

Voyage 1 Limited

Voyage (DCA) Maltby

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 10 and 18 January 2017 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was re-registered with the Commission in June 2016 as the provider changed the company name, so this was the first inspection of the service under the new registration.

Voyage (DCA) Maltby provides personal care to people living in supported living and also provides care and support to people living with family in their own homes. Its office is based near the centre of Rotherham. The agency supports people with a learning disability.

The service did not have a registered manager in post at the time of our inspection. However, the manager in post had submitted the application to the Care Quality Commission to become the registered manager and this was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of our inspection there were 25 people using the service. People we spoke with told us they were very happy with the care and support they received.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made.

We found predominantly the service employed enough staff to meet the needs of the people being supported. Staff had completed training to be able to meet people's needs, and received regular supervision, which meant they were well supported. Staff also had an annual appraisal of their work.

We found people received a service that was based on their personal needs and wishes. Their needs had been assessed before their care package commenced and where possible they, and their relatives, had been involved in formulating their care plans. Care records sampled identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role. However, more staff required training to be able to administer medications and meet people's needs.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The management team had a good understanding and knowledge of this topic.

However staff told us they required more training to fully understand the legislation and how it impacted on people they supported.

People were provided with information about how to raise a concern and how it would be addressed. The people we spoke with told us they were confident that any concerns they raised would be dealt with promptly. The provider had learnt lessons from previous concerns and complaints and had improved systems and support.

There were systems in place to monitor and improve the quality of the service provided. The management team were fairly new and were implementing new systems at the time of our inspection, to ensure all areas for improvement were identified and addressed in a timely way. These systems needed to be fully implemented and embedded into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely.

People were supported to take their medication safely.

Is the service effective?

Good 

The service was effective

Staff had access to training that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions. Staff had completed training in this subject. However understanding varied and more training was to be organised..

Is the service caring?

Good 

The service was caring

People told us they were happy with the care and support provided. They told us care was delivered in line with their wishes.

Staff knew the people they cared for well, which meant people received consistent care that met their needs.

People were involved in making decisions about their care and offered choices. Staff took account of their individual needs and preferences.

Is the service responsive?

The service was responsive.

People were being encouraged to be involved in planning and reviewing care plans. The plans were being reviewed and staff were implementing more person centred plans at the time of our visit.

There was a system in place to tell people how to make a complaint and how it would be managed.

Good 

Is the service well-led?

The service was well led. However, the management team were new and systems were being developed.

The manager had only commenced in post in September 2016, they were developing a clear oversight of the service, and of the people who used the service.

Systems were in place to monitor the quality of the service. However, it was not always evidenced these were actioned. New systems were being implemented and embedded into practice.

Staff told us the management was much improved and were well supported to carry out their role.

Requires Improvement 

Voyage (DCA) Maltby

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 was 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.

The inspection included a visit to the agency's office on 10th and 18 January 2017. To make sure key staff were available to assist in the inspection the provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had 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. We looked at any notifications sent to us.

At the time of our inspection there were 25 people using the service. Following our visit to the agency's office we visited four supported living schemes to talk to people who used the service. We spoke with six people who used the service and two relatives of people who used the service. We also spoke with the operations manager, the manager, three team leaders and nine support workers.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People told us they were well supported and cared for and they felt safe. Relatives we spoke with told us they were very happy their family members were kept safe and well supported and care for.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe.

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were employed by the service. Safe recruitment procedures were followed. However, staff files at the location did not include written references or a Disclosure and Barring Service (DBS) check. 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. This information was kept at head office. We received confirmation from head office that these had been received at the time the staff were recruited. The operations manager told us there was a reference document to use in recruitment files. These would be completed by the manager when they saw the references and DBS checks, they would date and sign the document to evidence they had seen them and that they were satisfactory. This would then be used as a reference front sheet in the recruitment files at the location.

Staff we spoke with who had been recently employed were able to explain to us the process they went through. They confirmed they had completed an application, references had been obtained and that they were unable to commence work until a satisfactory DBS had been obtained.

We found predominantly there was adequate staff to meet people's needs. New staff had recently been recruited to improve staffing in supported living schemes. However, we identified at one scheme that one person's needs had deteriorated and staff told us that in the evening when only one member of staff was in the scheme it was difficult to meet the needs of the three people they were supporting. We discussed this with the operations manager who explained they had contacted the local authority and requested a review. They were providing two staff when possible while they were waiting for a review. However, they acknowledged that one staff member was not enough so agreed to ensure that two staff would be provided each evening in the scheme to meet people's needs with immediate effect.

We looked at the systems in place for managing medicines in the supported living schemes. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. However, we saw in one scheme

that some medication was not recorded on the MAR and there was no formal arrangements in place when people who used the service went to visit families or friends and took medication with them. This was discussed with the team leader who actioned this immediately during our inspection to ensure all medicine was accounted for and systems ensured people received medication as prescribed.

We also identified at another scheme that there were not adequate staff trained to be able to administer on medication. On occasions the person had to have district nurses visit to administer this. The operations manager and manager had identified this. At the second day of our inspection to the office it was confirmed that additional training had been arranged to ensure adequate staff were trained and competent to be able to administer the medication.

Is the service effective?

Our findings

Relatives told us staff delivered care in an inclusive way and that their families wishes and preferences were respected. The relatives were also complimentary about the staff that supported their family members. People we spoke with told us they were happy with the care and support they received. One person said, "I like it here."

We found new staff had undertaken an induction which included them completing the 'Care Certificate,' if applicable, along with other essential training. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

New staff we spoke with who had recently been recruited told us the induction was very good and enabled them to have the skills and knowledge to be able to support the people living in the schemes. The operations manager told us the provider's induction had been improved over the last six months. This now included regular support meetings and a full appraisal after six months to determine if probation had been successful.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. Training was both e-learning and class room based. Some staff told us they preferred the classroom training as felt it was more effective.

Staff told us they felt supported by the management team and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued. Staff told us support had improved over the last few months with change in management.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked people's care files in the office to see whether people had given consent to their care and support, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

The manager understood that where decisions had been made in people's best interest, these needed to be fully documented. However not all best interest decisions were kept with the plans in the supported living schemes, this was being implemented at the time of our inspection. We also found some staff although had

completed e-learning training did not fully understand the legislation and how it impacted on the people they supported. We discussed this with the manager who was already aware that more training was required for some staff. The operations manager agreed it would be covered and addressed in group supervision and other training organised if required.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. People were offered a varied and healthy diet, which was based on their preferences and dietary requirements. When we visited the supported living schemes we saw snacks and drinks were available throughout the day. People we spoke with told us they liked the food, chose what they wanted to eat and prepared the food with support from staff.

People had good access to healthcare services. We saw records of visits by health care professionals in people's care plans and any actions from the visits were followed up. For example one person's mobility had deteriorated and an occupational therapist had been involved with assessing what support and equipment was required for staff to be able to meet their needs.

Is the service caring?

Our findings

People who used the service, and the relatives we spoke with, said they were happy with the way staff delivered care and support. Relatives told us that staff respected people's decisions and preferences. People described staff as being caring, kind and responsive to their needs. A person we spoke with said, "The staff are lovely." Another said, "I am happy, the staff help me." A relative we spoke with told us, "I can't fault the care staff, they are very good."

We saw that people's privacy and dignity were maintained well. We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when supporting with personal care. We observed staff who addressed people in a caring way and in a manner that was appropriate for each individual person. This showed staff respected people.

Staff received training in respecting people and maintaining their dignity as part of their induction to the agency. Staff we spoke with described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions.

The manager told us that there had been some changes to staffing since they came into post but now had stable staff teams at each supported living scheme. This meant the staff and people who used the service could build up relationships, as well as helping to ensure consistency when delivering care and support. The people we spoke with confirmed they were happy with the staff that supported them. We observed support in the supported living schemes we visited. We saw this was provided in a caring way and interactions we saw were positive and inclusive. For example in one scheme a person told us how they had been ill and in hospital and that staff were supporting them to get better.

People who were able had been involved in developing care plans. Care files sampled contained details about people's likes and dislikes. They also outlined people's abilities, so independence could be respected and encouraged. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Is the service responsive?

Our findings

People we spoke with told us staff provided care which met their needs. Relatives we spoke with told us their family member's needs were met to a good standard. They confirmed they had been involved in planning the care and support provided. A relative told us, "I am kept informed of any changes or issues and [my relative] is well looked after."

We looked at the office copies of three people's care records and found they contained good information about the person's needs, any risks associated with their care and their preferences. The people we spoke with confirmed care files were available in each person's home. Care plans were being improved at the time of our inspection and were being written in a person centred way that gave staff clear guidance about how to support individual people. We also visited the supported living schemes and looked at the care plans these in general these were to the same standard as the ones kept in the office. However some areas around health action plans, MCA and DoLS needed updating in these care plans. The manager was aware work was required in this area and was implementing it at the time of our inspection.

Records showed the provider worked responsively with external professionals, such as social workers, occupational therapists and commissioner. We saw records were documented following any input from health care professionals and we saw one care plan had been updated following a review. However some documentation was not up to date, staff were able to tell us how to meet the person's needs but this was not evidenced in the plan of care. The team leader told us this would be addressed immediately.

People were supported to access the community and participate in activities. People had been on holidays and at the time of our visit at one scheme staff were organising this year's holidays. People were involved in the choices and decisions. People told us they liked going out and staff supported them to do this.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes

People we spoke with did not raise any complaints or concerns about the service provision. They said they would feel confident raising any issues, which they felt would be taken seriously. Staff told us if they received any concerns about the services they would share the information with the team leader or the manager. They also told us how they would raise concerns on behalf of people who felt unable to do so themselves.

Is the service well-led?

Our findings

The service had re-registered with the Commission in June 2016 as the provider changed the company name. This was the first inspection of the service under the new registration. At the time of our inspection the service had a manager in post but they were not registered with the Care Quality Commission. They had applied to register and this was being processed.

The manager told us they were undertaking a level five diploma in adult social care for adults and younger people. They said this was helping them develop their management skills.

The manager had commenced in post in September 2016. There were also two new team leaders therefore the management team were predominantly very new and were looking at ways to improve the service. There were systems in place to monitor the quality of the service. However, these were being improved and implemented to ensure consistency across the supported living schemes. During our inspection we identified some areas of improvement, that although had been identified by the management were not all formally documented on the actions summary we were shown. This did not ensure these would be followed up and completed. We also identified two action plans being followed and not all actions had been documented as completed when the date for completion had lapsed. The manager and the operations manager acknowledged the systems were new to the team and were only just being implemented. The systems needed fully implementing and embedding into practice.

Staff told us that they received regular supervision and support from the management team. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff told us they worked well as a team and felt much better supported in the last few months.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also key worker meetings involving the people who used the service, which ensured people's voice was heard. Staff we spoke with told us communication had improved and meant they were better informed of any changes.

Questionnaires were used to gain the views of people using the service, relatives and visiting professionals. We saw people had responded to the set questions in a positive way. The outcome of the surveys was available.

We saw company policies and procedures were in place to inform and guide people using the service and staff. They had been reviewed and updated regularly to make sure they reflected current practice.