

Voyage 1 Limited

# Voyage (DCA) Hull and East Riding

## Inspection report

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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

### About the service

Voyage (DCA) Hull and East Riding is a supported living service providing personal care and support to people with a learning disability and/or Autism. At the time of our inspection, the service supported 27 people, across 10 properties.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe; they were supported by enough suitable staff. People received their medication as prescribed. Infection control practices were followed. Risks were positively managed, and measures were in place to promote positive risk taking, which empowered people.

Staff supported people to take control of their nutritional needs. They promoted people to maintain a healthy weight. People's health care needs were met.

People were treated with respect by kind and caring staff. People's independence was fully encouraged; they made their own decisions and choices.

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.

Staff supported people to engage in the local community and promoted their interests and hobbies.

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.

People and members of staff felt engaged in the service. We received positive feedback about the supportive nature of the management team.

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

#### Rating at last inspection

This service was registered with us on 10/01/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection in line with our inspection schedule.

#### 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 (DCA) Hull and East Riding

## **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 one inspector.

#### 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. The care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager in post who had submitted an application to register with CQC.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with ten members of staff including the operations manager, the manager, two field care supervisors, a care coordinator and five care workers.

We reviewed a range of records. This included five people's care records and multiple 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 spoke with two additional people who used the service, three relatives and one health and social care professional.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Yes, I feel safe here; the staff make me feel safe, and the people who live here. My family couldn't look after me properly, but the staff do."
- Staff were trained to recognise and respond to safeguarding concerns. Staff understood their responsibility regarding reporting any concerns.
- Appropriate referrals had been made to local safeguarding authorities.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to reduce any identified risks to people.
- We saw examples of positive risk taking to encourage people's independence.
- The service had a business continuity plan in place to ensure people's safety. For example, plans were in place if the service was to flood.

Staffing and recruitment

- Recruitment checks had been carried out to ensure staff were of suitable character.
- There was enough staff to meet people's needs.

Using medicines safely

- People received their medication as prescribed.
- Information was in place to guide staff on when to administer 'when required' medication.
- People were supported to manage their own medication where possible.

Preventing and controlling infection

- People were supported with household tasks to help keep their homes clean.
- People told us staff wore gloves when required to help prevent the spread of infection. We saw aprons were not always available to staff. We discussed this with the management team who assured us these should be available to all staff and they would be going forward.

Learning lessons when things go wrong

- Accident and incidents were logged on a computerised system and monitored to ensure appropriate action had been taken.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service used best practice tools to ensure they were delivering care in line with guidance and the law.
- Assessments were carried out prior to people receiving a service to ensure staff were fully aware of people's support needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate knowledge and skills.
- Staff received support through induction, supervision and ongoing training.
- Staff felt well-supported by the management team.

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

- People's nutritional needs were met. People were fully encouraged to take control of their nutritional needs. For example, making their own meals.
- People's nutritional needs were recorded in their care plan.
- People were fully supported to maintain a healthy weight. People had been supported to lose weight, which had a positive impact on their well-being.

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

- People were fully supported with their health care needs. Staff ensured people were supported to attend annual health reviews and medication reviews.
- People had health plans in place, which detailed how they wanted to be supported.
- All health appointments and outcomes were recorded to ensure any advice was followed.

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.

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.

- Care plans contained detailed information about how to support people with decision-making. Some capacity assessments and best interest decisions required updating when changes had been made. The manager assured us these would be updated.
- People told us staff gained consent before supporting them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were fully supported and treated as individuals. Staff fully understood people's right to make their own choices, to have their individual beliefs and to have the right to change these.
- We received consistently positive feedback from people about the staff that supported them. One person told us, "Staff are wonderful; I can't praise them enough and they do a fantastic job. If my mental health goes up, they calm me down."
- People had developed positive relationships with staff. It was clear staff and people knew each other well. We observed numerous nice interactions between people and staff. For example, we saw staff spending time with people and lots of humour between them.

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

- People were fully encouraged to express their views in regular, one to one key worker meetings. This gave people the opportunity to express any changes they wanted in relation to their care and support.
- Staff fully supported people to make their own decisions and choices about their care. People chose how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People's independence was fully encouraged. There were numerous examples of how the service supported people to develop their confidence and abilities. For example, work was done to support people to access the community independently, which had a positive impact on people.
- People's privacy and dignity was fully respected. Staff respected the need for people to spend time on their own in their rooms and asked permission before going into people's room.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received person-centred care. People were supported in line with their preferences, likes and dislikes.
- We received consistent positive feedback from people and their relatives about the service. One relative told us, "It's a fantastic service, its more than I could wish for. I used to get really stressed at previous places but when [Name] moved here, I felt the difference as I walked through the door. [Name] is so happy, they love it here and are really settled. It has taken a big weight of my shoulders."
- Care plans were very detailed and contained person-centred information to guide staff on how people liked to receive their support.

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.

- People's communication needs had been assessed and care plans contained details of their preferred communication methods and how they wanted to be presented with information.
- Staff knew people well and communicated with them effectively.

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

- People were supported with their hobbies and interests. During the inspection, people were going out on activities and doing activities in their home such as baking. One person told us, "I go out regular; I do the food shop, go bowling and go to cinema to see my favourite Disney films."
- People had the choice to have a structured activity plan in place or to decide what they wanted to do on a day to day basis.
- People were supported to go on holidays and attend events of their choice.
- Relationships were encouraged by the staff. For example, staff had organised a restaurant experience for people at their home, so they could invite their relatives during the festive period. The service received numerous compliments for this.
- Opportunities were provided to people for volunteering roles within the company. One person was to audit the providers other services and training was to be arranged to develop their skills to carry out this role.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise any concerns.
- There had only been one complaint submitted since the service had been registered; this had been responded to in line with the provider's policy.

End of life care and support

- People's end of life wishes had not always been explored. We discussed with the operations manager and manager about providing more opportunity for people to express any end of life wishes they may have. They told us they would give people the choice to discuss their wishes going forward.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a positive atmosphere within the service. Staff were enthusiastic about ensuring people received good care.
- People were happy with the care they received. People were fully empowered to be as independent as possible and this helped achieve good outcomes.

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 to be open and honest. They informed the necessary people when incidents occurred.

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

- A new manager had recently been employed and had submitted an application to register with CQC.
- There was a management structure in place. Staff felt supported by all the management team.
- Audits were carried out to assess the quality of the service, however the records were not always completed to show when action had been taken. We discussed this with the management team who assured us now the new manager was in place, these would be accurately completed going forward.

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

- Satisfaction surveys had been carried out by the provider. We could not always see how these had been explored and appropriate action taken. The operations manager told us work was being carried out by the provider to review and analyse surveys.
- People and staff were engaged in the service through a variety of meetings. Staff meetings were held with staff, individual house meetings were held for each service and people had monthly meetings with their key workers.

Working in partnership with others

- The service worked in partnership with health and social care professionals. One professional told us, "There is good communication; they are responsive and work with us. Any concerns they ring me."
- The management team attended the local authority, provider forums to stay up to date with best practice

and develop working relationships.