

Voyage 1 Limited

# Voyage(DCA) Greater Manchester

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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) Greater Manchester is a domiciliary care service, providing personal care and support to people living in Trafford and Bolton. 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. The service provides support to adults with learning disabilities and autism. At the time of our inspection there were 26 people using the service.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Staff were committed to supporting people in line with their preferences and supported people to receive their medicines. However, we found people's medicines were not always managed safely. High level assurances were provided by the management team this area would be addressed. People's independence was promoted, and staff encouraged people to take control of their own care. People's care and support needs were assessed in a person-centred way and risks associated with the provision of people's care were assessed to ensure support was provided safely. Where people's needs were complex, the service would call upon the experience of their positive behaviour specialist who worked hard to create plans so care could continue safely.

### Right Care

People and their relatives were pleased with their care and support. Staff were kind and respectful, upholding people's right to privacy and dignity. They understood and responded to individuals needs in a way they were comfortable with. People had access to health care professionals when they needed them. Medicines were administered safely.

### Right Culture

People received quality care and support because staff worked closely with the registered manager and demonstrated a commitment to positive outcomes for people. Staff received regular supervision and support. The registered manager had invested time and effort in developing staff skills and confidence, delegating tasks with support so staff felt more able to manage a range of situations in the registered

manager's absence.

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

This service was registered with us on 5 February 2021 and this is the first inspection. The last rating for the service under the previous provider was good.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve their medicines systems. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# Voyage(DCA) Greater Manchester

## **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 was carried out by an inspector, a medicines inspector, medicines manager and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in eight supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. 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 the Care Quality Commission 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection for our first visit. This was because it is a small service

and we needed to be sure that the provider or registered manager would be at the service to support the inspection.

Inspection activity started 28 September 2022 and ended on 4 October 2022. We visited the location's service on the 28 and 30 September and 3 and 4 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). 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 used all this information to plan our inspection.

#### During the inspection

We communicated with four people who used the service about their experience of the care provided. Some people who used the service were unable to talk with us and used different ways of communicating including Makaton, photos, symbols, objects and their body language. We also spoke with five people's relatives.

We spoke with 14 members of staff including the registered manager, the operations manager, field care manager, service manager and 10 support workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at multiple staff supervision documents. A variety of records relating to the management of the service, including training records and audits were reviewed.

# 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 of this newly registered service. At this inspection this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. We reviewed 'when required' medicines plans for four people. Three of the plans were person specific and provided staff with detailed information to care for people and know when to administer 'when required' medicines. One person's plan explained they was able to inform staff of their needs, however staff told us the person had limited communication.
- Information regarding people's allergies was not always recorded on medicines administration records (MAR's) as per national guidance. There was a risk people would be given a medicine they had previously reacted to and could be harmful to their health.
- The system in place to check the MARs contained all of the medicines the person was prescribed when the new supply of medicines arrived was not effective. Some MARs did not include all of the persons medicines; therefore, they were not a complete record of medicines they were prescribed so there was a risk they would not be given safely.
- Thickening powder, to be added to drinks, for people who have difficulty swallowing, was not always stored safely, therefore there is a risk people could be harmed due to accidental ingestion. Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not always completed therefore we could not be assured people were safe from the risk of choking.
- The actual time a medicine was administered was not documented for time sensitive medicines, for example paracetamol, therefore we were not assured the safe four-hour interval was observed.
- Records showed staff were recording the site of the application of patches, however they were not following the manufacturer's instructions and were not rotating the area the patches were applied to, so there was a risk people might suffer from skin irritation.

The provider's failure to ensure medicines were always managed safely was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found no evidence people were administered medicines as a use of restraint or to control their behaviour.
- Staff were trained to administer medicines and received regular checks by the management team to ensure they followed correct procedures.

### Staffing and recruitment

- Staffing levels were sufficient and met the needs of the people living at the service.
- Staffing levels were monitored and rota's were effectively organised. Staff told us that they felt there was

enough staff to provide the level of care that people needed. One staff member told us, "I believe we have enough staff."

- Some of the people's relatives felt the service needed to recruit more male staff. Comments included, "At the moment they have a good team, but there is a lack of male staff" and "Not always on the weekends, there are not always enough male staff. There is often agency staff and they get what there is and that is usually women, when [person's name] much prefers a man."
- Recruitment and retention had been slightly hampered due to the COVID-19 pandemic, staff leaving to work in other sectors and due to some staff returning to work for the previous care provider. The provider continued to actively recruit new staff.
- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt support was provided safely. The provider had robust systems in place to protect people from the risk of abuse and staff had a good understanding of when a safeguarding concern should be raised and who to.
- People's relatives told us they felt the service was safe. Comments included, "I am very happy that [person's name] is safe very and happy because there are no hazards."
- The provider had robust processes in place that ensured any allegations of improper care and/or abuse were investigated and acted on. Prior to the inspection there was an allegation raised against a staff member in respect to their conduct. Safeguarding processes were immediately followed, and measures were in place to ensure people received safe care.

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

- Risks associated with the provision of people's care and support had been assessed in detail. Risk assessments were comprehensive, and person centred.
- People has access to a positive behaviour support specialist who devised person centred risk management plans in order to reduce associated risks and provide guidance to staff on how they can manage these risks.
- The service had a system for recording and monitoring accidents and incidents.
- The provider had robust systems in place for the monitoring and recording of accidents and incidents. The provider used these to reflect on what worked and what did not, to inform improvements in practice.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- We observed staff wearing masks when we visited the supported living services.
- The provider had the measures in place to prevent visitors to their office from catching and spreading infections.
- The provider's infection prevention and control policy was up to date.



# 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

- People's needs were assessed before they moved into the service. Information was gathered from people, their relatives and professionals involved in people's care. The information was used to develop people's care and support plans and identify people's individual needs.
- The provider had policies and procedures in place that ensured people's protected characteristics were respected in accordance with the Equality Act 2010. This helped to reduce the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their role.
- Staff were required to complete a period of induction, shadowing other staff and getting to know people before starting to work alone. A person told us, "This is my first job in care and I believe the training provided has helped me massively to know how to care for people correctly."
- Staff received a range of training including training in autism awareness and understanding communication in autism. The registered manager told us they made sure training was embedded in staff practice through regular supervision and discussion with staff.
- When discussing the managements support and guidance one staff said, "The managers are very helpful to be honest" and "I feel the support provided has been very good."
- Staff received regular supervision and appraisal to support them in their role.

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

- Nutrition and hydration support needs were assessed and the required level of support was provided.
- Care records contained relevant information about any dietary support people needed. One care record indicated the person was able to choose their own drinks and snacks and wanted support to eat healthier meals.
- The relevant healthcare professionals were involved in any specialist care that was provided; staff followed the guidance and support that was advised.
- Staff prepared most meals, although people were encouraged to be involved in shopping and food preparation if they wished. Menus were agreed in consultation with people.

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

- Where possible people were actively involved in maintaining their own health and wellbeing. They were supported to have contact with health professionals for existing health conditions and any new concerns

about their health.

- People routinely accessed dental and eye care, and foot care where needed.
- People who needed assistance with toothbrushing and oral hygiene received this from staff who were confident in supporting them.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA and only used DoLS where appropriate. DoLS reviewed had been applied for appropriately and the provider evidenced external professional involvement was sought when necessary.
- Where people did not have capacity to make a decision the provider worked with relevant parties including relatives, social workers and GP's to make a decision in the persons best interests. They also followed the legislation correctly by considering what the person would want to do so they could be supported in the least restrictive way possible.
- All staff were supported with MCA training.

# 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 well treated and received the necessary support. Equality and diversity needs were also assessed and respected.
- Staff were familiar with the support that needed to be provided. Where possible, a dedicated team of staff were providing a consistent level of care to people receiving packages of care.
- Interactions we observed of staff and people demonstrated people being in control of their care and empowered to be supported how they chose. Interactions were warm, caring and natural.
- There was an emphasis throughout the culture of the service which supported people to celebrate their experiences and memories. Evidence was present throughout the home of holidays, activities and of relationships.

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

- People were encouraged to contribute to decisions about their care. People were also referred to advocacy services where they had no family input.
- People were offered a variety of ways to give their views about their care. This included face to face reviews, telephone conversations and discussions with staff. People felt staff acted on their wishes.
- Relatives were given opportunity to feedback on people's care in several ways. Relatives were able to request one to one calls with the registered manager, raise things with the staff team or were invited to feedback on people's care annually. This information along with people's feedback, which was collected daily, was used to tailor people's care to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how to promote independence and work in accordance with the providers principles of working in the least restrictive way possible.
- The provider's organisation most recent customer satisfaction survey reported that over 98.5% of people felt their privacy was respected.
- Staff promoted people's independence and encouraged people to celebrate their achievements. People confirmed staff encouraged them to do things for themselves and did not provide too much support.
- Support plans included details of people's spiritual and cultural needs. Religious faith was important to most people using the service.

# 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

- Care plans were person centred and identified how people wanted to be supported.
- Care plans were detailed with regards to people's needs, preferences, likes and dislikes. This meant staff had the information available to help ensure people received the right care and support to meet their individual needs.
- Care plans reflected the principles of right support, right care and right culture. They clearly stated when people wished to be independent and what they required support with. People's preferences relating to activities and community interaction were also clearly recorded.
- Where there were any changes in people's care and support needs, we saw care plans were immediately updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were fully explored and documented in their care plans. Communication was fully explored during people's pre-assessments and further updated as staff got to know people.
- Support plans clearly set out people's communication needs, and how staff were to assist them with these.
- People received information in a format that was accessible for them, such as easy to read illustrated documents.

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

- Social isolation was managed, positive relationships were maintained and hobbies and interests were supported.
- The provider was proud of the evidence they were able to show us during the inspection in relation to how people were supported to gain new skills and grow their confidence. One person had a history of presenting challenging behaviour, however with support from the providers behavioural specialist the service has been able to work on setting and maintaining boundaries. This had allowed the person to engage like they have

never done before, giving the person a new lease of life and confidence living in the community.

- The provider actively encouraged people to try new experiences. New links were created with Chill Factor, which is the UK's longest indoor ski slope. People regularly participated in adaptive skiing and feedback was extremely positive from people and their relatives.
- Relatives told us staff were proactive at supporting people in the community with activities people enjoyed. One relative said, "There is a pool table, [person's name] goes on his tablet a lot, they do cook, gardening, animal therapy, goes to the art centre and the sensory room on a Thursday. They also go to Chill factor to go snowboarding, quite a lot really."

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

- Most people had not had cause to make a formal complaint and where possible people told us they would be comfortable raising concerns with the staff or management. People's relatives told us they knew how to complain but had not needed to.
- An effective complaints process was in place and there was oversight of complaints. There was a complaints log with actions taken following complaints or concerns raised. A relative told us, "Well it's definitely improved in the last 9-10 months, then it was really not very pleasant, but it is getting better. For instance, the new manager has turned a redundant room into a sensory room which they can all use now which is great."

#### End of life care and support

- The provider was not supporting anyone with end of life care at the time of our inspection; however, they were aware of people's wishes on how they would want to be supported at the end of their life. Relatives confirmed this information had been shared with the service.

# 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.

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

- The provider used a wide range of audits, checks and monitoring systems to assess the quality of care provided.
- The provider carried out overarching audits each month to review the registered managers governance of the service. These included, reviewing health and safety checks, the environment, staff feedback, a review of records, and staff practice. However, audits connected to people's medicines had not been entirely effective, given the shortfalls we have identified. High level assurances were provided by the senior management team that they would review their internal quality assurance systems in order to improve oversight of people's medicines.
- Staff understood the importance of their roles and responsibilities and their performance was monitored.
- The management team were open in respect to the journey the service had been on in the last 12 months. They explained there were a number of areas the service needed to improve when taking on the new tenure. A detailed service improvement plan was implemented to ensure the services provided met the required standard.
- Most staff we spoke with found the registered manager and senior staff to be approachable and supportive. They felt able to raise concerns with them. However, two staff members felt they were not always spoken to with respect.

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

- The service promoted a positive culture for people living with a learning disability. Where possible people were empowered to live full and active lives by committed and caring staff.
- We visited six out of the eight supported living settings and found a homely and relaxed atmosphere. The provider encouraged a person-centred culture, where staff treated people as individuals, upholding their rights and encouraging and enabling them to live life as they wanted.
- The registered manager and operations manager had a good understanding of their responsibilities towards the people they supported and demonstrated a strong passion for delivering good quality person-centred care.
- We received consistently positive feedback from relatives about how staff maintained the quality of people's lives. One person's relative said, "I can fault the staff, they are very patient with [person's name]."

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 understood their roles and responsibilities in relation to duty of candour. They understood who should be contacted in the event of accident and incidents.
- Relatives felt confident the provider would inform them if things went wrong. One relative said, "I can't think of anything, they involve me, and they keep me informed, they are good at communication with me, and they involve [person's name]."

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

- The provider worked in partnership with other professionals and organisations to meet the needs of people and tailor their support. Reviews with families were carried out annually or as and when needed.
- People had opportunities to get updates and give their views about the service and any developments they would like to see. These included regular house meetings, monthly key worker meetings, support plan reviews and ad hoc conversations with the management team.
- Surveys of people, relatives and staff were undertaken annually. The findings from surveys were acted upon and an annual quality questionnaire summary report was produced.
- The service worked in partnership with health and social care professionals, such as GPs and members of community learning disability teams, to optimise people's care and wellbeing. For example, the service had been liaising with a range of professionals to get the right adapted mattress for one person to ensure the person was as comfortable as possible while they were in bed, whilst remaining safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to ensure people's medicines were always managed safely.