

Voyage 1 Limited

Voyage (DCA) Cambridge City

Inspection report

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Date of inspection visit:
13 September 2023
24 October 2023
25 October 2023
26 October 2023
08 November 2023

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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) Cambridge City is a supported living service providing personal care to people in their own homes. The service provides support to people with a learning disability and/or physical disability, and autistic people. At the time of our inspection there were 52 people using the service, who were all in receipt of the regulated activity of personal care.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Care plans and risk assessments provided clear guidance to staff about how to support people in line with their needs and preferences. Healthcare professional guidance was followed to protect people from risks related to conditions such as epilepsy and diabetes and choking risks. People's privacy, dignity, choice and control, and their human rights were upheld. 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. We did find some examples where decision making had not been fully documented. However, upon speaking with staff and the management team, it was evident that the principles of the Mental Capacity Act had been followed. The provider updated these records during the course of our inspection.

Right Care: People received kind and compassionate care, which respected their privacy and dignity. Staff placed people's wishes, needs and rights at the heart of what they did. Staff knew and understood people well and were passionate about supporting people to live their lives fully.

Right Culture: The management team provided clear leadership to their staff teams. People and their relatives and knew how to contact them if needing to discuss any concerns. Feedback was openly encouraged from people, their relatives and staff, and managers valued all contributions as a way of driving service improvement. There were effective governance systems in place which ensured effective oversight of the service.

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 8th December 2017.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines management,

restrictive practice, and poor culture amongst staff teams. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Voyage (DCA) Cambridge City on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Voyage (DCA) Cambridge City

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible. Two people were also supported on an outreach basis, in their own homes. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however, they were on leave throughout the inspection. A branch manager from a different location was providing cover and they were supported by the wider management team, including the operations manager and operations director.

Notice of inspection

The inspection was announced. We gave the service a short period of notice of our intention to undertake an inspection. This was because we needed to ensure key staff would be available to speak with us and people would be at home when we visited.

Inspection activity started on 13 September 2023. We visited people living in 5 supported living settings on 24, 25 and 26 October 2023. We visited the location office on 08 November 2023, during which feedback was given.

What we did before the inspection

We reviewed information we have received about the service. We sought feedback from the local authority contracts and safeguarding teams. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met 22 people receiving support from the service. Not everyone using the service was able to speak with us, so we spent time observing care provided in communal areas of their homes. We spoke by telephone with nine people's relatives, to seek their feedback about the care and support provided by the service. We also received written feedback from a further two relatives. We spoke with 23 members of staff via video call, spoke with an additional eight during our inspection visits and received feedback from a further 18 by email questionnaire. This included support workers, senior support workers, field support supervisors, field support managers, the branch manager (covering for the registered manager at the time of inspection), operations manager and operations director.

We reviewed a range of records. This included care plans and risk assessments for nine people, daily notes, and medication records for three people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We continued to source information and clarification from the provider following our visits to the registered office and supported living services.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- People were safeguarded from abuse and avoidable harm. All safeguarding concerns were clearly recorded, and appropriate steps had been taken to follow up on any actions identified.
- People told us they felt safe. One person said, "Yes, I feel safe." Another person told us, "I am happy living here."
- Staff demonstrated a clear understanding of how to identify, act on and report any safeguarding concerns. One staff member told us, "I have had safeguarding training. If people are in any danger at all or I have any concerns about someone then I would report it. If it is not acted upon then I would report to the next layer of management. There is a clear process to escalate concerns up the chain of command."
- The provider learned lessons when things had gone wrong. Staff told us that following accidents and incidents they received a thorough debrief. This allowed them to reflect on what had happened and if anything could be done differently in the future. One staff member told us, "Our manager always sits and goes through everything with us. We talk about if there is anything that we could have done and if there is any learning to be taken from it. Learning is always shared with everyone, that is the bonus of it being a small team, communication is good."
- On reviewing governance records, we could see where changes had been implemented in response to safeguarding concerns raised, incidents or feedback received. For example, training for staff in how to recognise signs of a stroke had been rolled out nationally in response to learning identified following an incident locally.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People's care records were very detailed and provided staff with clear guidance to follow to support people with the management of risk or specific health conditions.
- Staff told us that they had received specialist training where this was required, in order to be able to support people safely. This included training to support people at risk of choking and those with a diagnosis of epilepsy or diabetes. Clear management plans were in place to support staff and advice was sought from external professionals, where required. For example, some people required modified diets for which plans had been developed by the Speech and Language Therapy (SALT) team. Staff we spoke to were very knowledgeable about how to support people in line with the guidance provided.
- Some people found it difficult to express their distress verbally and could become aggressive towards staff in certain situations. Staff were knowledgeable about what to do in these situations and care plans contained clear guidelines. However, not all staff identified as requiring de-escalation training had received this. The provider was aware of this and during the course of the inspection more staff completed this

training.

- Risk assessments relating to the premises were completed. The staff liaised with landlords on behalf of people living in the supported living settings to drive improvements.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitably trained staff. The management team were open about the challenges they faced in recruiting to some of the supported living settings. Steps had been taken to recruit staff from abroad in order to address this. One member of the management team told us, "We have taken on a lot of overseas staff and it's really paid off. I would say it is 100% successful. Voyage has invested in the programme and staff can see that. The overseas staff are great and are so willing to learn."
- Relatives told us that they had seen improvements in recent months with one person stating, "Use of agency staff can impact on [name], who [name] doesn't know and trust. There was a phase when a lot of agency staff were used, and staff on duty were all agency. Now agency just cover sickness." Another relative told us, "It's quite good now, they used to use agency but that's stopped – they were unreliable. But now there's a lot of full time staff. Sometimes people are off sick etc...but on the whole it's good."
- Staff told us that greater stability in staffing had led to a positive impact on both staff morale and people supported, who benefited from a consistent team of staff who knew them well.
- Some staff and relatives commented that whilst there was enough staff to meet people's needs, activities could sometimes be limited by a lack of staff able to drive. One relative told us, "There are not always enough staff to take [name] on a planned day trip because of a lack of drivers. So, some things get curtailed because of this." Similarly, a member of staff told us, "As long as we have a driver on duty we are able to be pretty flexible about what we do and when." This was something the management team were aware of and were seeking to address and alternative activities were suggested where drivers were not available.
- The provider operated safe recruitment processes. The staff files we viewed contained evidence that pre-employment safety checks were completed to ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely. Medicine care plans were detailed, and people received their medicines as prescribed. One relative told us "Staff are really good with medication and doctor's appointments."
- Staff received training in medicines administration and had their competencies assessed.
- 'When required medicines' (PRN) protocols were in place for prescribed medicines. These explained what a medicine was to be used for and what the outcome should be. For medicines used to manage agitation and anxiety the PRN protocols included details for de-escalation techniques to try before using medicines.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were followed. We saw evidence of use of antipsychotics being reviewed and reduced where appropriate. People using the service or their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.
- Where medicine errors occurred, there was a clear process to follow. Medicine audits were completed regularly and learning from these were shared with staff to improve practice.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff received infection control training and told us they had access to personal protective

equipment.

- The supported living services we visited were visibly clear and free from malodours. One relative told us, "Yes it's always clean, [name]'s room is immaculate, and I never give any notice when I visit so it's genuine."

Is consent to care and treatment always sought in line with legislation 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 MCA 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.

- All staff we spoke to were knowledgeable about the principles of the MCA.
- Mental capacity assessments and best interest decision documentation was completed, and referrals had been made to the Court of Protection where a deprivation of liberty had been identified.
- We identified some instances where a decision had been made in a person's best interest, but the rationale had not been clearly documented. The operations director was able to explain the process that had been followed and it was evident that the least restrictive option had been selected in each instance. The management team took immediate action to rectify these gaps in documentation, ensuring that the current views of the person, family and relevant professionals were also captured.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people. One person told us, "I like living here, the staff are very nice."
- The operations director was candid about the challenges they had experienced in creating this positive culture, particularly where some staff had been found to not display the values expected by the provider. This had led to some changes both within staff teams and the local management structures, within the previous 12 months. Both staff and relatives reflected on these changes positively. One staff member told us, "I would really like to praise the management team. Previously, with the old management team I didn't go to them as I didn't feel I could, they were very shut off. However, now I know I can go to them no matter how big or small it is, they are so approachable and don't make you feel uncomfortable."
- Staff consistently gave positive feedback about the management team, both at a local level through to the operations director. Staff told us that they felt well supported. One staff member told us, "My manager is amazing, I feel really well supported. Her door is always open. She's always there and if I have a problem then I know it will be sorted."
- Relatives were also positive about the culture at the service. One relative told us, "The management is exceptional...very proactive and communicative. They are kind and supportive, motivated, and caring."
- Staff demonstrated caring values and spoke passionately about the people they supported. They were keen to tell us about people's successes.

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 provider understood their responsibilities under the duty of candour. The management team, overseen by the operations director, all led by example. They were open and honest in their approach.
- The management team was open to our feedback and implemented timely change to improve care. For example, during the inspection we identified some gaps in decision making records which were rectified immediately.
- The provider had created a learning culture at the service which improved the care people received. A senior support worker told us, "I enjoy supporting other staff, teaching them the same stuff I had to learn-upskilling them."
- Relatives told us that they felt able to approach the provider if they had any concerns and issues would be addressed. One relative told us, "I have had a few issues, a couple of incidents with staff. They were dealt

with straight away and resolved." Another relative told us, "I know there were medication errors, so they've put new systems in place to make sure it doesn't happen again. They always communicate everything to me."

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

- The provider had a clear management structure, with each person having a specific role in monitoring the quality of care, in order to drive improvements in service delivery.
- Governance processes were effective, and members of the management team completed regular audits. Where any action points were identified, a corresponding action plan with clear timescales was put in place.
- Managers had a clear oversight of the service provided and supported staff to ensure they understood the requirements of their role and how best to support people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff told us that they felt listened to. Feedback was encouraged and staff felt confident being able to contribute ideas. One staff member told us, "I am absolutely able to make suggestions about how we do things and feel listened to."
- Relative feedback was variable, but most people felt that the management team were approachable. Some relatives commented that recent changes to the local management and staffing structures had impacted on communication. One person told us, "Day to day things are not always passed on" whilst another relative said, "Information is not always handed over." Conversely, another relative told us, "Management is exceptional on every level. There are different people I can contact depending on what I want to report/talk about and they copy me into every email as they find a solution and always communicate back to me – it's just brilliant." The management team explained that some of the supported living settings had been more significantly impacted by the recent changes than others. They felt this was likely to be the reason for the varied feedback and acknowledged this as an area for potential improvement.
- The provider worked in partnership with others. Care records demonstrated that staff worked with a range of health and social care professionals, to achieve positive outcomes for people.
- Staff also worked alongside family members to ensure people were well supported. One relative told us, "The staff are incredibly caring...they are very happy to phone or email me about caring for [name] if they are not sure what to do. They also fight on [name's] behalf with other agencies too."