

Voyage 1 Limited

Voyage (DCA) Staffordshire

Inspection report

29 Station Street
Cheslyn Hay
Walsall
WS6 7ED

Tel: 07484504806
Website: www.voyagecare.com

Date of inspection visit:
29 October 2020

Date of publication:
25 November 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Voyage (DCA) Staffordshire is a care at home service providing personal care to 26 adults at the time of the inspection. The service supported people with mental and physical health needs and learning disabilities in their own homes (some which were supported living sites) across Staffordshire.

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.

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

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were applying the underpinning principles of Right support, right care, right culture. The service was able to demonstrate how people's independence and rights were promoted in a way that allowed them to take risks when considering their safety. The ethos of the service supported staff to have the values, attitudes and behaviours that would ensure people using services lead confident, inclusive and empowered lives.

People were seen to be comfortable and relaxed in the presence of staff and were supported by knowledgeable staff who knew their needs and preferences. We saw there were warm and friendly interactions between staff and people and they were seen to be supported in a safe, but not restrictive way.

Staff were knowledgeable as to what to do if they had any concerns in respect of abuse and how to report this. People had comprehensive risk assessments in place which gave clear guidance for staff, and they were aware of this guidance. People received their medicines as prescribed by trained staff. There were enough safely recruited staff to ensure people were able to access daily living opportunities of their choice in their homes or community safely. This meant people were supported in a safe way.

The provider and registered manager regularly reviewed the quality of the service and was able to show us improvements that they had made following incidents, this to ensure the safety of the service was improved.

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 07 August 2019).

Why we inspected - The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to investigation by other agencies. As a result, this inspection did not examine the circumstances of the incident. Dependent on the findings of other agencies CQC may review the circumstances of the incident under a separate specific incident process.

The information CQC received about the incident indicated concerns about the management of people's health conditions where there was potential for these to present a serious risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only, this to identify that people who currently used the service were safe.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

The overall rating for the service has remained the same. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Voyage (DCA) Staffordshire on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

Voyage (DCA) Staffordshire

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service 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 48 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 activity started on 27/10/20 and ended on 30/10/20. We visited the office location and one of the supported living sites on 29/10/20.

What we did before the inspection

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 provider was not asked to complete 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 the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We visited the service's registered office and then visited a supported living site where several people who used the service lived.

We met and spoke with four people who used the service. We spoke with five members of staff including the operations manager, registered manager, site manager and three care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives about their experience of the care provided and one member of staff by telephone

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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

- People were seen to be relaxed and comfortable in the presence of staff during the inspection.
- The registered manager and staff were knowledgeable as to what abuse may look like and what action they should take if they had concerns. A member of staff told us, "If there was a safeguarding issue, I would report to manager but if I felt manager had not acted would report to senior managers. If needed would contact CQC or others".
- Where safeguarding concerns had been raised, the management team reported them to the local safeguarding team and had completed investigations (when agreed with social services).
- Relatives knew how to raise any safeguarding concerns they may have. One relative told us, "I am reassured. Was a concern with one of other residents and (person's name) but they told me and [provider] reported to safeguarding, There were no worries".

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which had been completed with them or in their best interest, and where appropriate their family and other professionals. For example, people who had epilepsy had risk assessments in place that stated the types of seizures, what risk this presented, any potential triggers if known and the action staff should take to respond to a seizure, including reporting. A relative told us their loved ones, "Seizures are now far better controlled".
- Where people presented challenges to staff, staff had worked alongside people to understand any potential triggers for these challenges.
- Whilst staff were trained in restraint, these had not been used in some time and staff told us the training was useful as it educated them on ways to avoid restraint and reduce people's anxiety, so restraint was not needed. One staff member told us, "It helps to know what is important to help avoid restraint and relax the person".

Staffing and recruitment

- There was enough staff to meet people's needs flexibly. For example, at the time of our inspection people were seen to be supported to go out with the number of staff identified within their support plans and risk assessments.
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- People received their medicines as prescribed by trained staff. Protocols in place for people who had 'as required' medicines and staff were recording these in line with the provider's policies.
- Medicines administration records (MARs) were accurate and up to date and the provider had a system in place to audit medicines records to ensure any errors were identified. Training records showed staff had received medication training and competency checks, this confirmed by staff we spoke with.

Preventing and controlling infection

- Staff were knowledgeable about protecting people from the risk of infection and had access to disposable face masks, gloves and aprons. We saw staff used these when we inspected.
- Relatives told us about precautions staff took to ensure people were protected from cross infection that included the car used by staff to take people out been "Completely sanitised" and, "Carer wears mask".
- The provider recorded regular cleaning of regularly used hard surfaces (for example door handles) at the supported living site we visited.

Learning lessons when things go wrong

- Accidents, incidents and near misses were reported and investigated by the management team to reduce the risk of reoccurrence and identify learning.
- The provider had identified learning from a recent incident, for example unannounced night checks on staff were now in place.

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 the same.

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

- People and staff said the service was well managed. Relatives comments included, "Very glad [person's name] is there. I'm really happy, it's a good service" and, "Delighted with [the service]. Key worker fights for them, flats always immaculately done".
- The registered manager promoted a positive culture across the service which was reflected by staff. Staff said they were able to discuss any issues or updates with the site manager, registered manager or area manager if wished.
- Managers and staff, we spoke with all expressed a genuine interest and passion regarding the care of the people they looked after. One member of staff said, "If any staff were not good, they would not last and I would have no hesitation reporting poor practice. The manager would not stand back, they would chase any issues and deal with".

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 and provider understood their responsibilities under the duty of candour and was meeting these. All managers and staff we open and honest about the service and challenges they faced and how they were looking to address these. A member of staff told us, "The culture is important, you need to admit mistakes and be open and be comfortable to be open".

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

- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements. For example, we have been sent all required statutory notifications and the CQC rating for the service was on clear display in the registered location.
- The management team regularly reviewed the quality of the service with use of various quality checks/audits.
- This registered and other managers had a good knowledge of the service and the needs of individual people that used the service.

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

characteristics

- The service actively sought feedback and involved people and their families in a meaningful way. People's records showed that reviews were completed which involved people directly or through observation of their choices and preferences.
- Staff told us they received regular and appropriate support from their managers. Supervisions offers support needed. A member of staff told us, "Supervisions offer the support needed. What I need help with I get feedback and we set goals".

Continuous learning and improving care

- Following a recent incident, the provider was able to show us they had reviewed those elements of the service linked to this event and what learning had been drawn from this. For example, night checks had been completed, records of night checks were more comprehensive, and actions had been identified in relation to record keeping that were actioned and monitored.
- The management team also completed debriefs with staff after any incidents where there were challenges to staff to ensure staff were well supported and to identify any learning from these events.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed, for example the manager at the supported living site we visited told us how they were working with people's external health care teams to ensure there were regular reviews of their healthcare.