

Voyage 1 Limited

Voyage (DCA) Solihull and Birmingham

Inspection report

960 Old Lode Lane
Solihull
West Midlands
B92 8LN

Tel: 01217431211
Website: www.voyagecare.com

Date of inspection visit:
07 February 2018

Date of publication:
09 March 2018

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

Voyage (DCA) Solihull and Birmingham provides care and support to people living in 12 '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.

Not everyone using Voyage (DCA) Solihull and Birmingham receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care', that is, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 23 people were being supported with personal care at 12 separate addresses in Solihull and Birmingham. Seven people were being supported in their own homes and 16 people were being supported in shared houses.

At the last inspection in December 2015, the service was rated Good overall and in safe, effective caring, responsive and well-led. At this inspection we found the service remained Good in safe, effective, caring, responsive and well-led. The overall rating remains Good.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The Registered manager was not available at the time of our inspection. An acting manager had been appointed to manage the service in the absence of a registered manager, supported by the deputy manager and the operations manager.

Since our previous inspection in October 2015, we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

People were protected from the risks of abuse because support workers received training in safeguarding and understood their responsibility to report any concerns. The provider checked support workers were suitable for their role before they started working for the service.

People's support plans explained the risks to their individual health and wellbeing and the actions to support them were agreed with the person, their representative and healthcare professionals. People had health action plans and were supported to obtain healthcare services when required.

The provider made sure there were enough support workers, with the right skills and experience to support people effectively, and in line with their agreed support plan. People were supported to eat and drink enough to maintain a balanced diet that met their preferences.

People were supported to have maximum choice and control of their lives and support workers supported them in the least restrictive way possible; the policies, procedures and staff training supported this least restrictive practice.

Relatives felt that people were supported by staff who genuinely cared for their relations as individuals. Support workers understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Support workers were happy working for the service. People were supported and encouraged to maintain their interests and links with the local community according to their daily preferences. Support workers respected people's right to privacy and supported people to maintain their dignity.

Relatives could be confident any complaints and concerns they raised would be dealt with promptly. People and their relatives were encouraged to share their opinions about the quality of the service at annual service reviews and six monthly care reviews.

The provider's quality assurance system included regular checks that people's needs were met, checks of staff's practice and audits of people's medicines, finances and the safety of their home environments.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Voyage (DCA) Solihull and Birmingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection site visit took place on 7 February 2018 and was announced. The provider was given short notice because the location provides a domiciliary care and supported living service; and we needed to be sure that someone would be available to spend time with us. One inspector carried out this inspection.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

The inspection was informed by feedback from questionnaires completed by a number of people using the service, support workers and healthcare professionals. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection site visit at the office, the registered manager was not available to support the inspection. We spoke with the acting manager, the operations manager, the deputy manager and two support workers. We spoke with five support workers by telephone after our office visit. None of the people who were supported by the service were able to speak with us by telephone, due to their complex needs.

However, we spoke with six of their relatives by telephone, to obtain a view of people's experience of the service.

We reviewed three people's care plans and daily records, and reviewed written records of the checks made when support workers were recruited and the training they attended. We reviewed management records of the checks that senior support workers and the registered manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection in October 2015, and the rating continues to be Good.

Relatives told us they felt people were safe, because their support was planned to keep them safe, while promoting their independence. One relative told us they were happy with the 24 hour support their relation received, because, "[Name] lives alone, but is never left alone." The provider's policy and procedures included support workers checking their colleagues' practice three times a day to ensure safe keeping of people's monies and medicines. A support worker told us, "It's their money. It goes in the safe at their house."

Support workers received training in safeguarding and understood the provider's policies for safeguarding people and for reporting any concerns about abuse, or potential abuse, through the whistleblowing procedure. Support workers told us they had no current concerns, but said that the management team had always taken their concerns seriously in the past. The registered manager, and the deputy and acting manager, understood their responsibilities to refer any concerns to the local safeguarding authority and to notify us when they did.

Support workers were recruited safely, in line with the guidance for safe recruitment of all staff who work in social care. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure support workers were suitable to deliver the service. Support workers told us they learned from and worked with experienced staff, and had to wait until all the necessary checks were completed, before they worked independently with people.

Relatives told us they were involved in care planning. People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of support workers needed, and the actions support workers should take, to minimise risks to people's health and wellbeing. People's support plans were regularly reviewed and updated when people's needs changed.

Relatives told us support workers were available to support people during their agreed hours. Each person had an agreed amount of support, related to their individual needs and abilities, as agreed with the commissioners of care. Most relatives told us people were supported by a regular and consistent team of support workers. Some support workers told us they had worked with the same people for years, even though the legal responsibility for the service had changed several times during their employment.

The provider ensured there were enough support workers to support everyone as agreed. However, when staff left their employment, or were away from work due to sickness, people were unavoidably supported by workers they might be less familiar with. Support workers told us they were confident to work with people infrequently, because they could rely on the people's support plans for guidance. One support worker told us, "The support plans are good. They work."

Medicines were managed and administered safely. Relatives told us they were confident that people were supported to have their medicines when they needed them, because staff phoned to let them know if they were not administered. People's care plans included a list of their prescribed medicines, where they were stored in their home and explained when support workers should administer medicines which were prescribed as 'when required'. Support workers told us they were comfortable and confident in administering medicines because they had received training in medicines administration.

Senior support workers, known as team leaders, checked people's medicines every week. They counted the amount of medicines in their home and checked the number matched the amount shown on their medicines administration record (MAR). Where any errors were identified, they were reported to the person's GP and the commissioners. Where an individual support worker was identified as having made an error, they were suspended from medicines administration until they had attended retraining and been signed off as 'competent'.

People were supported to prevent infection in their homes. Support workers told us they had training in infection prevention and control and in food safety. People's care plans included information about how to support people to prepare food safely, by washing their hands and using aprons. The team leaders' quality checks at each person's home included checking that the environment and equipment were clean and fit for purpose.

Is the service effective?

Our findings

At this inspection, we found support workers had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in October 2015. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's risks and needs were assessed with nationally recognised risk management tools, in line with NICE guidance. Risk assessments included information about the signs and triggers that might cause a person to become anxious and present behaviour that challenged others. Support workers told us they read people's care plans before they worked with them to make sure they understood people's individual risks, needs and abilities and how they should support people effectively.

New support workers worked with experienced support workers during their induction period, to make sure they understood people's individual needs and preferred routines. New support workers were introduced to the Care Certificate, which includes training in the fundamental standards of care for all staff that work in the health and social care sector. Support workers told us they were provided with the training they needed to be confident in their practice. Records showed support workers had training in subjects that were relevant to people's needs, such as moving and assisting to move and how to safely manage situations when people displayed behaviours that challenged others.

Relatives told us support workers had the right skills and attitude to support their relations effectively. They told us, "I have confidence in staff's knowledge and ability" and "[Name of staff] is really good with [Name of person]. [Name]'s challenging behaviour has reduced." Support workers told us they felt well prepared, because they had time to get to know people well, before they worked with them independently. Support workers shared information about how people were and any changes in their needs by keeping daily records of how they had supported the person and how the person had responded.

Support workers told us they attended individual and team meetings to discuss issues related to people's needs, the organisation, and their own needs for support. Support workers told us, "A manager attends the team meetings and we can voice our opinions", "We raise issues, they listen and respond" and "Team leaders said they needed more support and there are plans in progress to give more support."

People's support plans included information about their dietary needs, and any cultural or religious preferences for food and drinks. A support worker told us they always encouraged people to eat a healthy, balanced diet, but people made their own decisions about the meals they ate. People who lived in shared houses were supported to plan shared meals, if that matched their routines and preferences. If people were at risk of poor nutrition, support workers monitored their appetites and weight and obtained advice from people's GPs, dieticians and the speech and language team. People's care plans included the advice from healthcare professionals for how to support people with their specific dietary needs.

People were supported to maintain their health. Support plans included information about people's

medical history and their current medical risks and needs, which enabled support workers to identify any signs of ill health. Relatives told us they were invited to attend healthcare appointments with their relations, if they were able to. One relative told us support workers had arranged for some healthcare professionals to visit their relation in their own home, because visiting healthcare surgeries made the person anxious.

Support workers always supported people at healthcare appointments, such as with GPs, nurses and dentists. People's care plans contained 'hospital passports', which included essential information about their medical history and medicines, as well as their support needs for communicating, eating and drinking.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met. The registered manager understood their responsibilities under the Act. They had assessed people's capacity to make specific decisions about their care and support. Records showed where people were assessed as lacking the capacity to make specific decisions, these were made by a team of people in their best interests. The 'best interest' team included healthcare professionals, the person's representative and people who were important to them.

Support workers had training in the MCA and understood the importance of supporting people to make their own decisions. A support worker told us, "We don't make decisions for people. We assume capacity, unless there are issues, then we have a best interest meeting." Relatives told us they were involved in the decision making process when decisions needed to be made in people's best interests. People's care plans included a 'Decision making profile and who makes which decision' to ensure support workers understood exactly how to present choices using the most appropriate language and tools to enable the person to make an informed decision.

Support workers understood the requirement to adopt the least restrictive practice, if a person was at risk of having their liberty restricted in their best interests. A support worker told us, when one person displayed behaviour that challenged in their own home, the support worker went into the staff room and shut the door., This approach gave the person the privacy and space they needed, until the person signalled that they were ready to re-engage with staff.

Is the service caring?

Our findings

At this inspection, we found people were as happy with their support as they had been during our previous inspection in October 2015, because they felt support workers cared about them as individuals. The rating continues to be Good.

We were not able to ask people directly whether they felt well cared for, because of their complex needs. However, people made positive comments in a survey the provider had undertaken in December 2017. Comments included: "I'm liking my new staff" and "It's excellent. It's perfect." Relatives told us they thought support workers were caring, because their relations seemed to be happy with their support workers. One relative said, "[Name] is very happy. They are always smiling when we visit." Relatives said they felt the service did their best to make sure people who lived in shared houses, shared with like-minded people, with similar lifestyles. A relative said, "They all greet us like family."

Support workers told us they enjoyed their job, because they liked working with people. They told us, "I like helping people", "I like the job, I'm used to the people I work with" and "Every person is an individual with different needs."

Support workers told us they read people's support plans and worked with the same people regularly, so they knew people's individual likes, dislikes, preferences and routines. People's care plans included a section titled, 'Typical day' which included the person's preferences for the time they got up, what they liked to eat and how they liked to spend their time. Some support workers had been working with the same people, through several changes of ownership of the service, because they put the person at the centre of their work. A support worker said, "It's all about them."

A relative told us, "We are very happy with the care and involved in care planning. It's very flexible." Relatives were invited to six monthly needs reviews and annual service reviews, and staff were available to speak with them whenever they visited their relation. The local care commissioners had changed several people's support packages since our previous inspection. Sixteen people who had been living in residential care homes were now supported to live independently, in individual or shared premises.

Support workers had taken on additional responsibilities to enable people to live as independently as possible. People's relatives or appointees supported them to manage their money and support workers supported them to budget weekly spending on essentials and days out. Support workers told us, "We support people with their bills and food costs" and "We suggest options and help them to try out new things. We help them choose a mixture of low and high cost things so their money lasts out."

People's care plans included the person's religion, culture, important relationships, family members and significant events, which helped support workers to understand people's habits and motivations. Support workers told us they felt enabled to support people to maintain their individual personal, cultural or religious traditions because they had training in equality and diversity. Support workers came from diverse backgrounds, so were able to share their cultural traditions and values with each, which improved their

understanding of people's cultural and religious needs. A support worker told us, "That's why I love the job. Everyone should be treated fairly."

People's communication needs and abilities were assessed and their method of communication and the support they needed to communicate effectively was described in their care plan. The communication plans were detailed and explained how people expressed themselves with their body language, facial expression and any aids they used, such as pictures and technological devices.

Relatives told us support workers spoke respectfully when they talked with them about their relation's care and support. People's care plans explained how support workers should respect people's privacy and dignity, with reminders to close curtains and lock doors, when supporting people with personal care. A support worker told us one of the most important issues to know and remember was where people were able to access the most suitable toilet facilities when they went out, to ensure they were able to be as independent as possible, which protected their privacy and dignity.

Is the service responsive?

Our findings

At this inspection, we found support workers were as responsive to people's needs and concerns as they were during the previous inspection in October 2015. The rating continues to be Good.

A support worker told us, "The support plans are good. They work. We review them with the keyworker and assistants and update them when needed." People's care plans were agreed with them and their representatives and families, which ensured care and support was focused on the individual. Each person's care plan contained risk assessments and individual plans to support them, according to their needs.

Care plans were reviewed every six months, to ensure changes in people's support needs and preferences were recorded and known to all their support team. Support workers told us when changes were made, they monitored the impact on people's health and wellbeing, to make sure the changes were beneficial. A support worker told us they had noticed one person had been less agitated in the last few months, following a change in their medicines.

People, their relatives and health care professionals attended annual service reviews to ensure any changes in people's needs were supported and funded. Relatives told us, when they attended the reviews, they were able to ask for changes to be made to support workers and to challenge the current support plans. Relatives told us they were able to measure the impact of planned changes, in whether their relation's appeared to be 'happier' and less agitated after the changes were made. Relatives told us the support workers were very good at giving them feedback if they were unable to attend the service reviews or care plan reviews. A relative said, "They tell me about [Name]'s mood and appetite, GPs and other health care appointments."

Some people required 24 hour support, which meant support workers were able to handover responsibility and information to the next support worker in the person's support team. Other people only needed support for an agreed amount of hours in the day. In these cases, support workers were able to read the person's daily records and staff communication book to know about any changes. People had their own personal diaries, which included what people ate, where they went out and what support they needed. A support worker told us, "We can ask people about what to put in their diaries and write as much as possible."

People were supported to maintain contact with their families, people that were important to them and their local community. Relatives told us they were able to visit when they wanted, to fit around their relation's own plans. Relatives said, "We are always invited to [Name]'s birthday party. They get her a cake and the other people join in" and "[Name] phones me themselves, with support from staff." A support worker told us, "We go out in the community with [Name]. We have pub meals and go to the disco on Wednesday. [Name] loves the disco, but doesn't stay long. They have a chat (to stay in contact with others), and ask to go."

Most people's support package included supporting them to access the community, at agreed destinations or within a pre-agreed range of destinations. Support workers told us they responded according to people's needs for routine or spontaneity. Support workers told us about some people who were more reassured by

a regular routine of planned activities, and about other people who liked to choose according to their mood on the day. A support worker told us, "Some people prefer to choose day to day. We suggest options and help them to try out new things, to 'see if you enjoy it'" and "[Name] decides day by day and we adapt. They don't like a planner."

People's care plans included their social history and a one page profile about the person, to enable support workers to know people well and to understand what was important to them. People were supported to go out to places that interested them. Support workers told us, "We might get the train into town for the library, or visit the Think Tank" and "We might go to a theme park one day and have a picnic another day in the summer", (to balance the costs). Support workers planned holidays with people, and encouraged them to take holidays with their friends. A support worker told us, "We are planning a holiday with two people and four support staff. We looked at places together and we will do a short trip in advance, to acclimatise to the holiday place."

Another support worker told us they had set up more local opportunities for people to come together, learn and increase their independence. They told us they had set up regular cookery sessions for people to acquire cooking skills and appreciation of their food. They told us, "We assessed the environment for risks and hired a church hall for cooking. We decide the menu, go shopping at the supermarket together, and go to church hall to cook." The support worker team that has implemented this opportunity had won an award, 'Staff of the year', for their innovative thinking. They told us, "You want to look after them. We are proud of what we achieve."

The provider's complaints policy was shared with people and relatives and was available in an easy read format, to ensure everyone was able to understand it. A relative told us, "We have probably been given a complaints policy, but we are happy to speak up on [Name]'s behalf. They listen." Only two written complaints had been received in 2017. Records showed the provider responded promptly and invited complainants to meet with them to discuss the issues raised and the preferred solutions.

Is the service well-led?

Our findings

At this inspection, support workers continued to be as well supported, managed and led as at our previous inspection in October 2015. The rating continues to be Good.

The registered manager understood their legal responsibilities and sent us statutory notifications about important events at the home. The ratings from our previous inspection were displayed on the service's website. The manager had been registered with us since April 2015, but was not available at the time of this inspection. The provider had notified us of the absence of the registered manager, in line with their legal responsibility.

In the absence of the registered manager, the deputy manager and an operations manager had been managing the service. The provider had recently appointed an 'acting manager', who was already registered with us for a residential home, to make sure there was sufficient management time to support staff effectively. Staff told us they had given feedback in a staff survey, to say they needed better co-ordination between the office and support workers and had asked for management to be more visible, more physically available.

Support workers told us they felt well supported by the management team, because there was always someone to support them. They told us, "We have a 24-hours on-call support", "Any pressing issues, I pick up the phone. The office is really helpful" and "I can phone the office anytime. The manager is always there for me."

Support workers told us a manager attended their team meetings and they felt confident to raise any issues. They said, "The managers listen, and take up suggestions. I feel much happier lately" and "Team leaders said they needed more support and there are plans in progress to give it." Support workers had heard about the plans for changes in the management structure and roles and responsibilities for senior support workers. A new post of field support supervisor (FSS) was planned, to have oversight for the support of an agreed number of people and support workers. The provider was already recruiting field support supervisors and planned to recruit two office based care coordinators to manage the rotas and staff.

Support workers told us some improvements had been implemented and some were in progress. A support worker told us, "The keyworker role is in discussion and part of the action plan. I was working across the rota, now I work as a team for consistency." Relatives we spoke had said they wanted a more consistent team of support workers for their relation, with a nominated individual to raise any issues or concern with. A relative said, "There were too many changes of staff, always different names, always changing. [Name] doesn't like change. They like to know who is coming. We have been receiving a rota now for four weeks."

The provider's quality assurance system and process was shared between all the staff, each with their own responsibilities. Support workers checked people's finances and medicines were managed accurately, three times a day, at each shift handover. Team leaders conducted weekly and monthly checks of people's medicines. Where errors or omissions were identified, staff attended retraining and competency checks,

before they administered medicines again.

Team leaders conducted unannounced visits and monthly quality assurance checks of their services and shared the results with the management team. They checked that the premises and equipment were safe, serviced and well-maintained, checked that support workers kept accurate and effective records of support delivered and observed support workers' practice. Where issues were identified, actions were planned to improve the quality of the service. For example, there was a plan for support workers to attend training in writing effective records.

The management team had an agreed schedule of 'fresh eyes' visits, which were planned to focus on specific aspects of care, for example, on medicines management, night staff, finances, activities or records keeping. The operations manager told us that the results of the quality audits were shared across the organisation, to ensure any learning and plans for improvements were shared with all the services in the provider's group of services. Records showed action plans had an identified member of staff to lead on the action, with an agreed date for completion.

Support workers told us, "The team leader turned up announced and checked the records" and "We have spot checks and get feedback. Maybe you think you are doing a good job, but fresh eyes are good." The planned changes to the management of the service included more frequent observational supervisions, that is, team leaders, or field support supervisors, will observe the impact of support workers' engagement, with separate 'supervision meetings' for staff to discuss their practice and their personal development.

People were supported to share their views of the quality of the service, with support from their families, at six-monthly person-centred reviews and annual service reviews. The provider told us they took action to improve, based on people's views, or explained which aspects were beyond their control as the provider of the regulated activity of personal care. The provider conducted regular surveys to give people and relatives the opportunity to air their views anonymously if they wished. A relative told us, "They sent us a questionnaire. I haven't filled it in." The provider analysed the result of their survey for any negative responses and treated them in the same way as formal complaints, by inviting the complainant to meet face to face to resolve their concerns.

In our conversations with relatives during this inspection, relatives said they would be happy for us to share any of their dissatisfactions with the service with the acting manager. By the end of our inspection, the acting manager had invited relatives who voiced dissatisfactions to a meeting or phone conversation, to agree how best to resolve them. The acting manager sent us a copy of their response to issues that were raised by relatives. We found they had addressed the dissatisfactions the relatives had shared with us.

The operations manager told us they had worked in partnership with several different local commissioners of care when people were transferred from living in residential homes to living independently. This involved adopting new responsibilities for the provider to negotiate with different landlords on behalf of people who used services. It resulted in new responsibilities for support workers in supporting people to plan ahead, to budget for bills, food and activities and to keep their money safe. Relatives told us they had been mostly supportive of the changes, because it promoted people's independence. One relative was pleased that their relation had been able to move closer to the family home, which enabled more frequent visits from family members.