

Voyage 1 Limited

# Voyage (DCA) Somerset & Devon

## Inspection report

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12 January 2022

18 January 2022

19 January 2022

31 January 2022

06 February 2022

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24 March 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Voyage (DCA) Somerset & Devon is a domiciliary care service providing personal care and support to people with additional needs such as learning disabilities and autism. At the time of inspection, 21 people were receiving support across eight services, including shared homes and self-contained flats.

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

#### Right Support

- The service supported people to now have the maximum possible choice, control and independence and they had control over their own lives. We were told staffing had previously impacted people's support and the provider had recognised this so been undertaking recruitment drive.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. However, this had not always been the case due to the COVID-19 pandemic restrictions creating delays in refurbishment. Also, unstable management in the past not always liaising with the housing providers.
- People had a choice about their living environment and were able to personalise their rooms. Some people were proud to show us how they had personalised their rooms and flats. This included using posters, choosing colours and bed linen.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff supported people to play an active role in maintaining their own health and wellbeing. However, there were occasions when staff levels meant people's preferences were not always met. The management were in the process of addressing this including through recruitment.

#### Right Care

- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. The service worked in partnership with

other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to follow the principles.

- The service had not always deployed enough appropriately skilled staff to meet people's needs and keep them safe. This had led to inconsistencies in people's care and support. The new management had recognised this issue so were actively resolving it with a recruitment drive and targeting training where it was required.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. However, the recently appointed manager had identified that further work was required on training staff to communicate using a wider range of methods.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. The provider representatives and manager had recognised this had not always been the case due to inconsistent management. They had clear plans for further improvements.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Past inconsistencies had been recognised by the manager and systems were being put in place to rectify this and improve communication.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Past shortages and inconsistent management had been identified by the provider's systems and were in the process of being rectified.
- The provider's systems recognised people had not always been supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. The new management were already rectifying this situation.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. This had recently been impacted by use of agency staff and high turnover of staff.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them, including advocates, were involved in planning their care.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We received concerns in relation to staffing, management of the service and concerns in relation to people's support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Voyage (DCA) Somerset & Devon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Voyage (DCA) Somerset & Devon

## **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

Two Inspectors and a member of the CQC medicines team carried out the inspection. Two assistant inspectors made phone calls to staff and an Expert by Experience made phone calls to relatives. 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 eight '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 manager was not registered with the Care Quality Commission. The service should have a manager registered with the Care Quality Commission. This means that they would be along with the provider legally responsible for how the service is run and for the quality and safety of the care provided. During the inspection the manager told us they would be registering with the Care Quality Commission.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a complex service and we needed to work with them to arrange visits to people's homes. Most visits to people's homes were given short notice due to people's differing needs.

Inspection activity started on 10 January 2022 and ended on 11 February 2022. We visited people's homes on 12, 18, 19 and 31 January 2022 and 3 and 6 February 2022.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 communicated with 12 people who used the service and 10 relatives about their experience of the care provided. Communication was in the person's preferred style such as pictures, observations and signing or gestures. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We spoke with 22 members of staff including two representatives of the provider, the manager, deputy manager and support staff. We reviewed a range of records. This included ten people's care records and seven medication records. We looked at four 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 reviewed.

### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Relatives had mixed views about how safe their family members were. This was mainly in relation to historical management and staffing inconsistencies. Improvements since the new manager had started to be felt.
- Staff had training on how to recognise and report abuse and understood the application of the principles. Some staff members felt they had raised concerns which had not always been acted upon in the past. The new manager recognised this and had started working on rectifying issues which staff felt had not been followed up.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One person with complex needs told us they feel safe when out with their regular staff. All staff were aware of what restrictions to people would be and people's support plans gave them clear guidance.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. People were all free to access all areas of their homes. Throughout the inspection people were encouraged by staff to make choices which were respected. One person clearly emphasised how they wanted staff to enter their flat. This was heard and learnt from.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Those with capacity were encouraged to positive risk take even if it might be an unwise decision.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. In one home, the new management had proactively taken steps to improve the living environment by liaising with the housing company. However, this had not always been the case and relatives had mixed views about how staff and the management had always supported people with their living environments. A representative of the provider explained the COVID-19 pandemic had created delays in work being carried out.

Staffing and recruitment

- People were supported by enough staff to keep them safe and meet their basic needs. Staff knew people very well and were familiar with their needs and routines. People were comfortable in the presence of staff. However, this had not always been the case.
- Some people, relatives and staff expressed concern that agency staff had been used who did not know



people's needs and were restricted in how they could support people. Other times they had been running with not enough staff due to sickness. Relatives also raise some concerns about the high turnover of staff leading to inconsistent support.

- The provider had been undertaking a recruitment drive to ensure there was enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The new manager had also asked for all people to be reassessed by social workers to match staff levels to people's current needs. It was to ensure people were compatible in their home as well.
- Every person's record contained a clear one-page profile with essential information including needs and preferences to ensure that new or temporary staff could see quickly how best to support them.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. However there had been times in the past when there was not a stable management to make sure staff inductions were adequate. Staff told us, "I did shadow shifts and I came into it. I felt confident" and "I had an initial induction to learn who you work with and look at support plans followed by one shadow shift and then thrown in." The new manager had plans to involve people in future recruitment to their homes.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People received support from staff to make their own decisions about medicines wherever possible. Staff made sure people received information about medicines in a way they could understand.
- People could take their medicines in private when appropriate and safe. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. Good arrangements were in place for supporting people to keep their homes clean and hygienic. People's choices of how they lived were respected. However, this had led to issues in the past such as a person hurting themselves and relatives supporting them to clean their bedrooms.
- People had been supported to follow government guidance during the current COVID-19 pandemic. Some people told us they chose to wear masks when they went out in the community. They also were supported to stay in touch with those important to them. Visitors were checked prior to entering the home to reduce risk of infection spreading.
- Relatives had some mixed views about staff use of personal protective equipment (PPE) such as wearing of masks. Throughout the inspection all staff were seen using PPE in line with government guidance.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. However, there were

times it was reported this was not always the case due to inconsistent management leading to communication issues.

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. The new management had weekly meetings to share learning and lessons learnt with staff. Staff had also been provided with additional training to ensure records were accurately kept.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant the service was well-led and systems were robust in identifying concerns. 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

- The current management worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. However, there had been a time when this was not always the case due to poor management of the service. The provider's representative had recognised this and took action promptly.
- Staff were now starting to feel respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff identified that communication could be better from the new management.
- The new manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff expressed that they now felt listened to.

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 service apologised to people, and those important to them, when things went wrong. This had not always been the case. However, the new manager was working on improving communication including with relatives.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. Some staff, especially when they had been there a long time had developed positive relationships with relatives. One relative gave examples of how they were positively kept informed by the staff.

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

- The new manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/oversight of the services they managed. Despite only being in post just over a month they had a clear action plan in place. They were aware of all the concerns we brought up throughout the inspection. Action had already been taken in a lot of cases. For example, getting each person reassessed by their funding authority to ensure their current needs and wishes were met.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Members of the provider's senior team had been supporting the new manager to make sure the provider's systems were being used.

- Staff were able to explain their role in respect of individual people without having to refer to documentation. All staff were clear their role was to support people and encourage them to be as independent as possible. Examples were seen such as planning next steps with people even if this was to seek a new home and support. They also supported people to prepare their own meals.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. One person had been part of quality visits by the provider to other services and homes run by the provider.
- However, relatives felt this had not always been the case. Some relatives had not spoken with management in the past although feedback about the new manager involving them was positive. One relative said, "We have contacted [the manager] and spoken with her and we raised the problems with staffing and the disrepair of the bungalow. She listened and said she would look into it. She seemed very helpful." Work had already started on repairs to the bungalow

Continuous learning and improving care

- The management had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This had not always been the case with a previous unstable management of the service. The new manager was working hard with representatives of the provider to rectify this. Results for people were already starting to show. For example, improved living environments and a more stable, better trained staff team.
- Staff told us they already felt more supported and could see improvements happening. Some staff still felt it would take time to trust the new management to respond promptly when it was required. Staff comments included, "I think staff are more happy now things are starting to fall into place again and now that our hours are a bit better" and, "We can see management as often as we want. If we feel we need anything they are contactable via email or phone call."

Working in partnership with others

- People were supported to see other health and care professionals. Management were now responsive to new requests. One person was referred to an advocacy service again following their request during the inspection.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service to improve their wellbeing. The new manager told us about plans they had of positively working with other professionals. Even when staffing had been a struggle staff had worked hard to ensure people had access to other health and social care professionals.