

Voyage 1 Limited

Voyage (DCA) Wakefield

Inspection report

Unit 6, Woodlands Village
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West Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Voyage (DCA) Wakefield is a domiciliary care agency supporting five people with a learning disability and/or autism with personal care at the time of the inspection. People lived in supported living accommodation and in the community.

Not everyone who used the service received personal care. 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.

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

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training and understood what it meant to protect people from abuse. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. There were effective systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervision and team meetings. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care records provided person-centred information to enable staff to meet people's needs and preferences.

The service was well-led. Comments about the registered manager and care coordinator were positive. The service had up to date policies and procedures which reflected current legislation and good practice guidance. There were effective systems in place to monitor and improve the quality of the service provided.

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.

The service was able to demonstrate they were meeting the underpinning principles of right support, right care, right culture. We found people using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We had concerns in relation to staff conduct and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from the concerns. The overall rating for the service has remained as good.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Voyage (DCA) Wakefield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team was made up of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and two supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

The service had a manager registered with the Care Quality Commission at the time of this inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and ended on 30 May 2022. We visited the location's office on 26 May 2022.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 27 April 2022 to help plan the inspection and inform our judgements.

We used the information the provider sent us in the provider information return. 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 sought feedback from the local authority commissioners and safeguarding team, and from Healthwatch, Wakefield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person and two of their relatives about their experience of the care provided. We met with the registered manager and care coordinator. We spoke with five care workers.

We looked at written records, which included three people's care records and three staff files. A variety of records relating to the management of the service were reviewed. This included reviewing the provider's policies and procedures, and the outcomes of satisfaction surveys.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help keep people safe. People and their relatives told us they felt safe with the support they received from staff. One person told us, "I get on with them [staff] all. I would be able to go to staff if I had a problem."
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults. The registered manager kept a record of all safeguarding concerns they had reported to the local authority.
- Staff were aware of how to report any unsafe practice. Staff were familiar with the provider's safeguarding and whistleblowing procedures. Staff were confident any concerns they raised would be taken seriously and acted upon appropriately. A member of staff told us, "I would ask [names of care coordinator and registered manager] if I needed support. If there are any problems, they will do their best to sort it out."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to reduce the risk of people experiencing avoidable harm. People's care records contained risk assessments. They included guidance for staff on how to reduce each risk. Staff clearly knew people well and were able to tell us how they would support people to manage any identified risks.
- Accidents and incidents were recorded and investigated. All events were recorded in a central system which was overseen by head office and any further actions needed were noted and tracked by them.
- The provider had suitable systems in place to learn from any accidents or incidents. Staff told us any learning was discussed and reflected on in team meetings.

Staffing and recruitment

- Recruitment process were safe. Recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs in a timely way. A member of staff told us, "We [staff] have plenty of time to provide support to people."
- People were consistently supported by the same small group of staff. A relative told us, "[Name of relative] has now got the right staff working at the service who know how to support people who have autism."

Using medicines safely

- People received their medicines as prescribed. Staff received training in medicines administration. We saw

their competency in this area was regularly checked.

- People were supported to manage their own medicines, where appropriate.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was guidance for staff on when a PRN medicine may be needed by the person.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infections. Staff told us they had access to personal protective equipment, such as plastic aprons and gloves.
- Staff understood how to prevent the spread of infection and confirmed they had received training in this area.

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

- People's care and support needs were assessed before they started receiving a service. This was to ensure their needs could be met effectively.
- Care records were person centred and contained information about the person's social history, needs and preferences. This enabled staff to provide personalised care.
- People's needs were regularly reviewed and care records updated accordingly. Updates were shared at staff handovers and discussed at team meetings.

Staff support: induction, training, skills and experience

- New staff received a thorough induction. This included completing mandatory training and shadowing more experienced members of staff. Those new to the caring profession were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff received regular training to ensure they had the necessary knowledge and skills to carry out their jobs effectively. A relative told us, "They [Voyage DCA Wakefield] have the right staff in post with the right skills."
- Staff received ongoing support from the registered manager and care coordinator. Staff confirmed they had regular supervision in line with the provider's policy and they could contact their managers anytime if they needed to. Comments from staff included, "[Names of care coordinator and registered manager] are excellent, I can't praise them enough" and "My managers and work colleagues are all supportive and there when I need them."

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

- People's nutrition and hydration needs were met. Care records held information on the person's dietary needs and preferences. This included guidance for staff on how best to support the person to meet these needs.

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

- People were encouraged and supported to access health and social care support services to improve their health and wellbeing, such as GPs. Relatives confirmed people were supported to attend appointments, as required.
- Staff worked effectively alongside existing support networks, such as community nurses and social workers to ensure people received the care and support they needed. Their contact details were included in

people's care records.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff were working within the principles of the MCA. Staff had received training on the MCA.
- People's capacity to make decisions had been assessed, where this was appropriate.
- Staff understood the need to give people choices and respect their decisions. Staff were keen to promote people's independence. A member of staff told us, "You need to remember you [staff] are supporting people and not doing it for them."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. These were available to staff on the provider's intranet site.
- There were effective quality assurance and governance systems in place to assess the safety and quality of the service. The care coordinator showed us recent audits of people's medicines administration charts and care records. Where issues had been identified we saw actions had been taken to rectify them.
- The provider kept oversight of the service by completing their own internal audits with associated action plans. Actions identified were shared with staff. The registered manager and care coordinator were committed to continually improving the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. People and their relatives told us they thought the service was well managed. A relative told us, "I am really happy with the service. [Name of care coordinator] is always available to contact; they listen and take action."
- We found no evidence of a closed culture. This is a poor culture which has an increased risk of harm. There were positive and open relationships between staff and the people they supported. A member of staff told us "Everyone is really brilliant. It is a real pleasure to work here and the people we support are really lovely."
- Staff told us they enjoyed working at Voyage DCA Wakefield. They said they felt valued and supported in their jobs. Comments from staff included, "I love it [my job] to be honest. I absolutely love the job. It's a pleasure to come to work" and "We work as a team; we all help each other out."
- It was clear from our conversations with staff they were committed to providing person centred care and respecting people's needs and preferences. A member of staff told us, "The people we support get independence if they want it and support if they need it."

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 continued to ensure the ratings from their last inspection were clearly displayed on the premises and on their website.
- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

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

- There were systems in place to ask people and the staff for their views of the service. Staff confirmed they attended team meetings. There were records of regular 'house meetings' taking place with people the service supported.
- The provider sent out satisfaction surveys to people, their relatives, staff and visiting professionals. The responses were analysed and shared.
- There were staff champions whose role was to ensure staff were supported and engaged in different aspects of service delivery, such as understanding consent and mental capacity
- Staff had developed good working relationships with local health and social care professionals.