to be as independent as possible and have as many opportunities in life as we can".
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. A relative told us, "I've never felt for a minute that [my relative] wasn't being treated respectfully, the staff have always been lovely and understanding".
- People's confidentiality was respected. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "We get to know them really well, we're one to one with people, so we know the way they are and what they like".
- People were supported with kindness and compassion. Everyone we spoke with thought their relative was well cared for and treated with respect and dignity, and had their independence promoted. A relative told us, "They are there for [my relative] when he's happy and when he's not. They understand what it is to keep him motivated and active".
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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. 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

- People had detailed, person-centred and ability focused care plans. Plans were under continual development, as staff became more familiar with the person's needs and wishes.
- Care plans recorded people's outcomes and things they wanted to achieve. The provider agreed to ensure goals were regularly reviewed to establish any additional support required.
- Detailed information was recorded about people's family and life histories to help inform the type of and approach to the support required.
- Staff were familiar with people and had developed strong relationships. One member of staff told us, 'One of the reasons I wanted to work here was I could see that we are not carers, we are supporters, we work together to guide and promote independence, we're all friends'
- People's relatives told us about the positive impact the support had for their relatives. For example, one relative told us, "They give [my relative] a life not just at home, but out in the community, she has meaning and purpose". Another relative said, "Their biggest strength at this service is that they listen, they know about young people and they focus on their strengths and what they need. They help them to make friends and that is so important".
- Technology was used to support people to receive timely care and support. Staff used a real time monitoring system, which allowed office staff to track where care workers were and alert them to any changes or updates required with peoples' care.

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 were supported with their communication needs. Detailed information was available about people's verbal communication, hearing and sight and actions they may display if they are happy or unhappy. This helped staff to better understand people's needs and how they could effectively support them to communicate.
- Information was available in a variety of different formats according to people's needs and preferences.

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 were supported to maintain relationships that were important to them. Staff had also built relationships with people's relatives.

- People had full and active lives. This included attending a resource centre run by the provider, meeting friends, cooking classes, going to the cinema and shopping. People were in control of what activities or groups they wanted to be a part of.
- People were encouraged and supported to be a part of their local community. For some people, this included supporting people to study and work.

End of life care and support

- Nobody receiving a service was receiving end of life care. However, we were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

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.

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

- We received positive feedback in relation to how the service was run, a relative told us, "I'm very happy and so is [my relative], compared to the last service we had, these are so much better, her happiness is what counts".
- Relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care. The registered manager told us, "We encourage people to learn and let them make mistakes, like people do in life. We promote new opportunities, like going on holiday without family and learning new things. We want them to have these opportunities and promote feelings of self-worth. We actively support this".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety. The results of which were analysed in order to determine trends and introduce preventative measures.
- Field support staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away or where there had been suspected abuse. This meant we could check that appropriate action had been taken.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

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

- People and staff were actively involved in developing the service. There were systems and processes

followed to consult with people, relatives, professionals and staff. A relative told us, "One of the best things about them is the communication. I'm still her Mum and want to be involved and they make sure I am".

- Satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and other local organisations, such as charities and learning disability groups, to share opportunities, information and learning around local issues and best practice in care delivery.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We are a good team and we all support each other. We can call each other or the office at any time to get assistance".
- Up to date sector specific information was made available for staff including details of specific conditions, such as autism and epilepsy, to ensure they understood and had knowledge of how to assist people.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.