

Voyage 1 Limited

# Voyage (DCA) West Midlands

## Inspection report

Newhampton Road West  
Whitmore Reams  
Wolverhampton  
West Midlands  
WV6 0RS

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19 September 2017

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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

This service was previously registered to operate from a different address. It was inspected on 9 February 2015 and was rated as good. This inspection was the first inspection undertaken at the service's new address.

The inspection visits took place on 18 and 19 September 2017. The first day was an announced visit, the second day of the inspection was arranged to enable us to speak to people receiving a service in their own homes. We were assisted in obtaining consent for the home visits by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Voyage (DCA) West Midlands is part of the Voyage Care Group which is a specialist provider of care and support for people with complex needs. People using this service lived with a range of conditions including learning disabilities, downs syndrome, and cerebral palsy. The service provides a domiciliary care service to people living in their own homes and people living in supported living schemes. At our inspection 18 people were using the service.

People were protected because risk assessments had been completed and there were appropriate actions taken to reduce the risk of harm.

People's identified support needs were met by sufficient numbers of support workers who were available to support people at agreed and appropriate times.

People using the service were secure and safe with their support workers. The provider ensured support workers had the required systems in place to protect people and keep them safe from the risk of abuse.

The provider had efficient and effective procedures for the recruitment of support workers and ensured they received the necessary induction and training to meet the support needs of people using the service.

People were supported or assisted by support workers to receive the medicines prescribed by their healthcare professionals.

People's consent was obtained before providing support. The provider understood the legal requirements of the Mental Capacity Act (2005) and the need to consider Court of Protection applications where appropriate.

People were supported to be as independent as possible and were able to make choices, and were encouraged to take responsibility for their own daily activities. People also chose and prepared their own

food and drink at times to suit them.

People's health and support needs were regularly assessed and where necessary people were supported to access local health care professionals to ensure their health care needs were met.

People were observed to be supported by caring and respectful staff who maintained people's privacy and dignity.

People's support needs were clearly recorded in person centred support plans which involved people in their own care and were regularly reviewed.

People knew how to complain about the service they received and were supported to raise concerns or make complaints.

People had regular access to the registered manager and other managers for the provider.

The provider had effective management systems in place to regularly assess and monitor the quality of the service and took action to improve and ensure consistency across all of their services registered with CQC.

## 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

People were safe using the service and felt safe with their support workers.

People were protected from the risks of abuse because support workers understood the importance of safeguarding.

People's needs were consistently met because there were sufficient support workers available.

People were supported or assisted to receive their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People made their own choices and where this was not possible support workers were aware of the need to apply the requirements of the Mental Capacity Act 2005.

Support workers received regular supervision and the training they needed to undertake their duties.

### Is the service caring?

Good ●

The service was caring.

People were supported and encouraged to spend their time with friends and family.

Support workers spent time with people and formed good caring relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's support plans were person centred and were updated regularly to reflect people's current needs.

People were involved and contributed to the contents of their support plans.

People were supported to access the community and enjoy the activities important to them.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider had established systems in place which enabled them to identify concerns and take action to improve the service.

People's views were sought and were acted upon.

Support workers were appreciated and felt involved in the development and future plans of the provider.

# Voyage (DCA) West Midlands

## **Detailed findings**

### Background to this inspection

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

The inspection visits took place on 18 and 19 September 2017 and were conducted by one inspector. The first day of the inspection was announced. The provider was given 48 hours' notice because we needed to ensure that support workers would be available to speak to us. On the second day of the inspection we visited and spoke with people who lived in the supported living schemes and the support workers who supported them. Supported living schemes provide people with the support they need to live their lives as independently as possible. We also spoke to other people receiving personal care from the service in their own home.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about deaths, accidents/incidents and safeguarding concerns which they are required to send us by law. We also looked at the Provider Information Return (PIR) which is a document containing current information about the service and the provider's assessment about how it is meeting the regulations. The PIR also confirmed the improvements the provider planned to make.

We contacted the local authorities who purchased the personal care packages and support on behalf of people to ask them for information about the service. We were not informed of any concerns.

During our inspection we spoke with four people who used the service. Where people were unable to respond in detail to specific questions we observed support worker interaction with people to help gather information to assist our inspection findings. We also spoke with the operations manager, the registered manager, the deputy manager, a team manager and five support workers.

We looked at the support plans for three people to see how their support was planned and delivered. We also looked at two Medication Administration Records (MAR) and the medicine management processes and audits for the service.

We looked at the support worker recruitment procedure, and the system for recording training and supervision of support workers.

We also looked at records relating to the management and audits of the service and reviewed the provider's policies and procedures.

In addition following the inspection visit the provider supplied further information in relation to the audits undertaken and the quality assurance satisfaction survey which contained people's view of the service received.

## Is the service safe?

### Our findings

People told us they felt happy where they were living and safe with the support workers who helped them. One person we spoke with told us, "I really like it here. The support workers are really nice; I like them." The majority of people receiving a service had a key worker whom they were able to build relationships with. The access to regular support workers contributed to people's safety because it provided the opportunity for people to become familiar with support workers assisting them. A relative confirmed in the provider's satisfaction survey, "My family member has the same group of support workers looking after them and is able to build a trusting relationship with the support workers."

People were protected from the risk of abuse. All the support workers we spoke with had knowledge of the signs of abuse and potential abuse that could occur. They acknowledged that abuse was possible when people lived in shared accommodation and when they were undertaking activities outside their home. A support worker told us about safeguarding, "It is protecting and making sure people are safe both in their environment and from other people. I am looking to see if people are withdrawn edgy and ...looking for sign of scars or bruising." Another support worker said "We report abuse; we tell people we don't keep it a secret. You can keep a watch on [any injuries recorded on file] see marks, see how people react with other people and report it [abuse] to the authorities."

The provider employed several hundred staff throughout the UK and had established recruitment procedures that reduced the risks to people's safety which could be caused by the employment of unsuitable staff. Forty-five support workers were employed to work at the service. The registered manager confirmed the recruitment procedure established that each prospective applicant had a right to work in the UK and ensured references were obtained from two previous employers. The provider had also checked whether the Disclosure and Barring Service (DBS) held any information about the applicant before they started work. The DBS is a national agency that keeps records of criminal convictions. All the support workers we spoke with told us they had not started work before these checks had been completed.

People's support plans contained appropriate risk assessments. People's care and support needs had been identified and risk assessments were written in a way to avoid restricting people from trying to do activities or limiting choice. We observed throughout the second day of the inspection that people were supported to go out into the local community. We saw that risk assessments in the support plans had considered people's personal care needs at their homes and when out in the community.

People were kept safe at times when their condition deteriorated. We saw that support plans contained information to assist support workers to recognise people's escalating patterns of behaviour. The information explained what action should be taken to manage the behaviour and keep the person safe, without the need to use temporary restraint, physical intervention or medication. The deputy manager told us about monitoring the use of restraint, "Support workers have had training and are told not to use restraint if it can be avoided...For one person the instruction is to leave them alone if their behaviour escalates. Since working with the person and following the instruction the use of restraint has changed from daily use to only five occasions in the previous ten weeks."



People were assisted or reminded to take their medicines on time and as prescribed. We reviewed the provider's satisfaction survey for medication which confirmed people were happy with the way medicines were administered. We saw that the Medication Administration Record (MAR) sheets showed people had received their medicines correctly, and did not contain any gaps in recording. Clear protocols were in place for people using 'as and when required' medicines [P.R.N.]. The registered manager told us the provider was supportive of NHS England's campaign 'Stopping Over Medication of People with a learning disability, autism or both' (STOMP). We reviewed two of the PRN protocols and saw they contained sufficient guidance for support workers regarding the actions to take to avoid the need for medication. The protocol also gave the support workers guidance to determine when the medication should be given, and what support workers should do if the medication did not calm the person down or have the expected effect

## Is the service effective?

### Our findings

People we spoke with expressed the view that their support workers knew how to support them. One person told us, "I think they know what they are doing, if they don't I tell them." Support workers had a structured induction and access to the training they needed before they started work with people. Induction included working with experienced colleagues at different services operated by the provider to help the support worker and provider decide which service was the best match for the support worker's skills. A support worker told us about their induction, "I did shadowing, they show you everything. I feel everybody is approachable and not intimidating, they don't make you feel you are asking anything stupid."

Completion of the Care Certificate was mandatory for employees new to working in social care. The Care Certificate is the minimum training, supervision and assessment that employees new to health and adult social care should receive as part of induction before they start to deliver care independently. New support workers were assisted through the induction period. The registered manager confirmed, "New starters will usually begin working with [deputy manager] to see how they are progressing." Three of the care workers we spoke with had recently undertaken the induction process and confirmed they were happy with the way it was managed and benefited from the approach taken.

People were supported by care workers whose skills were regularly checked. The provider tested and observed support workers to ensure they could demonstrate the application of the skills learnt through training. The provider required all support workers to complete compulsory courses relevant to their role, for example, Management of Actual or Potential Aggression (MAPA). This is a course that teaches management and intervention techniques to cope with escalating behaviour in an effective manner. The support workers we spoke with had completed these courses. A care worker said, "Training makes me feel confident. I have done MAPA training, DoLS, manual handling, safeguarding, and mentoring training." Another support worker referred to the quality of the training, "The level of training is really good, at the last place I worked it was just copying, here it is really useful for example MAPA which opened my eyes to appreciating things from people's point of view. The training was like a day in their [people receiving a service] shoes."

The provider had an effective process for undertaking and recording staff supervisions and annual appraisals which was used in all their services. The registered manager and deputy manager told us that they spent time working with support workers. As a consequence they developed a good working knowledge of support workers abilities which contributed to supervision discussions. We saw that supervisions and appraisals had been undertaken regularly. All the support workers we spoke with were satisfied with the frequency of their supervisions and appraisals. A support worker told us, "Supervisions are every month...I find them useful because you don't know that something is broken unless you are told. The registered manager will always inform me if they think something could be done better."

People's capacity to make specific decisions was considered by the provider. 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. We saw in one support plan that the person had previously been assessed as lacking capacity to make decisions when given multiple options. The registered manager and deputy manager told us they had worked with the person to understand their needs and build confidence resulting in the person now being able to make some decisions independently.

All the support workers we spoke with confirmed people had the right to decide what they wanted to do and accepted people's choices may change day to day. A support worker said, "I look at social worker information and see what level of independence is being given to people. You shouldn't be estimating mental capacity before speaking to people, or doing things before asking them first." We saw throughout our visit that people were making independent decisions, for example about what to wear, whether to go out and where to go. A support worker told us, "People can make decisions. I don't have to agree, I am there just to support them to have a good life."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and if any applications had been made to the Court of Protection to authorise a deprivation of liberty. The registered manager informed us they had a close working relationship with the local authority and were aware of the process to be used to obtain a Court of Protection order. The registered manager confirmed there was currently no Court of Protection orders authorising the deprivation of liberty for anyone using the service, there were however applications pending for other decisions that had to be made on behalf of people. All the support workers and managers we spoke with confirmed they had undertaken training in relation to the Mental Capacity Act (MCA) 2005 and understood their responsibilities.

People were assisted to maintain their health. The support plans we saw confirmed people had received support to access health professionals at appropriate times. A relative confirmed, "Support workers keep on top of any medical issues or problems that [my family member] has and ensure that [my family member] receives prompt and appropriate attention and treatment, when necessary."

People were able to make choices about what to eat or drink. We saw throughout our visit that most people were able to prepare their own meals and drinks at times of their choosing. Where the choice had the potential to be detrimental to the person's well-being support worker's confirmed they would try to encourage more appropriate choices. A support worker told us, "One person had a weight issue, but we have worked with them how to manage food intake, not to restrict their eating but to manage when they eat, they are now happy because they have lost weight."

## Is the service caring?

### Our findings

People spoke very positively about their support workers. One person told us, "Support workers are really nice, really good, really friendly and helpful." Another person was happy to tell us about the holidays they had been able to go on with the assistance of their support workers. We saw throughout our visit that people were very comfortable with their support workers, sharing jokes and having normal day to day conversations about subjects such as television programmes and shopping.

The support workers we spoke with referred to supporting people in a caring way and making a difference to people's lives. One support worker explained, "It's a job that rewards every day and I like challenges, when you come out of it you have made a person's day better and it can be as simple as making someone smile." Some of the support workers we spoke with had worked with the same people for several years and had built up strong relationships as a result. A support worker told us about how their long term involvement had assisted with providing care, "[Person] wouldn't do anything, they needed prompts, by being positive about a task [person] will be happy to do it. Some tasks can take time but you have to keep trying."

People were supported to maintain and where necessary develop social skills to make their own lifestyle choices. The deputy manager told us about work undertaken with a person who was unable to behave appropriately in group situations. The support worker had worked with the person to reintroduce them to group situations and to develop social skills. The person was now able to eat in a dining hall with other people and wait patiently in queues. We saw in the person's support file that their psychiatrist had been impressed with the positive improvement made in the person's social skills since their involvement with the service.

People were supported to maintain family relationships and the friendships which were important to them. The registered manager informed us that a number of people using the service had previously been resident at the same care home and had built up important friendships. People had been dispersed to various locations in the local area when the care home closed but the provider had ensured people were able to maintain the friendships by assisting people with travel arrangements and activities. We saw during our visit that a person had been supported to come to the house to meet a friend and go out for a joint activity.

People were being supported to find accommodation suitable to their needs. Due to the unsuitable environment of some people's homes the provider had collaborated with the local authority to build new accommodation. The new accommodation gave people the opportunity to live with their friends again. The registered manager told us people who had chosen to move had been involved in most of the choices about the new building, including the facilities needed, and the colours and furnishings of their rooms. The provider had considered the stress involved in moving home and ensured people had been introduced to the changes gradually. People were taken to the site and shown regular pictures of the construction to keep them personally involved with the new accommodation. One person told us, "I'm looking forward to the move I can be with my friends," A support worker confirmed, "[Person] has been prepared for the move and is happy because the new location will be with his friends."

Support workers understood the need to maintain people's dignity. We observed for example that when assisting with a personal care task the support worker ensured the door was closed to preserve the person's dignity and to respect the privacy of the other person living at the house.

People received information about the service in the method most suitable for them. Support workers had been trained in methods of communication such as Makaton or picture boards which are systems of signs and symbols to help people communicate. The registered manager confirmed "We use Makaton, electronic communication systems, and 'now and next' boards to communicate with people. People can sometimes know what is being said but the response is slow through their communication process, the key is to know people and what they are likely to like and what they are not comfortable with." We saw for example the annual satisfaction survey had been prepared in an easy read format for people to allow them to express their views about the service.

People were supported to receive personal care from the service for as long as safely possible. The registered manager told us, "People with Downs Syndrome for example are at high risk of developing dementia as they get older. When we get to the point we have tried everything to keep the person at home and we cannot assist the person further, we will work with the new provider to move the person on to the new service [care home]. We will go with the person to the new service and even stay with them overnight if needed." We asked the registered manager if the potential distress to support workers had been considered when people's health deteriorated. We were told the provider had systems in place to support workers. One support worker told us, "Some support workers have worked with people for a long time and managing change in the people being cared for can be difficult, so workers are supported by colleagues."

## Is the service responsive?

### Our findings

People's support plans were written in a personalised way, with details about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. Most of the people we spoke with were unable to talk to us about the contents of their support plans. One person however told us, "I have quite a lot of involvement in my support plan...I used a domiciliary service before but here they have far more information about me."

People were assisted by support workers who were identified as being the most suitable to work with them. The registered manager said, "I like positive people and want support workers to be happy when they come to work...If a support worker is unsuitable for a service user and cannot be found another suitable service user, the support worker will be moved on." We were informed by support workers that some people would benefit from a male support worker assisting them with their personal care. The registered manager told us, "Historically male support workers had been difficult to recruit but we are hoping increasing incentives may get more applicants."

People's interests were used to encourage people to be independent and undertake their own personal care activities. The registered manager told us about how a person became more motivated to do things following trips and activities being arranged involving their interest in history and music. Another person had lost contact with their close relatives and was becoming depressed. Support workers were able to find other relatives who were willing to be involved with the person. The person's mental health and their willingness to undertake personal care tasks improved as a consequence of the actions. A support worker said, "[Person] was helped to make contact with other family members, which has helped them to be happy and not be withdrawn."

Where people's ability to undertake their own personal care tasks were restricted by the layout of their home the provider assisted with negotiations with the local authority and people's landlords to make adaptations to the property. This helped people remain as independent as possible. Where necessary personal care packages were increased until the adaptations could be completed. One person told us, "I miss not being able to do things I could before because the property is not adapted. It's good they [the provider] could give me the extra support."

People's support plans were updated to meet changing needs. The registered manager told us, "Support plans are reviewed every three months. In addition there is a person centred review once a year where the person decides who should attend and the nature of the meeting, for example what will be discussed about their support needs." We saw that the support plan reviews were taking place regularly and that support workers and other agencies were involved in discussing the progress made by people. The support workers we spoke with confirmed they had read the support plans of the people they supported, a support worker confirmed, "there was time given to read care support plan, it told me about what may get someone agitated or cause problems."

People knew how and who to complain to if they had any concerns. People were able to speak with their

regular support worker or the managers if they wanted to complain or raise an issue. We saw support workers were regularly asking people if there was anything wrong. The provider had a process in place to manage complaints. At the time of our visit the registered manager confirmed no complaints were being investigated.

## Is the service well-led?

### Our findings

Most people were unable to talk to us about the management structure of the service. We saw however that people we spoke with knew who the registered manager was and readily engaged in conversation with them about what they were doing and planned activities. One person told us, "I see the team manager regularly, so I feel connected to the [provider]. I feel they are more involved with people, more than my last provider."

The provider had a centralised system to audit, monitor and improve the quality of care and support people received throughout its locations. In addition to audits undertaken by the registered manager the location was subject to regular performance audits from the operational manager and peer audits from some of the provider's other registered managers of similar services. We saw that a recent audit conducted by the operational manager confirmed that the location was operating within the provider's required performance levels.

The provider had an established system to record and analyse incidents and accidents involving people. We saw the system produced recommendations for further action and contained appropriate timescales and checks to ensure action was taken.

Support workers told us they were supported by the registered manager and other managers. A support worker said, "Lovely bosses, I know I can always come to see them and sort out matters, they look after you and support you." Another support worker told us, "The management team are good and will instantly do something if they can." The contribution of staff was appreciated by the provider. The registered manager confirmed, "There is a national staff recognition award every year. Some support workers from this service were put forward for awards last year."

The provider was seeking ways to improve and expand the service. The registered manager told us the provider planned to increase the numbers of people using the service and offer personal care services for people using one of the provider's respite homes. New procedures and policies were being introduced to improve efficiency. We asked the support workers about their knowledge of the planned changes. All the support workers told us there had been a lot of changes at the service but they felt they had been kept informed. The team manager told us, "Communication is good, there is a magazine for staff and the people supported. There are weekly updates and communication through the registered manager and operations manager up to the top management of the provider."

People receiving services, their relatives, service commissioners and other professionals were invited to complete a satisfaction survey each year. We saw the outcome of the surveys were analysed and a development plan created to confirm the changes needed. The responses from people receiving a service were generally positive but were limited in detail. We found further work was needed by the provider to ensure more information was obtained from the next satisfaction survey to fully capture people's opinions, and to assist with the development plan.



The service maintained a good working relationship with service commissioners and local authorities. An example of this was the work undertaken to build new and more suitable accommodation for some of the people receiving a service. The satisfaction survey contained several references to the positive outcome of the service working with partnership agencies. During our inspection we were shown a letter received that day from a local authority social work team thanking the service for the assistance provided to them to ensure a best interest decision was made for a person receiving a service.

We found the registered manager understood their legal responsibility for submitting statutory notifications to CQC. The statutory notifications inform CQC about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required and that where necessary appropriate action had been taken by the provider.