

Voyage Specialist Healthcare Limited

# Voyage Specialist Healthcare (DCA)

## Inspection report

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Date of inspection visit:

04 September 2019

25 September 2019

26 September 2019

27 September 2019

30 September 2019

Date of publication:

29 October 2019

## 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 Specialist Healthcare is a domiciliary care service which provides personal and nursing care to children and adults with complex physical health needs living in their own homes. At the time of this inspection 45 people were using the service, all of whom received personal care.

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

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service. Staff had completed training in how to prevent the spread of infection whilst working in people's homes. Staff had completed training in medicines and their competence to administer medicines was checked regularly. Medicine administration records had been completed accurately.

Staff had completed training in key areas and were supported to carry out their roles. Most people and relatives had confidence in staff and were content with the care they received. Staff supported people to access health services if needed. Dietary needs were assessed and, where required, people received support with their meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us staff were kind and caring. Staff supported people to remain independent. Staff promoted people's dignity and respected their privacy.

People's care plans were up to date about their individual needs and preferences. Most people received support that met their needs. Where there were difficulties covering people's calls, largely due to recruitment and training, plans were in place to address this.

The registered manager had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were a number of effective quality assurance systems in place. There was a focus on continuous improvement.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

### Rating at last inspection

The last rating for this service was good (published 17 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 Specialist Healthcare (DCA)

## **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

This inspection was carried out by three inspectors. One inspector visited the office location and two inspectors spoke with people and relatives on the telephone.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 September 2019 and ended on 30 September 2019. We visited the office location on 4 and 30 September 2019. We spoke with people and relatives on the telephone on 25, 26 and 27 September 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager, clinical operations director, training officer and four support staff.

We reviewed a range of records which included four people's care records and four staff files. We looked at a variety of records relating to the management of the service, including policies and procedures.

# 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 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 and relatives said they felt the service was safe when they were supported by staff they knew well. People felt increasingly safe with staff when they became familiar with them.
- Staff knew when and how to report any concerns and were confident these would be addressed by the management team.
- Safeguarding records showed appropriate and prompt action had been taken where any potential or actual safeguarding incidents had occurred.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Other risks included environmental factors in people's homes. Measures to minimise the risks identified were clearly set out for staff to refer to.
- Staff understood how to keep people protected from risks.

Staffing and recruitment

- Some relatives we spoke with said they were not happy with the lack of consistent care staff for their family member. We noted these concerns had been passed to the registered manager who was addressing this. When we spoke with the registered manager they said, "Staff recruitment has been challenging for the past few months, but things are getting better now. We were down on clinical staff so this delayed new staff being deemed competent. We provide care to people with complex needs so we need to ensure staff are recruited safely and they have enough training before they start providing care. This takes time and we don't want to send staff who are not up to the job." Rotas we viewed for the coming month showed all calls were due to be covered by people's core staff team.
- 'Service breakdown plans' were in place which people or relatives had agreed to in the event calls could not be covered by suitably trained staff.
- Safe recruitment procedures were followed. Applicants' suitability for the job was assessed thoroughly before being offered a job. New staff were required to successfully complete a probationary period and had regular meetings to check their progress.

Using medicines safely

- Medicines were managed safely. Medicine administration records (MARs) were completed accurately to show people had received their prescribed medicines at the right times.
- Staff who had completed the relevant safe handling of medicines training were deemed as competent to

undertake the task safely.

#### Preventing and controlling infection

- Staff had received training and were knowledgeable about infection control.

#### Learning lessons when things go wrong

- There was a system in place for recording accidents, incidents and complaints. This included trend analysis and preventative actions as part of the lessons learned process.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started to use the service a full assessment was conducted to ensure the service could meet the person's needs.
- Information gathered during the assessment was used to create people's care and support plans. These clearly set out people's needs and how they wished to be supported.
- People's needs were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- Staff training in key areas was up to date. Most people and relatives we spoke with said they felt staff had the right skills to provide the care and support needed. One person said, "I've got a good staff team and they are trained well."
- Staff had the opportunity to discuss their training and development needs at regular supervision and annual appraisal meetings.
- Staff who were new to care were expected to complete the Care Certificate, which is considered best practice induction training. Alongside this staff also completed an in-house induction and were able to shadow experienced care workers before going on visits alone.
- Staff practice was assessed through regular spot checks or direct observations of the care provided by clinical staff.
- Staff said they had completed training relevant to their job role and they felt supported by the management team. A staff member told us, "I definitely feel well supported. I know I've only got to pick up the phone. The nurses and care co-ordinators are spot on now." Another staff member said, "Our role often involves clinical tasks, but we're ably supported with this. We're trained according to each individual client and our ongoing competence is checked."

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

- People received support with eating and drinking, where people had needs in this area.
- Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.

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

- Records showed staff worked with a range of community professionals to maintain and promote people's health.

- Staff monitored people's needs and communicated with people's relatives where appropriate.

#### 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. 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.

- At the time of the inspection no one currently using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation. Appropriate records were in place and staff understood the principles of ensuring people were supported to have maximum choice and control in their lives.
- Staff understood the importance of gaining a person's consent before providing any care and support.

# 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.

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

- Most people and relatives said staff were kind and caring and they were happy with the care provided. One person told us, "I really care about my staff as they make my life so much better. They are like family." A relative said, "The care is wonderful." Another relative said, "Staff know how to meet [family member's] needs. They are kind and helpful. I couldn't do without them."
- There were policies and training in place that supported diversity and the importance of treating people as individuals. Care planning documents also reflected diversity such as establishing people's cultural and religious needs.

Respecting and promoting people's privacy, dignity and independence

- We found care plans identified opportunities to promote independence and staff supported people's independence where this was possible.
- Most people and relatives told us staff treated them with dignity and respect.
- Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- Staff spoke positively about their role. One staff member said, "I love my job as the clients are like family to me."

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

- People were supported to express their views and were involved in making decisions about their care.
- People and their relatives were given opportunities to provide feedback via informal monthly reviews and an annual survey.
- Care plans reflected people's communication needs and guidance was in place for staff to follow. For example, where people had a sensory impairment or other disabilities which affected their ability to communicate.
- Staff assisted people to obtain advice and additional support. They often acted as informal advocates to get information from care managers or healthcare professionals which would benefit people. Staff helped people to gather the information needed to make an informed decision.
- The registered manager understood the importance of advocacy services and when people may need to access them. They told us staff would support people with this when needed.

# Is the service responsive?

## Our findings

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

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

- Care plans were person-centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and preferences.
- Where people had complex physical health needs, care plans contained detailed information for staff to refer to about how to keep people safe and who to contact in an emergency.
- Care plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve from their care package, such as to improve their confidence and to remain as independent as possible.
- Staff we spoke with knew people's needs and preferences well.
- Where people received support with social inclusion, they were supported by staff to participate in activities which were meaningful to them.

### 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.

- Information about the service, such as the service user guide or the complaints policy could be provided in different formats if required.

### Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to care staff or contact the office.
- Some relatives we spoke with said they had complained about how some calls were not covered due to a lack of trained staff. We saw that the registered manager was dealing with this and a number of staff had been recruited and were being trained. Relatives acknowledged that recently there had been some improvement in covering calls.

### End of life care and support

- Staff were not currently supporting anyone at the end of their life. Training was available, when needed, to assist staff to deliver sensitive and compassionate care to people nearing the end of their life.
- People's resuscitation preferences were recorded, where people had chosen to share these.

# 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 remained the same. 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; 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 management team demonstrated a commitment to providing good quality care. The registered manager and operations manager were open about the difficulties they had faced recruiting and training enough staff to provide safe support to people with complex needs. They felt there had been improvements in this area, but it was still a work in progress. They told us how they had listened to feedback from people and relatives and planned to over recruit, so there was enough cover when staff were on holiday or became ill.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

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

- The management team completed a range of quality checks to monitor, review and improve the service. These were effective in identifying and generating improvements.
- The registered manager had been in post since April 2019 and was clear about their roles and responsibilities. Staff described the registered manager as approachable and supportive. Staff said the registered manager led the service well.
- One staff member said, "[Registered manager] is professional and pleasant. He's on the ball and I believe he will make positive changes in this company. Care co-ordination has improved massively as the new care co-ordinators are really on the ball."
- Staff were clear about their roles and responsibilities. They told us these were discussed in individual and team meetings.
- Staff performance was monitored during spot checks and discussed at supervision meetings with their manager, or before if issues were identified. Where performance issues had been identified appropriate action had been taken, such as providing additional support and training.
- The registered manager had notified the Care Quality Commission about the difficulty covering calls due to issues recruiting staff.

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

- Feedback from people, relatives and staff was sought regularly and acted upon.

Working in partnership with others; continuous learning and improving care

- Managers and staff worked well with external health and social care professionals, where needed.
- The management team welcomed our inspection and said our feedback would be used to further support continuous improvement.