

Voyage 1 Limited

Voyage (DCA) London West

Inspection report

Ground Floor, Crowne House
56-58 Southwark Street
London
SE1 1UN

Tel: 02087581323

Website: www.voyagecare.com

Date of inspection visit:
13 November 2023

Date of publication:
18 December 2023

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 autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Voyage (DCA) London West is a domiciliary care agency. It provides personal care to people living in their own homes in the community. This includes people with a learning disability, autistic spectrum disorder, physical disability, sensory impairment, and younger adults. At the time of the inspection 17 people were receiving personal care support in their own homes.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People received a service that was safe for them to use and staff to work in. There were regular reviews of the quality of the service, and improvements were made to ensure people's care and support needs were met. This was in a way that suited to people best. Working partnerships were well-established that promoted people's participation and reduced their danger of social isolation.

Right Care

Staff were appropriately recruited, trained, and in sufficient numbers to support people to live safely, whilst enjoying their lives. Risks were identified, assessed, monitored, and reviewed. Complaints, concerns, accidents and incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff safely administered people's medicines, or supported them to take their medicines, if required.

Right culture

The provider's culture was positive, open, and honest with a leadership and management that was clearly identifiable and transparent. Staff were aware of and followed the provider's vision and values which were clearly defined. Staff knew their responsibilities, accountability and were happy to take responsibility and report any concerns that might arise.

Rating at last inspection

The last rating for this service was Good (published 5 March 2018).

This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service for people.

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) London West

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 1 inspector.

Service and service type

This service provides domiciliary care and 'supported living' support. It provides personal care for people living in their own houses and flats. This includes a live in service. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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.

Notice of inspection

This inspection was announced. The service was given 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 10 November and ended on 8 December 2023. We visited the provider's office on 13 November 2023.

What we did before inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 3 relatives, 15 staff, and 3 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 people's care plans and risk records. We looked at 4 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, safeguarding, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

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

- The provider systems and processes safeguarded people from the risk of abuse.
- People using the service and their relatives said the service they received was safe. A relative said, "Yes safe and [Person using the service] is much calmer with this organisation." Another relative told us, "A safe environment, secure and well-led." A staff member commented, "I have no problems at all, and I feel that myself and the service user that I support are safe." Healthcare professionals told us they thought the service was generally safe for people to use.
- Staff were provided with training that enabled them to identify possible abuse towards people and the action to take, if encountered. They knew how and when to raise a safeguarding alert and had access to policies and procedures regarding safeguarding, whistleblowing, and prevention and protection of people from abuse.
- People were supported and encouraged by staff to keep safe and specific concerns about people's safety were recorded in their care plans.
- Staff were provided with health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people by following their risk assessments and care plans. This meant they were able to take acceptable risks and enjoy their lives safely. A staff member told us, "We have access to service users support plans for induction and guidance if we are unsure of the individual we are supporting."
- People's risk assessments were incorporated in their care plans and covered areas that were important to them such as health, activities, and daily living. The risk assessments were regularly reviewed, and updated as needs changed. Staff understood people's routines, preferences, and identified situations in which they may be at risk and acted to minimise those risks. A relative said, "From our visits, we have always found [Person using the service] in good spirits. He seems to have a good relationship with the carers, staff are caring, friendly, and provide appropriate care and support."
- The provider policies and procedures explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff understood the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- The recruitment procedure was thorough. After shortlisting the interview process contained scenario-

based questions to identify why prospective staff wished to work in health and social care, their skills, experience, and knowledge. Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a probationary period of 6 months with reviews and a thorough introduction to people using the service before starting work. A relative said, "The staff are all nice to [Person using the service]."

- Staff files recorded that the recruitment process was followed, and probationary period, and training were completed. Staff information explained the provider's expectations of them and their responsibilities.
- The provider facilitated discussions that identified best outcomes for people, including things that did not work well.
- Staff records showed that staff received 6 weekly supervision and an annual appraisal. Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- Staff administered people's medicines, or prompted and supported people to take their medicines safely.
- People's medicine records were regularly audited, fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected their working practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents, and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The provider was familiar with the MCA, its requirements, and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide

support.

- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

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. The rating for this key question 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

- The provider had a culture that was open, inclusive, and positive. People and their relatives said they found the registered manager and staff approachable. They were attentive, felt they were listened to, and staff did their best to meet the people's needs. One relative said, "We believe [Person using the service] is well looked after, as he seems happy, settled and always well-groomed when we visit him." Another relative commented, "I feel that [Person using the service] is well cared for, treated with respect and is very happy." A member of staff told us, "I feel I can always approach the [Registered] manager if I'm not sure of something or have a problem."
- The services provided were explained to people and their relatives so that they were clear about what they could and could not expect from the provider, registered manager, and staff. This was revisited in the statement of purpose. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- The vision and values were explained to staff at induction training, and revisited during mandatory training. Staff understood them, and people said they were reflected in the staff working practices.
- Staff said the management team supported them and they supported each other, as a team. A staff member said, "The [Registered] manager has been very supportive and understanding."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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 provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager made themselves available for support to the people using the service, relatives, and care staff. A relative commented, "We are very happy with this provider."

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

- The management team and staff were aware of their roles and its importance. A relative told us, "They are so helpful and caring, and they do a great service. I am very happy with the service. Also they tell me if any changes and what is going on." A staff member said, "On the rota the on call manager is indicated and we have an on call number we can ring in an emergency."

- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider's systems stored people's details, and identified that daily notes and care plans were completed on time. Data collected was collated and used to update and improve the service provided.
- The management team regularly contacted care workers to provide support, and this enabled them to provide people with the service that they needed. Staff welfare checks were carried out as part of supervision, and there were regular staff meetings, where issues that arose and other information was discussed. A staff member said, "we have regular communication and monthly meetings to raise any issues."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily notes, care plans, risk assessments, medicines administration charts, complaints, finance, and staff files. Staff files and the data base contained recruitment, training, performance, and development information.
- The provider worked with people, their relatives and healthcare professionals such as GPs and district nurses to identify areas that required improvement. This was to progress the quality of services people received, to better meet needs and priorities. Feedback from organisations was integrated and used to ensure the support provided was what people wanted and needed. This was with their consent.

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

- The provider enabled people, their relatives, and staff to give their views about the service provided and they worked in partnership with them. Their views were sought by telephone, visits, and regular observational spot checks. There were feedback questionnaires and surveys provided for people, their relatives, and staff. A relative said, "We have been asked whether or not we authorised them [Provider] to install broadband in the residence." A staff member told us, "I feel the organisation treats me fairly as we can talk to the line manager in supervision and feedback is provided."
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion, and disability.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with district nurses, GPs, and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people and their relatives to contact organisations who provided services outside their remit, to enhance their quality of life.
- People, their relatives, and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- The provider audits identified any performance shortfalls that required attention and recorded progress made towards addressing them.

- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.
- Staff meetings were partly used as lessons learnt sessions and procedures identified for discussion.