

Voyage 1 Limited

Voyage (DCA) Warwickshire

Inspection report

Stretton Lodge
68 Plough Hill Road, Galley Common
Nuneaton
Warwickshire
CV10 9NY

Tel: 02476399170

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13 November 2023
14 November 2023

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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) Warwickshire is a domiciliary care agency which is registered to provide personal care and support to people in their own tenancies. The service has three shared home 24-hour supported living services. The service is registered to provide support to younger adults and older people with a learning disability, autistic spectrum disorder, sensory impairment or mental health support need.

At the time of the inspection the service was supporting 17 people who were receiving 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

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

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 freedom was not unnecessarily restricted, and people were not physically restrained.

People's support was provided in supported living shared homes. Checks were undertaken by the management team to ensure homes were safe, clean, equipped and maintained. Any maintenance issues were passed to the landlord to address and followed up when needed.

Staff worked with people, their relatives and health and social care professionals to maintain people's overall health and wellbeing. Staff supported people to take their medicines safely and as prescribed.

Right Care

People were supported by staff who knew them well and were kind toward them. People's safety and care needs were identified, their care was planned, and their needs were met. Staff understood how to protect people from abuse and were confident the service manager would take action to protect people, should this be required. Robust recruitment checks made sure staff were of suitable character to support people.

Right Culture

Improvement had been made to create a positive and person-centred culture at the service. Meetings had been introduced for people to share feedback on what was and was not going well so actions could be taken to address any concerns. Staff were involved in sharing feedback about the service and felt the

management team had improved significantly since the last inspection. Staff felt valued in their roles.

The positive culture meant people received care that was tailored to their needs. The service manager and operations manager undertook safety and quality checks on people's care and used their findings to improve the quality of the service and to take learning from incidents.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take following the last inspection.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

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) Warwickshire

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 1 inspector and 1 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 is a domiciliary care agency and supported living service. It provides personal care to people living in their own tenancies.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the manager of the service had, prior to our inspection, submitted their application to become registered with us.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 10 November 2023 and ended on 14 November 2023. We visited a supported living service (with consent) on 13 November 2023 and the location's office on 14 November 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 spent time with, and spoke with, 10 people using the service. We gained feedback from 5 relatives through telephone conversations. We spoke with 6 care staff, the service manager and the operations manager. We reviewed 4 people's care plans, risk assessments and medication administration records. We reviewed 3 staff files to review the recruitment methods in place. We looked at a range of policies, audits and systems that monitored the safety and quality of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found systems and processes were not good enough to demonstrate that risks associated with people's care were effectively managed. Risks related to people's health and wellbeing had not always been identified, assessed or managed. This included managing risks associated with safe medicines management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of this regulation.

- Staff knew people well and how to minimise risks. Staff were able to give us examples of identified risks and how they managed these. One staff member told us, "[Name]'s biggest risk is slipping and falling outside, especially in icy winter weather. I put salt down on the path and remind [Name] to go slowly and take their time."
- Some people became anxious and had an identified risk of hurting themselves. One staff member told us, "We are aware of the importance of avoiding a sensory overload for [Name] and what they cannot cope with. Diversion techniques work well now and things have really improved here. Staff now have the skills they need, and interactions are so positive that [Name] rarely tries to hurt themselves."
- People had care plans and risk assessments in place. These gave staff the information they needed to support people safely. We discussed one person's identified risk of physically responding to others where a few staff told us they did not always feel confident in managing this risk. The service manager and operations manager took immediate action to add further detail to the risk management plan. They told us further discussion with staff would take place and additional training needs would be addressed.
- Where people had an identified risk of choking, risk management guidance was in place for staff to follow. This included information from speech and language therapists.
- A few people, with capacity to make decisions about their care, chose to have bed rails in place and had declined the use of 'bumpers' which would reduce the risk of accidental harm, such as entrapment of limbs. This had been agreed with an occupational therapist.
- We found these people were using their bed rails primarily as an aid to reposition themselves in bed. This is not the intended use of bed rails. We discussed this with the service manager, who agreed to contact the occupational therapist to assess whether there was any more appropriate equipment to support people to move independently in bed.

Using medicines safely

- People were supported by trained staff in the safe administration of their prescribed medicines. Medication Administration Records showed people received their medicines as directed.

- Staff's skills in the safe handling of medicines were assessed and 'competencies' were completed to ensure staff followed safe practice. Where human error had occurred, these were addressed promptly by the management team.
- Some people had medicines prescribed to be taken 'when required' and detailed protocols were in place for staff to refer to. These informed staff of maximum dosages to be taken in a 24-hour period.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems and processes were not good enough to demonstrate that people's liberty of movement was not restricted, whether or not they resisted. We found examples where restrictions were in place in supported living shared homes. This was a breach of regulation 13 (7b) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of this regulation.

- Improvement had been made to ensure people's liberty of movement was not restricted. People, whose liberty was not legally restricted, told us they had no restrictions placed on them by staff.
- People were supported by staff who had received training in safeguarding people from abuse. People told us they felt safe when staff were supporting them. Staff told us they had no concerns about abuse, and they would report anything straight away.
- The service manager and provider understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) about allegations of abuse. Where incidents had occurred, these had been reported as required.

Staffing and recruitment

- Staff were recruited in a safe way. We reviewed 3 staff employment records, each contained pre-employment checks and employment histories.
- DBS (Disclosure and Barring Services) checks had been undertaken, and these were dated before the staff's recorded start of employment date. Rights to work in the UK had been explored and recorded. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A few people spoken with said they did not feel there were enough staff. However, people had received their supported care hours as agreed.
- The service manager shared with us they had faced recruitment challenges but were now in a better place and had recruited new staff. This meant agency staff use had been reduced and people experienced a greater consistency in staff supporting them.

Preventing and controlling infection

- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and used personal protective equipment (PPE) when supporting people with personal care.

Learning lessons when things go wrong

- Systems and processes were in place so that lessons could be learned from, for example, accident and incident analysis.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were 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 prior to care and support being provided. Initial assessments were completed with the person, their relatives and their social worker to gain a good understanding of needs.
- Assessments included people's cultural, spiritual and communication needs.
- A transitional process enabled people to move into their supported living tenancy. Processes were in place to enable potential tenants to visit the service and get to know people and staff in a gradual way. This promoted an effective and successful move into their new home.
- Staff conversations showed they knew people well and how they liked to be supported.

Staff support: induction, training, skills and experience

- Staff received an induction and training. Staff felt they had completed all the training they needed, and this was confirmed by people's and relative's feedback to us. One relative told us, "I think staff are well trained."
- One staff member, whose role included fire safety and first aid, did not have all the skills they needed in these areas when we asked about them. Immediate action was taken by the service manager to support further training.
- Staff received training that was specific to people's needs. For example, staff had received detailed information around 1 person's positive behaviour support. Staff were able to tell us important information about how to communicate effectively with this person and how to avoid raising their anxiety.
- Improvement had been made in spot checks on staff's performance to ensure this matched the provider's expectations and actions were taken to address any shortfalls.
- Staff received supervision and told us they felt supported by the management team. One staff member told us, "This is the best management team now that we have ever had."
- On-call support was available to staff. One staff member told us, "[Staff Name] told me, 'If you need anything at all, just phone,' the on-call support is good now, they respond straight away."

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. People's care plans detailed preferences and staff were able to tell us what people liked to eat and drink and how they supported the person.
- Some people were supported by staff to visit a health setting to have their weight monitored. This helped staff support people with healthy option choices of food and drink.

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

- People felt staff understood their healthcare conditions. One person told us, "Staff have a good understanding of diabetes." People's plans of care included guidance to staff about health issues including diabetes, epilepsy and dysphasia (swallowing difficulties).
- The service manager and care staff worked with information and guidance given to them from healthcare professionals including speech and language therapists and district nurses.

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.

- Improvement had been made to records where people were deprived of their liberty with the appropriate legal authority. We found no restrictions were in place for any person who did not have a Deprivation of Liberty Safeguard approved.
- Staff worked within the remit of the Mental Capacity Act. People were supported in their own flat and shared dining and lounge areas and they were not restricted by staff in how they lived their lives.
- Staff understood the importance of gaining consent. One staff member told us, "It is important people have control over their own lives and make their own decisions."
- People's plans of care recorded whether they had mental capacity. The service manager understood when a 'best interest' decision would be needed and when they would need to refer a person for an independent mental capacity assessment.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were caring toward them and we saw this in staff's approach with people.
- Staff enjoyed their role in supporting people. One staff member told us, "I approach my job by seeing the whole person and not the hole in them, my day is about giving them the best day they can have."
- Staff demonstrated a caring approach. Our observations of interactions between staff with people showed a respectful manner. One person appeared comfortable and relaxed with staff as they were supported to go out for a haircut and lunch.
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity was respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. People had their own key to their flat and staff knocked and waited for the person to respond before supporting or interacting with the person.
- Where people were supported with personal care, staff maintained their dignity. One staff member told us, "I keep the bathroom door closed, [Name] needs me to stay with them, but I always keep them covered when they get out of the bath."
- People's independence was promoted. A staff member told us they had taught one person cookery skills and this person was now able to prepare a meal for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to 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's needs were assessed prior to them receiving support and living at the service. An initial assessment of needs took place which was used to create a personalised care plan.
- People's day to day care and support was tailored to meet their individual needs and preferences.

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 communication needs had been assessed and was documented in their plan of care. Some people did not use verbal communication and used signs and non-verbal expressions. One staff member told us, "I know [Name] very well and when they are happy, they jump up and shout out, when they need something, they will take me to it."
- Staff had a good understanding of the importance of clear communication. A staff member told us, "Communication is crucial to [Name] as if that went wrong, it would be a bad day for them. So, staff know this is really important, along with their routine."
- The provider had ensured that some information was made available to people in accessible formats, including a complaints policy. However, some people were unable to access their written care plan and did not have an accessible format version. We discussed this with the service manager, who had started to work on accessible formats for people. They assured us these would all be in place, where needed, before the end of November 2023.

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's plans of care gave details about their hobbies and interests. One person told us, "I support a local football team and when they play the manager always makes sure I have the staff to take me there."
- Staff could tell us about people's likes and dislikes and what they enjoyed to talk about or do. One staff member told us, "[Name] loves to play with a balloon, it makes them smile and they are happy and that makes me feel I help them have a happy day."

Improving care quality in response to complaints or concerns

- A few people told us about a complaint they had related to a recent party held in the communal lounge of their service. We discussed this with the service manager and operations manager who were aware of the concerns, had acted on them and put measures in place to learn from the issues raised.
- There was an accessible complaints policy available to people and their relatives. The service manager and operations manager told us any complaints would be used as a way of learning to improve the services they provided.

End of life care and support

- End of life care and palliative support was not currently provided to anyone. We have therefore not made a judgement in this area.
- The service manager told us that should a person's health deteriorate, they would support the person's wishes and work alongside healthcare professionals in caring for the person.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. The culture did promote high-quality, person-centred care.

At our last inspection we found systems and processes were not good enough to demonstrate that safety and quality checks were effective in identifying where improvements were needed. Audits had not identified issues we found, and staff skill competency assessment checks were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of this regulation.

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

- Since our last inspection there had been a change of manager. Prior to this inspection, the new service manager in post had applied to become registered with us. They, and the operations manager, told us they felt significant progress had been achieved in line with their service improvement plan. Some actions remained 'in progress'. For example, this included working with staff to increase their understanding around professional boundaries.
- Robust competency assessments had been put into place to check staff's skills. There were further plans to extend these to include 'shift-lead' specific competency checks.
- Improvement had been made to the safety and quality checks completed on a daily and weekly basis. For example, daily checks on medication administration records were made to reduce the risk of errors.
- Audits were completed and effectively identified where improvement was needed. Whilst medication errors had reduced, where these had occurred such as a staff member had forgotten to administer a medicine, robust actions were taken to reduce risks of reoccurrence.
- The service manager undertook unannounced visits to the services. Staff told us they 'had visits from the manager' and records showed safety and quality checks took place on the services. Where actions were needed, these were acted on.
- The operations manager completed quarterly quality visit checks on the services. Where issues were identified, such as a deep clean being needed, these were actioned.

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 service manager and provider were aware of their legal responsibilities under the duty of candour. They worked in collaboration with other health care professionals in supporting people.
- The service manager understood when statutory notifications about specific events should be legally sent to us, and we had received these when required.

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

- The service manager gave weekly opportunities to people and staff to share their feedback. The service manager had introduced weekly meetings 'what is working and what is not working'. These provided opportunities for people to share their thoughts about their care and support and, in a different meeting session, for staff to give feedback and ideas and raise any concerns.
- Staff felt valued and recognised. We received positive comments from staff which included, "Our service had a local authority quality monitoring visit which went well. The manager really showed she valued us following this when she brought in cakes for us all, telling us we had done well." "The managers really boost us up, telling us we are doing a good job," and, "Things have improved so much, for staff and people using the services. I now love my job and coming to work."

Continuous learning and improving care; Working in partnership with others

- The service manager and care staff worked in partnership with other healthcare professionals involved in people's care. This included GPs, occupational therapists and speech and language therapists.