

Voyage 1 Limited

Voyage (DCA) Hampshire

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

Voyage (DCA) Hampshire is a registered care provider providing personal care to people as part of the support that they need to live in their own homes. The personal care is provided under separate contractual arrangements to those for the person's housing. The accommodation is often shared, but can be a single household.

At the time of the inspection Voyage (DCA) Hampshire were supporting 94 people across Hampshire. Some people had chosen to live with other people in the same house and some people had chosen to live by themselves. People's support needs were varied and Voyage (DCA) Hampshire had 252 care staff employed at the time of the inspection to ensure their needs were met. Some people only needed support for a few hours a day whilst others needed support 24/7, this support included waking night staff and sleep-in staff for some.

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

People told us they felt safe and knew who to talk to if they had any concerns. The registered manager understood their responsibilities to safeguard people from abuse and there were clear processes and systems in place to ensure they were alerted to any safeguarding concerns relating to any of the supported living services.

Some people and family members told us they felt additional staffing was needed in some of the supported living services. Staff told us they had sufficient staffing levels. We observed safe staffing levels throughout the inspection.

People received their medicines in line with their preferences and by staff who knew them well.

The registered manager had oversight of accidents and incidents and was able to review incidents for any of the supported living services as required. Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence and lessons learnt.

The service had a robust and comprehensive assessment process in place to ensure people's needs could be met. People had confidence in the ability of staff and felt they were well trained. There was a robust and in-depth induction process for new staff. We have made a recommendation in relation to how the provider prioritises the roll out of training in daily record keeping.

The manager and staff demonstrated their knowledge and understanding regarding the principles of the MCA. People's consent had been sought for their care needs. People were generally positive about the quality of care and support people received. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. People were encouraged to express their views and opinions and supported to make choices and decisions.

The COVID-19 pandemic had placed additional pressures on the supported living services. The provider told us the priority had been ensuring people were safe during the pandemic. The provider had utilised different communication methods to support people to maintain contact with their relatives and friends.

Staff felt supported by the registered manager and provider. The provider had regular operational meetings to review best practice and share lessons learnt. Staff had access to policies and procedures which encouraged an open and transparent approach. The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people.

Some family members and professionals told us that communication could be improved from the provider in relation to one supported living service where there were concerns around continuity of care for people and the impact this had on them. However, the provider acknowledged this and had taken action to address the concerns.

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 statutory guidance which supports CQC 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 meeting the underpinning principles of Right support, right care, right culture. The culture in the service was not risk adverse. People were supported to take positive risks and the provider supported and promoted people's independence.

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

Rating at last inspection

This service was registered with us on 06/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

The inspection was prompted in part due to concerns received about medicines, staffing and lack of oversight by the provider. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the <list relevant key question> sections of this full report.

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 effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Voyage (DCA) Hampshire

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in several '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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and 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.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with 25 members of staff including the registered manager, 14 care staff, a care coordinator, a field support supervisor, two team leader, two locality managers, a regional support manager, a senior trainer and two operational team members.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to nine relatives about their experience of the care provided. We looked at training data and quality assurance records. We looked at a sample of people's care records and recruitment records. A variety of records relating to the management of the service including policies and procedures were reviewed. We received feedback from three 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to talk to if they had any concerns.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns to ensure people's rights were protected. They were confident appropriate action would be taken if they had any concerns.
- Some people's family members and professionals told us they had concerns about two of the supported living services. These two services had been open to the local safeguarding adults' team due to a number of safeguarding concerns. The provider was open about the safeguarding concerns and acknowledged it was a work in progress. They were working with the local authority to address the concerns.
- We reviewed the oversight the provider had of the individual supported living services and the safeguarding systems and procedures in place to safeguard people from risks. We found there were appropriate policies and systems in place to protect people from abuse.
- The registered manager understood their responsibilities to safeguard people from abuse and there were clear processes and systems in place to ensure they were alerted to any safeguarding concerns relating to any of the supported living services. Although there were multiple supported living services spread out across Hampshire, the provider had robust processes in place to be able to respond to, and manage, safeguarding concerns.

Staffing and recruitment

- Some people and family members told us they felt additional staffing was needed in some of the supported living services. People told us where there were additional hours to support community access commissioned, these hours were not always provided when they were meant to be provided. However, they confirmed that these hours were provided at a later time.
- The provider was open and honest about the challenges they'd had recruiting staff. The registered manager told us about the measures they had implemented to ensure sufficiently skilled and competent staff were deployed across the supported living services to minimise impact on people. In addition, they had built up relationships with care agencies to provide consistent support for people.
- Staff told us they had sufficient staffing levels. Some staff told us that there had been times where they had been short staffed but that things had now improved. One staff member told us, "We do now; there is more staff coming in and I think we are alright now."
- For one of the supported living services, the people, their family members and the professionals who had been providing support, told us that there were times where people had been left without support due to confusion over which staff member was supporting them. The provider told us that they had trialled an electronic allocation system in one of the services which had been unsuccessful. They had recently reintroduced the paper-based allocation which was more effective. People and staff confirmed that this had

resulted in an improvement.

- We observed safe staffing levels throughout the inspection.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. Staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather.

Using medicines safely

- People received their medicines in line with their preferences and by staff who knew them well. The provider had clear systems, procedures and policies in place for the storage, administration and auditing in relation to medicines. The quality assurance processes in place ensured consistency across all the supported living services.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain. Staff demonstrated they had good knowledge of the protocols.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Information was easily accessible to visitors to ensure compliance with infection prevention control protocols. The registered office and supported living services visited consistently followed the provider's visitors' protocols; checking lateral flow device test results, taking temperatures and screening for symptoms of acute respiratory infection.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people with their family members in accordance with the current guidance.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents. Each supported living service had a local manager who supported the registered manager to have oversight of the services and to be promptly alerted to any incidents, accidents or errors.
- Incidents, accidents and errors were entered electronically, and all relevant members of the management team were notified. Where appropriate other professionals within the organisation were able to be notified. For example, the positive behavioural support team. This meant a multi-disciplinary review could take place promptly and any identified learning or actions implemented quickly.
- The registered manager had oversight of accidents and incidents and was able to review incidents for any

of the supported living services as required. They told us how they were able to support the investigation and analysis of accidents and incidents specific to a supported living service and ensure action was taken to prevent a recurrence as well as share lessons learnt and good practice across all the supported living services.

- Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence and lessons learnt. For example, one staff member told us how the providers medicines procedures had been made more robust following some medicines errors. They told us following a medicines error, staff were supported with reflective practice to review the error and identify any learning. The staff member would be unable to administer medicines until they had been supported with a medicine's competency assessment and, if identified as required, attended additional medicines training.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The service had a robust and comprehensive assessment process in place to ensure people's needs could be met. At the time of the inspection one of the supported living services had recently supported one person to move into the home as an emergency placement. The staff told us how they had prioritised finding out as much as they could about the person, their family, history, preferences and interests to ensure they were supporting them the way they wanted and to support them to feel comfortable in their new home. We saw how the provider had regularly updated the person's care planning documentation to reflect any new information they had learnt. The person told us, "I think this place is lovely and I get on with all of the staff."

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff and felt they were well trained. Some family members had confidence in the ability of staff. However, some family members told us they lacked confidence in the ability of staff in two of the supported living services and the staff needed more training. The provider acknowledged that there had been a high turnover of staff at these services, including the local management team, and this had impacted on the services. However, they had redeployed staff and utilised consistent agency staff to minimise the impact on people.
- The registered manager told us they had prioritised recruitment and had successfully appointed new staff members, some who had started and some who were completing their pre-employment checks.
- There was a robust and in-depth induction process for new staff. During the inspection we saw induction training was taking place for seven new care staff members. They all were consistent in their positive feedback about the recruitment process, induction training, support from the registered manager and about the provider. Comments included, "[Registered manager] is approachable and easy to talk to", "They kept me informed all the time, really impressive" and "They've all come done to see us and meet us, very approachable."
- The provider and trainer were passionate about the recent changes they had made to the training team. The senior trainer was based at the registered office and oversaw the training for all the care staff. They told us how they reviewed the training requirements for all staff weekly and monitored their compliance. This included supervisions and fire drills for staff and although they personally did not carry these out with staff, they monitored to ensure they were completed within the required timeframes.

- The trainer told us how flexible their role was in being able to deliver training; where training needs were identified at short notice, they were able to be responsive in meeting those needs promptly. They had dynamic training packages that could be updated to reflect changes in best practice and to incorporate shared learning. For example, the trainer told us, "I have just put together a medicines errors half day training course in response to the medicines errors. Getting people to take accountability and ownership ... staff came in anticipating a telling off but have had really positive feedback from staff about how it opened up their awareness and found it insightful."

- Staff received on-going training and were supported in professional development, both internally and externally to the organisation. We saw the implementation of a training course to support care staff with daily record keeping and the positive impact this had had in the quality of records in some of the services. However, in other services it was evident that this training had not yet been completed by some of the staff. We were told that the training was being rolled out across all care staff.

We recommend that the provider prioritise this training for the supported living services where they had the safeguarding, staffing levels and staff retention concerns.

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

- We saw people being offered drinks and food and were supported by staff who had received food hygiene training. One person told us, "I can eat and drink when I want and what I want."

- People were supported with personalised menu planning. One person told us, "I want to be a bit healthier, I want to try and lose some weight. They (staff) are helping me plan."

- The feedback from people and their relatives was mostly positive about the support provided to people in relation to eating and drinking. However, there were concerns from some family members and professionals in relation to one of the supported living services in relation to food and drink. People were not supported to regularly monitor their weight and for one person they had put on a significant amount of weight. Staff lacked guidance and training around how to support people to manage their weight and to promote healthy eating. In addition, there were concerns that people were not being supported with effective menu planning and out-of-date food items were regularly having to be disposed of.

- These concerns relate to the one supported living service and the evidence indicates it is specific to this service and not reflective of the other supported living services supported by Voyage (DCA) Hampshire. These concerns were shared with the local authority. This supported living service had experienced a high turnover of staff and insufficient staffing levels. The provider had appointed a new local manager who was in post at the time of the inspection. To support the local manager, and the staff team, a member of the operational team had been working alongside the manager in the service to provide additional support and guidance.

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

- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. For example, GP's, podiatrists and community nurses. However, we were told by family members of one of the supported living services there had been concerns around staffing that medical appointments had not always been supported by the provider. As a result two people were now supported by their family members to attend appointments.

- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

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.

- People's consent had been sought for their care needs. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made. We observed additional decision specific MCA assessments and best interests' decisions for people.
- The manager and staff demonstrated their knowledge and understanding regarding the principles of the MCA. Staff members could describe principles underpinning the legislation. They spoke with us about people's rights to make choices and decisions for themselves. We observed people being supported to make some choices and decisions for themselves using their preferred communication methods. For example, we observed one person being supported to choose an activity of their choice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were generally positive about the quality of care and support people received. Comments included, "The staff are amazing", "They are all good in their different ways", "They all know what they are doing" and "I love living here, I think it is quite good."
- People and their family members told us that their families could visit when they wanted them to.
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Staff told us about how they were supporting people to achieve their goals. For example, one person wanted to undergo differ driver licence training and staff were supporting them to research what they needed to do. Another person wanted get a canine partner and was being supported to find out what the steps were.
- People were supported to have detailed personal histories and likes and dislikes. Their personalised records detailed people's preferences and emotional wellbeing support needs. The service had carefully considered people's human rights and support to maintain their individuality. Records included information of protected characteristics as defined under the Equality Act 2010, such as people's religion and cultural background.
- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication. However one family member told us in relation to one of the supported living services, "Due to inconsistency or care and lack of knowledge/training, [person's name] has not been supported in using their preferred communication method."
- People were encouraged to express their views and opinions and supported to make choices and decisions. Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- People were offered opportunities to be involved in reviews of their care. People confirmed this. One person told us, "I get asked what I think and am involved in my reviews."

Respecting and promoting people's privacy, dignity and independence

- We observed staff were friendly and caring when supporting people. They allowed people time to express themselves, offered reassurance and actively promoted their independence. The promotion of independence in care plans was clear and detailed. A staff member told us, ""
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence. For example, one person was being supported to complete their

wheelchair exercises with weights. We observed staff verbally encouraging the person to use the remote control themselves and to collect their weights from where they were stored and take them to the lounge. We observed another person being supported to complete household tasks. Such as dusting, vacuuming and laundry.

- People's confidentiality was respected, and only designated staff had access to people's records. Electronic records were safe, and staff used own login to access these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; support to follow interests and to take part in activities that are socially and culturally relevant to them; Supporting people to develop and maintain relationships to avoid social isolation

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- The COVID-19 pandemic had placed additional pressures on the supported living services. The provider told us the priority had been ensuring people were safe during the pandemic. We were told how COVID-19 and lockdowns had impacted upon people's ability to engage in their usual chosen activities within their communities.
- The registered manager and staff told us how they had supported people to adapt their activities or find alternative ones. For example, one person had liked to visit their local shop daily. During the national lockdowns, the provider set up liked up a 'pop up' shop in the grounds of their supported living service. They were supported by the local shop to have a staff name badge and shopping bags. This had a positive impact on the person's wellbeing. The provider held various competitions and virtual events which were open to everyone.
- We observed people being supported with various activities throughout the inspection. Some people were supported to access activities outside of their homes and some people supported to engage with activities within their home. For example, one person was supported to go to day services, one person was supported to choose and watch a film and one person was supported to play a game. Staff told us how they were supporting people to resume activities they had previously enjoyed prior to the pandemic.
- The provider had utilised different communication methods to support people to maintain contact with their relatives and friends. For example, video calls, socially distanced walks, socially distanced visits, e-mails and newsletters.
- People were offered opportunities to be involved in reviews of their care. The provider had clear processes and systems in place to ensure people's needs were reviewed and changes implemented when required. The quality assurance processes in place promoted consistency across the supported living services.

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's communication needs were identified, recorded and highlighted in care plans. We saw people had personalised communication support plans and evidence that the identified information and

communication needs were met for individuals. For example, easy read information leaflets were available to people including information in relation to flu and COVID-19.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy and procedures in place. This was accessible to people and people told us they knew who to talk to if they had any concerns.
- Complaints were recorded, and action taken to address them in line with the providers policies and procedures. Some relatives told us they had raised concerns with the provider but had either not had a timely response or had not received a response at all. These concerns predominately related to the supported living services where there had been significant staffing or management changes.

End of life care and support

- At the time of the inspection no one living in any of the supported living services was receiving end of life care.
- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were mostly positive about the provider. Comments included, "I like living here, I get on with all the staff", "I do like this place", "I'm asked how I like to be supported and I get up and go to bed when I want" and "The staff are great."

- Some people and their family members told us they wanted increased continuity in staff. People confirmed that there were sufficient staffing levels day to day and where hours for community support were not provided at the planned time, these hours were provided at a later time or different day. However, the high turnover of staff in some of the supported living services had an impact on continuity of care for some people. A family member told us, "[Person's name] does not have a core team around her and is often allocated to agency staff ... I do not believe she has had the opportunity to get to know the staff supporting her."

- Some relatives have told us that they felt communication could be improved. Where there had been recent changes in the staffing structure locally, some relatives felt they had not been kept updated and that they found some of their communications had been lost due to staff changes, or they were not sure who to contact for a response or follow-up. Comments included, "Communication is so bad, staff turnover bad too many agency staff and no consistency" and "Communication with me has been poor. Despite several meetings requested by me."

The provider acknowledged the impact some of the changes had had locally and told us how they were working on rebuilding relationships with relatives.

- Some professionals shared the concerns in relation to the continuity of care for one of the supported living services and the communication difficulties they had experienced. They had been providing additional support, training and guidance to the support living service but had found the high turnover of staff, including the local management team, had impacted on the knowledge, confidence and competence of the staff supporting people with complex support needs. They had observed little progress following their input and were concerned about the impact on the people they were supporting.

- The provider had acknowledged the challenges for the two supported living services and had implemented measures to increase the continuity of staff. They had redeployed trained and competent staff across these services and had prioritised recruitment. People and staff confirmed to us they had seen an improvement in the continuity of staff following this change.

- However, the feedback from some professionals involved in these two supported living services referenced the difficulties they had with communication with the local, and senior, management teams

which had resulted in agreed actions not being completed and a continuation of safeguarding concerns not being addressed adequately. They told us their attempts at communication with the provider were not responded to and they had attended meetings where representatives from Voyage (DCA) Hampshire had failed to attend.

- At the time of the inspection Voyage (DCA) Hampshire had provided additional support to one of the supported living services from the operational team. There was a new local manager to the service and this provided additional support to them whilst inducted into the processes and systems in place within the organisation, as well as to support with the updating of people's documentation to ensure it reflected the current needs of people.
- There is a concern that there is a lack of oversight by the provider over the supported living services where there is not an established local management team in place. However, the provider had identified this supported living service had required additional support prior to inspection and had taken action to address it by basing a member of the operational team at the supported living service. At the time of the inspection the local manager was new and hadn't yet become established within this supported living service. They were aware of the concerns relating to this service and told us they had a plan to address them and felt supported by the registered manager and provider in this.
- At the time of the inspection there had not been sufficient time for the actions the provider had taken to be embedded within this supported living service. However, the feedback from people and staff was positive in relation to the improvements they had seen, and they were confident in the new local manager.
- There was a clear staffing structure in place with local managers supporting the registered manager's oversight of all the supported living services by providing direct oversight over designated supported living services. Staff were aware of their roles and responsibilities. Staff told us they felt supported by the management team, from their line managers to the registered manager and other senior management team members.
- The registered manager told us he ensured he introduced himself to every staff member, either face-to-face or via telephone during the national lockdowns. Staff confirmed they knew the registered manager and were confident in contacting them if needed. We observed the registered manager with people, and it was evident that people knew the registered manager. We observed some positive and warm interactions between the registered manager and people.
- The provider and manager understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.
- The provider had introduced various initiatives for people to participate in to encourage engagement. For example, competitions, challenges with different rewards that can be earned such as gaming machines and achievements of people were celebrated. The provider had created their own magazine that was shared with people, family members and staff. People told us how much they enjoyed the magazine and some people had featured in it.

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; Continuous learning and improving care

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were continually looking at ways to improve the service.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.
- Staff felt supported by the registered manager and provider. Staff told us they were encouraged to develop their skills and knowledge to assist them to support people effectively. Staff consistently told us the

registered manager was approachable. One staff member told us, "So far I have never had an issue I haven't felt hasn't been listened to or managed."

- The provider had quality assurance procedures to help drive ongoing improvements within the service. In addition to internal audits within each supported living service, there was a quality assurance team who carried out audits in each supported living service. The registered manager and the local managers also completed audits at different supported living services. This promoted good practice, information sharing and ensured consistency across all the services.
- The provider had regular operational meetings to review best practice and share lessons learnt. We saw evidence of shared learning being cascaded to all staff. The training was able to be responsive to changes in good practice, legislation and lessons learnt and adapt training promptly. Where concerns were identified in relation to one service, or a person's support needs changed and additional training was required for staff, they were able to respond proactively and ensure staff were trained in a timely manner.
- Staff told us they felt listened to and able to make suggestions and get feedback. One supported living service had identified that when de-briefs were carried out following an incident, whilst people were informally offered de-briefs, there was no formal process for offering de-brief opportunities to people. Having provided this feedback to the provider, at the time of inspection, there was a pilot the service were involved in to create a process for de-brief opportunities for people.

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

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available and displayed within the home. The provider had set up a robust system in place to share important updates and guidance to staff. Guidance and information relating to COVID-19 to support staff's knowledge and awareness of updates to guidance, policies and procedures was easily accessible.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed, confident and engaged with people consistently.