

Voyage 1 Limited

# Voyage (DCA) Berkshire

## Inspection report

5 Winnersh Fields  
Winnersh  
Berkshire  
RG41 5HE

Tel: 07795256392  
Website: [www.voyagecare.com](http://www.voyagecare.com)

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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

This inspection took place on 18 and 20 April 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the service since it was added to the provider's registration on 26 April 2016.

Voyage (DCA) Berkshire is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection 23 of the 27 people receiving a service were living in supported living accommodation.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People were protected from the risks of abuse. Some staff recruitment issues were identified, but were dealt with by the registered manager before the end of the inspection. People and a relative confirmed people were encouraged and supported to maintain and increase their independence.

People received effective care and support from staff who knew them well and were well trained. They told us staff had the training and skills they needed when providing their care and support. People received effective health care and support. Medicines were stored and handled correctly and safely.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and a relative we spoke with.

People's rights to make their own decisions were protected. 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.

Where people were potentially being deprived of their liberty, the service had made the relevant commissioning authorities aware. This was so that commissioners could make applications to the Court of Protection for the appropriate authorisations.

People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs. People's diversity needs were identified and incorporated into their care plans where applicable.

People knew how to complain and knew the process to follow if they had concerns. They confirmed they felt the staff and management would act upon any concern raised.

Staff were happy working for the service and people benefitted from staff who felt well managed and supported. People and a relative told us the service was well-led, which was confirmed by health and social care professionals.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

## 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. Staff had a good understanding of how to keep people safe and knew their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment had been checked to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

### Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care and support to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Where people were potentially being deprived of their liberty, the registered manager had contacted their funding authorities so that appropriate applications could be made to the Court of Protection.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health needs were met.

### Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and they were encouraged to live as

full a life as possible, maintaining their independence where they could.

### Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said.

### Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the registered manager and field support supervisors and thought the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

# Voyage (DCA) Berkshire

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 and 20 April 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and five people who use the service. We received feedback from eight members of the care staff. We also received feedback from one relative and six health and social care professionals.

We looked at four people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, management quarterly audits, incidents records and staff meeting minutes.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe when they were with staff. A relative told us they felt their family member was kept safe by the service. Health and social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected. One professional commented, "I have visited [names of two supported living houses] on several occasions. I can confirm that the service is managing risk to our service users adequately." another told us, "The service itself provides good ethics around empowering individuals to achieve a fulfilling life, in a safe environment."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or related to specific health conditions such as epilepsy. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.

People were mostly protected by recruitment processes. We looked at the recruitment files for six recent employees. Checks had been made for all of them to see if they had any criminal records or if they were barred from working with vulnerable adults. Checks had also been carried out to see if there were any medical reasons why the employee would not be able to fulfil their role. Their identity had been checked and there was a recent photograph on file for each new employee. However, for four of those employees there were some gaps in employment that had not been explained in writing and that had not been identified. In one case the dates of employment given by a referee did not tally with the dates of employment given by the staff member. This discrepancy had also not been identified by anyone involved in staff recruitment. In three files no-one had verified the employee's reason for leaving previous employment working with vulnerable adults, as required. The registered manager took immediate action and obtained the missing information before the end of our inspection. The registered manager also put plans in place to check the remaining staff recruitment files. She devised and implemented a new system to ensure that, in future, she would do a final check of recruitment documentation prior to allowing a new employee to start working with people who use the service.

There was some uncertainty as to the recruitment practices of agencies used by the service to supply additional staff when needed. One agency confirmed to the service they obtained "a full 10 year employment history check". The registered manager was aware a ten year employment history would not be compliant with the requirements of the regulations. The registered manager told us the service would not use agency staff until the agency recruitment had been confirmed to be in line with the regulation requirements. The operations manager planned to discuss the situation regarding permanent staff and agency staff recruitment at a corporate level to ensure that, if changes were needed to corporate practices, policies and procedures, they could be made.

Staff were provided in line with the hours of people's individual care packages. Staff said they had enough

time to provide the care people needed within the time allocated to them. People told us they received care and support from familiar care and support workers. A relative felt there were enough staff to provide the support their family member needed. Health and social care professionals felt there were enough staff to keep people safe and meet their needs.

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with the incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. The training log confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

# Is the service effective?

## Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. Health and social care professionals felt the service provided effective care and supported people to maintain good health. Comments received from professionals included, "I have witnessed staff presenting with knowledge and skills needed to support our service users in the best way possible", "Staff appear to have good knowledge of their patients and a friendly way to manage them" and "The management team have excelled in being both pro-active and reactive to the service I am commissioning. On the whole, the staff team are very caring and have a good knowledge base in achieving good outcomes for my clients."

New staff were provided with induction training which followed the care certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. Ongoing staff training was overseen by the registered manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety at work, health and safety awareness, food safety and safeguarding adults at risk. Other mandatory training included first aid, medicine administration and infection control. The training records showed staff were up to date with their training, where training was due we saw this had been identified and training arranged. Practical competencies were assessed for administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Additional training was provided to staff depending on the needs of individuals they worked with, such as autism awareness and epilepsy awareness. Staff said they had completed an induction which had prepared them fully for their role before they worked unsupervised. They felt they had received the training they needed that helped them meet people's needs, choices and preferences.

People benefitted from staff who were well supervised. The service aimed to provide established staff with one to one meetings (supervision) four times a year with their managers. For new staff the supervisions expected by the provider's policy was: first supervision after four weeks, then at 12 weeks, then at 20 weeks with a probation review at 24 weeks. As the service had opened a year ago there were a larger than normal amount of staff in the probationary period. This had meant that some formal supervisions were overdue but the registered manager was aware of this and meetings had been scheduled. In addition, the staff had received supervision and support from the field support supervisors working alongside them in the supported living houses. Staff told us they had regular supervision which they felt enhanced their skills and learning.

People told us staff asked their consent to the care they received. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The 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. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in supported living accommodation, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, she had contacted the people's funding authority to have appropriate assessments carried out and, where indicated, applications made to the Court of Protection for a deprivation of liberty order.

People were able to choose their meals, which they planned with staff support. Where there was concern that someone was losing weight, staff made referrals to the GP. Where nutritional intake was a concern, food eaten was recorded in the daily notes. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

People received effective health care support from their GP and via GP referrals for other professional services, such as occupational therapists. People had health action plans. The health action plan held information about a person's health needs, the professionals who support those needs and their various medical appointments. All people had an annual health check from their GP as part of their health action plan.

## Is the service caring?

### Our findings

People told us the care workers were caring and kind. One relative added, "I would also particularly like to mention [name of care worker] who has been a great support to me." This comment was passed to the registered manager so the staff member could be credited. Health and social care professionals said the service was successful in developing positive, caring relationships with people using the service and one added, "I have witnessed staff involving people with compassion and kindness." Another professional told us the registered manager, "...goes above and beyond [for people]."

People confirmed they were consulted and involved in making decisions about their care and support needs. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. A relative told us their family member received the care and support they needed and said they were happy with the service their family member received. People told us they received care and support from staff they knew and who knew them.

People said staff treated them with respect and dignity. This was confirmed by health and social care professionals, who told us the service promoted and respected people's privacy and dignity. People came into the service's office to speak with us during the inspection. All interactions we observed between staff and people who use the service were professional and caring. It was obvious the care staff and office staff knew the people well and treated them with dignity and respect. People were comfortable and chatty when talking with staff and there was a lot of joking and laughter during their visits.

People told us the support and care people received helped them to be as independent as they could be. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support. Care plans had clear goals that people and their support staff were working towards. One professional told us, "On the whole it is a very caring team. ... However, there are some carers who do not understand the idea behind supported living and that they are there to empower and develop the individual rather than disable and 'do for them, rather than do with them'." The registered manager was aware of this feedback and actions had already been taken. A social care professional had been invited to the staff meeting to talk with staff on the ethos behind supported living. Other work was also underway to enable the registered manager and field support supervisors to address any issues on a one to one basis with individual staff members where applicable.

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training and in the staff handbook. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal needs. People said they had been visited prior to their care package starting and their needs had been assessed. They said they were happy with the care and support they received from the service. One relative said their family member received the care and support they needed and added, "Voyage have always been excellent. They provide good care for [Name] and the staff are always super helpful."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us staff knew how they liked things done and that staff followed their wishes.

Each person had an individual daily activity plan, which included participation in different activities they were interested in. People could choose what they wanted to do and were also able to try out new activities when identified. They were involved in the local community and visited local shops, library, cinema, clubs, pubs, restaurants and other venues. Some people were supported to find and keep jobs they were interested in.

People's individual likes and preferences in the way they wanted things done were included in the care plans we saw. The registered manager explained that they were developing a new care planning system that would be even person-centred and more goal focussed. Care plans included a one page profile, setting out the things in the person's life that were most important to them. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. Health and social care professionals felt the service provided personalised care that was responsive to people's needs. One professional mentioned they felt some staff needed more training to develop their understanding that people needed some guidance with making choices. The registered manager was aware of that feedback and plans were underway to provide additional training where needed. Another professional said the registered manager, "... wanted to ensure staff were well matched to the individuals they were supporting."

People's changing needs were monitored and their package of care was updated when needed. The care plans we saw had all been reviewed recently. This was to check the person's needs had not changed and that their care plan was up to date. Each person had a key worker. A key worker is a named member of staff who works with the person closely. They help them to identify and achieve their goals and also support them to take part in the development and review of their care plans.

People and a relative were aware of how to raise a concern. They were confident the service would take appropriate action and said staff responded well to any concerns they raised. People were given details about how to make a complaint when they started a package of care and details were included in their welcome booklet. They knew who to contact if they needed to. Staff were aware of the procedure to follow should anyone raise a concern with them. One professional told us, "Voyage locality managers always seek

feedback to improve their services. I have noted they do take feedback seriously and respond appropriately and action any concerns raised."

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

People received a service from staff who were happy in their work and worked in an open and friendly culture. We saw the registered manager had been awarded "Community Manager of the Year" at the Voyage Excellence Awards for 2016. Staff told us the registered manager and the field support supervisors were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. We saw concerns from staff were taken seriously. The outcomes of any investigations were recorded and actions taken if needed.

The service carried out routine audits of a number of areas related to the running of the service. For example, finance records, medication and health and safety. The management audits were carried out three monthly. The audit reports included findings that needed to be addressed and any actions required were added to the service's continuing improvement plan. The plan showed actions were taken within set deadlines to address issues identified in their audits. At the time of our inspection the audits did not include auditing staff recruitment files. During the inspection the registered manager developed a system, to be used within the service, to make sure all recruitment information was in place before new staff were allowed to start work. The operations manager planned to discuss including staff recruitment in the provider's three monthly audit in future.

Staff told us managers were open with them and asked what they thought about the service provided. They felt managers took their views into account. They felt supported by the registered manager and the field support supervisors. Team meetings were held bi-monthly, with each supported living house having daily handover meetings. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with happenings within the company.

Feedback on the service provision was sought by the key workers during their individual meetings with people, as well as during formal reviews of their care plans. Remedial action was taken if issues were raised. People and a relative confirmed they were asked their opinion on the service they received. People, the relative and staff all said they felt the service was managed well.

Professionals said the service demonstrated good management and leadership. Comments received from professionals included, "Very much so, in particular the registered manager. She is an excellent manager and team leader. She is very person-centred and always ensures that the client is at the centre of all of her service delivery. She is very proactive and will ensure the staff have all of the tools and skills to deliver the service that I require for my clients." and "The management is consistent and knowledgeable about the

residents and their needs." Professionals also thought the service worked well in partnership with other agencies. One professional told us, "I have worked closely with the team during transitions for my clients and I have witnessed the excellent rapport that the team has developed with other agencies to ensure my clients remain the centre of the process."