

Voyage 1 Limited

Voyage (DCA) Lancashire

Inspection report

Preston Technology Centre
Marsh Lane
Preston
PR1 8UQ

Tel: 07547953636

Date of inspection visit:
11 June 2021
13 June 2021

Date of publication:
12 July 2021

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) Lancashire provides personal care to people living in their own houses and flats in the community. People who used service have conditions that may include, autism, mental health and physical health needs. At the time of the visit there were two people using the service across two addresses. Not everyone using the service received a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. The registered manager had a system to respond to allegations of abuse. People told us they felt safe. Risk assessments had been developed to minimise the potential risk of avoidable harm to people during the delivery of their care. People were safely supported to receive their medicines as prescribed. The registered manager had robust and safe recruitment procedures. Staff had received training and guidance in the prevention and control of infections including COVID-19.

People's care and support had been planned in partnership with them, their specialist professionals and their relatives where possible. Staff had received regular training and supervision to support them in their roles. Staff supported people in line with national and best practice guidance.

The registered manager worked in partnership with people and other professionals. Compliments from professionals were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. People received person-centred care, which was responsive to their needs. Care records were well written and contained important details about people's needs. Staff supported people to access the local community. People's individual communication needs had been assessed and staff had tools to assist their interactions with people. The registered manager dealt with people's concerns and complaints appropriately.

The provider had a governance system which helped to monitor progress and to drive improvements. The service worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff were positive with how the service was managed.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to have full control of personal aspects of their day to day life including, access to the local community, having their own independent flats and tenancy. People managed their own money and having control of who visited them. Staff sort consent before providing care support.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 24/10/ 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection scheduling.

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) Lancashire

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

One inspector carried out the inspection.

Service and service type

Voyage (DCA) Lancashire is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. 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 were unable to speak to people who used the service due to the complexity of their needs, COVID-19

restrictions and to prevent distress. We spoke with the regional manager, the registered manager and the team leader about the care they delivered to people.

We reviewed a range of records. This included two people's care records, multiple medication records, two staff recruitment records and we looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records and read feedback from two health professionals. We also contacted four care staff via telephone interviews.

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 were safe and protected from abuse and their human rights were respected and upheld. Staff told us training was provided and regularly updated. They were confident to report concerns and satisfied that action would be taken to investigate the concerns.
- There was a protocol to report concerns within the service and other external organisations such as the local safeguarding authorities.

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

- The registered manager had assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm during care delivery and while out taking part in community activities.
- Staff knew how to support people in an emergency and had sought medical assistance where necessary.
- There was a process that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. Staff had access to guidance on what worked for each individual and how to improve the way they respond to people during times of distress. A positive behaviour support practitioner was available to provide staff with guidance where required.

Staffing and recruitment

- The registered manager and the provider followed safe staff recruitment procedures. All the necessary background checks were carried out. This ensured only suitable staff were employed to support people.
- Records we reviewed and conversations with staff showed staffing levels were enough to keep people safe.

Using medicines safely

- People received their medicines when they should. Staff had received training in medicines management and their competence had been checked.
- Medicines administration systems were robust and well organised. The registered manager and staff carried out regular audits on the safe use of medicines.

Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control. The provider and the manager complied with COVID-19 guidance including regular testing for staff, vaccination and use of personal protective equipment (PPE).

- Staff had access to PPE such as face masks, gloves and aprons. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

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 our findings confirmed this.

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

- People's needs were assessed before they started using the service. There was a well-planned transitional process. Information gathered during assessment was used to create people's care plans and risk assessments. Staff said, "The transition process was really good I think we got to know the person better before they came here."
- The registered manager and their staff referred to current legislation, standards and evidence-based guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they regularly updated their training. Staff told us, "I had two weeks training at our offices and two weeks shadowing experienced staff before I could work on my own." And, "We get ongoing online courses now to keep updated."
- Staff told us they felt supported to maintain their competence and skill. In addition, they had access to specialist professionals such as mental health nurses and behaviour support practitioners.

Supporting people to eat and drink enough to maintain a balanced diet ; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. Staff supported those who required help with healthy eating or special diet to manage their health conditions.
- The registered manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. We saw documented outcomes and the support people required in their health action care plans.
- Staff had a good understanding about the current medical and health conditions of people they supported.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation and design of the service. Each individual had their own independent flat and access to care staff if they required their support.
- The care model was designed in line with principles underpinning right care right support right culture.

They followed practices that upheld the independence and rights of people living with a learning disability or autism to ensure they could live as normal a life as possible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. At the time of our inspection no one required an authorisation. However, the provider had processes in place to ensure appropriate applications would be requested from the local authority.
- Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw consent to care and treatment was routinely sought.

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

- People were supported by caring and respectful staff.
- Care records we reviewed were written in a caring, respectful and compassionate manner that demonstrated awareness of people's equality and their diverse needs.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. They supported people to have equal access to service and their local community. One staff member commented; "People go out and about in the community and we promoted their wishes for independence but make ourselves available if they need support."

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

- Records we reviewed demonstrated that people were consulted about care and decisions for their wellbeing and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.
- The culture within the service was caring and compassionate. This reflected the attitude of staff and the management team. One staff member told us, "[Name removed, a person who use the service] have a bucket list, we are determined to make it happen because we are person-centred."

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. Each person had a key to their own flat and staff told us they would knock and seek permission to enter people's flats. Practices at the service ensured that people's personal private information was stored securely.
- The registered manager showed awareness about people's dignity or treatment. Staff had received training related to dignity and respect.
- People were supported to access the local community independently and to choose who they wanted to associate with.

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

- The registered manager and staff completed an assessment of people's needs before they started using the service. They worked in partnership with other agencies to ensure smooth transition. This ensured the service was right for the person and they could meet the person's needs.
- Records we reviewed and conversations with staff showed they had been responsive to people's needs. Any changes in people's needs resulted in a review of their needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted.
- People's records contained detailed behavioural support plans which were comprehensive and provided precise guidance on how best to support people and what works for them. Specialist guidance from other professionals had been included.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using service.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager told us they had used the learning from complaints to reflect on staff practice.

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 had been assessed as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. People's communication needs were assessed, and staff were aware of each person's needs and how were to be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. There was a strong emphasis on ensuring people had access and engagement in the local community.
- People who used the service were independent to venture into their own activities however staff support was also available in the event people required it.

End of life care and support

- People were supported to discuss their end of life wishes. There was no one receiving 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and the staff were clear about their roles and understood quality expectations placed on them. The staff team were aware of their roles and responsibilities and were responsible to ensure people's care was safe and meeting regulations. The provider had systems to encourage accountability, oversight and to support the registered manager.
- The provider carried out various internal checks to monitor the performance of the service and the quality of the care delivered.
- The registered manager carried out regular audits to monitor various aspects of people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had systems to gather the views of people and relatives. People using the service and their staff felt their contributions were respected and that the management team treated staff with respect. One staff said, "Managers treat us with respect, we know our views are taken on board and they listen."
- The registered manager promoted an inclusive, positive and open culture. Staff were aware of risks associated with closed cultures and knew how to raise concerns about poor practices within the organisation. "Closed" cultures within the care environment are considered to give rise to an increased risk of abuse and human rights breaches.

Working in partnership with others

- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.

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 knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding and serious incidents as required by law.

