

Voyage 1 Limited

Voyage (DCA) Wakefield

Inspection report

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09 October 2019

10 October 2019

11 October 2019

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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

Voyage (DCA) Wakefield is a domiciliary care agency supporting 10 people with a learning disability or other complex behavioural needs with personal care at the time of the inspection. People lived in supported living environments and in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff were able to recognise possible safeguarding concerns and knew what action to take. Risks were managed pro-actively and focused on a positive, personalised approach. People received support from a consistent staff team who were knowledgeable and experienced. Any incidents or feedback was shared with staff so lessons could be learnt and practice improved. Medication was administered safely, and staff followed appropriate infection control prevention.

The registered manager understood best practice, and this was shared with staff at regular supervision and training. 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.

Relatives were happy with the support offered and felt very comfortable with all staff who were flexible, understanding and sensitive to people's needs. Staff clearly knew people well. Privacy and dignity was promoted and respected. Support was person-centred and people had access to a range of activities.

Care documentation was holistic, and assessments reflected a person's overall needs in conjunction with specific guidance of staff to follow where necessary. Any issues were addressed promptly and effectively, and the service had received a number of compliments.

All staff understood the vision of the service and values were integral to their approach. The promotion of independence was fundamental to each interaction. Quality assurance systems provided robust scrutiny and challenge. The service had developed sound partnerships with other agencies and worked in collaboration where needed.

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

Rating at last inspection

This service was registered with us on 2 October 2018 and this is the first inspection.

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?

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 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) Wakefield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and supported living so that 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 October 2019 and ended on 11 October 2019. We visited the office location on 1 October 2019 and made telephone calls to people using the service, their relatives and staff on the other days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with seven members of staff including four support staff, two co-ordinators and the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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 looked at training data and quality assurance records.

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

- Staff could recognise potential signs of abuse and neglect and knew what action to take if they suspected such signs. This included physical and verbal abuse and inappropriate terminology.
- Staff had developed positive relationships with the local authorities and so took advice at the earliest opportunity if they did have any concerns.
- Concerns had been notified to the relevant bodies as required.

Assessing risk, safety monitoring and management

- Staff told us they constantly reviewed risks to people and amended their involvement accordingly. This meant assessments were regularly reviewed to ensure they reflected current need.
- People had positive behaviour support plans in place which highlighted least restrictive practice and promotion of dignity.
- People living in the supporting living homes were encouraged to have emergency plans in place to support people's safety when they accessed the community independently. People's specific journeys to day services were under review as service provision was changing and staff were looking at all possible risk they faced and ensuring the likelihood of harm was reduced.
- Accidents and incidents were recorded in detail, outlining staff actions and any learning arising from such events. All events were recorded in a central system which was overseen by head office and any further actions needed were noted by them. No incident was closed without a satisfactory conclusion and a comprehensive investigation where needed.

Staffing and recruitment

- Staffing for the supported living homes varied according to the needs of people in each house. Due to their geographical proximity staff knew all people and could work in each home as needed. For the support offered at home a staff team was being developed and a keyworker had been appointed.
- Rotas were developed at 'rota parties' which staff spoke highly of. These allowed staff to complete rotas collaboratively ensuring all shifts were covered and met each staff member's preferences as far as possible.
- Staff told us they were requested to cover occasionally for sickness but were never pressured into doing so.
- Recruitment checks were robust and ensured only staff suitable to work with vulnerable people were employed. Any gaps in employment had been investigated.

Using medicines safely

- Relatives said staff were confident in managing medication. Records were accurate and provided staff

with clear guidance for PRN, or 'as required' medication.

- Staff were able to describe safe medication practice and told us they were assessed as competent on a regular basis. Checks about staff's knowledge were also integrated into supervision and conversation such as side effects of particular medication.
- The service had developed strong links with day services so people had safe transfer of medication where needed. This also worked where people were noted to be 'under the weather' and information was shared as needed to ensure people had the required support.

Preventing and controlling infection

- Staff explained appropriate infection control practice and documentation provided further support for staff.

Learning lessons when things go wrong

- Staff said lessons were shared if practice was not good or there were areas of improvement which needed to be noted. They said outcomes were shared from any safeguarding concern or complaint so people's experience of support was better.
- We saw evidence of discussions from the provider's other services where learning had been shared with staff, and further training offered if needed.

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

- Staff explained how each day was different and they adapted according to how people were on that day. They were aware of people's differing moods and the impact this may have on their abilities.
- The registered manager referred to a number of sources of best practice evidence which informed their knowledge and was shared with staff.

Staff support: induction, training, skills and experience

- Staff received an induction which covered all key aspects of support needs and also shadowed more experienced colleagues which helped to develop relationships with people. Even if staff were not new to care delivery they completed an assessment tool based on the Care Certificate to assess their competency against the requirements. We saw completion of regular probationary meetings to ensure staff were on target.
- Supervision was offered on a six-weekly basis and allowed staff to discuss any concerns or development needs they had. Everyone said it was an open conversation and they felt supported. Notes reflected this.
- Staff were also observed unobtrusively and feedback given about their interactions and practice which they valued as a source of learning and development, and also affirmed what they did well.
- Training was comprehensive, and staff felt confident in their roles as a result. If staff needed refresher courses or additional training due to people's specific needs, this was also offered. Staff had electronic access to their own training records and could book themselves on courses as needed. Staff also had an annual appraisal.

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

- People in the supported living homes contributed to a weekly menu plan. Staff encouraged healthy options wherever possible and people did their own preparation under supervision.
- Staff were aware of people's dietary requirements including needing a soft diet and could explain the correct consistency.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke positively of their colleagues and how everyone worked together. One called their colleagues "outstanding." Staff also explained how they instigated reviews with social workers and other key staff to ensure all views were considered and support altered according to need, if they had concerns about people's support needs.
- The registered manager advised of strong links between specialist nursing services as people's needs changed due to ageing or other factors.

Supporting people to live healthier lives, access healthcare services and support

- People's specific health conditions were detailed in care documentation along with management strategies. This included reference to the management of seizures written in conjunction with health colleagues, where necessary.

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.

- Staff demonstrated a sound understanding of respecting people's capacity to consent to differing activities. They described occasions where potential conflicts could have arisen based on family wishes which contradicted a person's preference. Staff felt enabled to challenge appropriately and were also aware they could not force a person to undertake a task they chose not to do.
- Capacity assessment documentation provided staff with guidance about how best to ensure consent was obtained. This included the use of visual symbols or objects of reference where a person was unable to communicate verbally and also considered the time of day best for that person. Decisions followed best interest guidelines.
- Staff also discussed respecting people's ability to develop relationships and how important it was to respect their wishes. We saw evidence staff supported people in exploring new social groups.

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

- Relatives described staff as caring and kind. We read in one compliment, "We regard staff very highly for their skills and commitment. Time and again they go beyond what they need to do when they see it can make a difference to [name]."
- Staff were able to describe people and their different needs. One staff member said, "Everyone has the freedom to choose what they wish to do and we respect that." Another spoke to us about the different techniques they used to engage with the person.
- The registered manager explained how staff were paired with people to match interests and other characteristics which helped promote people's wellbeing and their sense of identity.

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

- People were supported to make their own choices including trips in the community alone where appropriate risk assessment had taken place. Staff were very clear their role was to enable and not 'do'.
- Care documentation outlined what was important to people and how they might indicate their views. One record noted, "I always want to have a laugh."
- Records clearly indicated where people had contributed to their plans such as how they chose to have a shower or not.

Respecting and promoting people's privacy, dignity and independence

- People's cultural and spiritual needs were discussed and supported where necessary. Their preferences as to gender of carer were noted and respected.
- Records showed people's achievements; one example showed a person had been on a bus, which was an important goal for them.
- People were supported to have advocates where needed to promote their confidence in making choices.

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

- One relative described the service as "absolutely fantastic" as staff were supporting their relation to walk and develop a social life. This person had been taken swimming as they used to enjoy this activity and their engagement with it since the service had begun support was highly evident.
- Staff spoke of people's differing needs and interests, and clearly knew people well. One staff member said, "We care for people as the individual they are."
- Care documentation was detailed and person-centred. It included references to people's life histories, their communication needs, a 'good' day, their decision-making ability and support needs. The smallest of details were recorded to ensure staff understood all aspects which helped make a person feel settled and secure, such as the type of music they enjoyed listening to.

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.

- Items which were important to people who were unable to communicate verbally were noted so all staff knew how to engage with the person. One record listed how staff should respond to a person including singing and making funny noises as a distraction technique and to help the person relax.
- Communication plans also included specific words or sounds people may use so staff could develop a positive relationship with people, while being aware of increasing signs of agitation or anxiety.

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

- We saw a photograph album displaying many examples of people enjoying a wide variety of activities including horse-riding and meals out. One person had gone swimming, to the cinema twice, and two museums all in a three week period as this was their choice and staff respected this.
- People had visual relationship maps showing key people in their lives.

Improving care quality in response to complaints or concerns

- We saw one compliment which stated, "[Name] has improved in every way, is a lot more sociable, sleeping better, eating better, a lot happier, more vocal and I can have much more interaction. Staff are fantastic with them and [name] looks forward to their outings so much."
- Another compliment stated how much staff had gone out of their way to ensure one person took part in a

local show on their horse.

- There had been no formal complaints but issues were encouraged to be raised as soon as they arose. We saw evidence of positive meetings with relatives where discussions were open and honest.

End of life care and support

- No one was receiving end of life support but where wishes had been obtained, these were documented.

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

- Staff told us how much they loved their role. They felt the staff were supportive and all shared the vision for people in the service.
- The registered manager explained the vision for the service was to move more people to independence which required a significant culture shift. They stressed all the plans were completed in partnership with key parties, including parents where necessary, to ensure people were empowered to make their own decisions.

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

- One staff member said, "I will always get an honest answer to any issue I raise." They said issues are taken forward and explored with the provider and quality team if needed, and staff are encouraged to challenge where they feel strongly something is not in a person's best interest.
- The registered manager felt they responded to any issues well and were open and transparent in their communication. This was mirrored in correspondence we saw between relatives and the service.

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

- Staff said they felt supported and could access support at any time it was needed. They said it was a "two-way street" and any issues could be raised and the support offered was robust.
- The registered manager said they regularly reviewed staff performance and staff were recognised for outstanding contributions. Regular staff meetings were held which updated all staff in terms of changed policies and discussed people's progress and any concerns,
- Quality assurance processes were thorough and transparent. The annual service review mirrored the CQC's five domains and looked at each aspect of service delivery. An action plan resulted from the audit and we saw this was reflective of issues found. We saw actions were responded to promptly. More specific, service-focused audits were also completed in addition to peer audits.

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

- People living in the supported living houses were fully integrated in the community, accessing the local shops and other amenities independently.
- The registered manager evidenced positive feedback from parents and other relations in regard to

support offered to people. They were engaging staff as champions in particular areas who would then promote key aspects of learning and best practice.

Continuous learning and improving care

- One relative said, "Nothing could be done differently or better."
- Staff said some of the documentation was not always applicable to the service they were providing but this was under discussion with the provider to ensure its relevance.
- We saw evidence staff had requested help from other agencies for support to check they were doing everything they possibly could to support people to be as independent as possible. Suggestions such as the development of snack boxes had resulted from this to ensure people's food was available when they wished to have it.

Working in partnership with others

- Relatives said how much they felt they worked in partnership with the service. One relative said, "You have always been prepared to have an honest discussion and to seek solutions. We greatly appreciate this."