

Voyage 1 Limited

Voyage (DCA) Wiltshire

Inspection report

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Date of inspection visit:
18 October 2021

Date of publication:
16 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Voyage (DCA) Wiltshire is registered to deliver personal care to people in their own homes or in a shared house arrangement. 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. At the time of this inspection the service was supporting 42 people under the regulated activity and 61 people in total were using this service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

Not all the key questions were inspected at this time, but the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture in relation to the Safe and Well-led key questions.

Right support:

- People had risk assessments in their care plans, these detailed individual risks to people in a thorough and person-centred way.
- The service worked with external professionals to meet people's needs in a timely way and ensure they got the support needed.

Right care:

- People praised the care they received and had built positive and comfortable relationships with staff.
- People told us they felt staff had kept them safe during the pandemic by following the necessary protocols in place.

Right culture:

- There were opportunities provided for people to be engaged and feedback their views about the home and quality of the service they received.
- People's care plans and capacity assessments were written in a person-centred way and took into account individual preferences and characteristics of people.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The management team were open and transparent about the incidents reported and had spent time reviewing their processes in place and talking with staff about culture and expectations of behaviour.

Since the last inspection there have been improvements in how medicines are managed. People told us

staff supported them with their medicines safely and had no concerns.

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 31 March 2020) and there were two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. The inspection was also prompted in part due to increased numbers of notifications received to CQC by the service. A decision was made for us to inspect and examine these areas. We found no evidence during this inspection that people were at risk of harm from this concern.

This was a focused inspection which reviewed the key questions of Safe and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Voyage (DCA) Wiltshire on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Voyage (DCA) Wiltshire

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors attended the site office as part of this inspection. An Expert by Experience made calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A medicines inspector reviewed safe medicine management away from site.

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 specialist housing.

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 a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 October and ended on 5 November. We visited the office location on 18 October.

What we did before the inspection

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 six people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, registered manager, and care staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff files in relation to recruitment and staff supervision and quality assurance records. We spoke with three professionals who regularly visit 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 now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection in January 2020, the provider had failed to ensure robust systems were in place to protect people from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider had taken action to make the required improvements and was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service reported a high level of incidents. This is in part due to supporting people who have complex needs and at times can present some significant physical or emotional behaviours. We saw that the service took appropriate action where staff had not supported people appropriately and had followed their disciplinary processes.
- The management team were open and transparent about the incidents reported and had spent time reviewing their processes in place and talking with staff about culture and expectations of behaviour. The operations manager commented, "There is much more of an open culture, people are happy to report. Staff behaviour has been reported to us by colleagues, we think this is a result of values and attitudes training."
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member said, "I've done it before. I didn't want it to come to the fact I had to use the whistle-blowing policy, but the concern I reported was dealt with swiftly." One professional commented "I have never seen anything of concern. The service has always notified us when they have raised a safeguarding concern such as medication errors."
- People told us they felt safe with the staff that supported them commenting, "Yes I am safe, my key worker keeps me safe I like her" and "Yes they are nice to me and look after me." Relatives told us they had no concerns about people's safety saying, "My relative is completely safe, I trust them, the staff are lovely and they care for the people they are looking after" and "Yes, because it takes a lot for my relative to trust people and they always says how safe they feel."
- Staff told us incidents they reported were taken seriously and dealt with effectively. One staff member commented, "I have seen practice by a colleague that was unacceptable. This was something I reported to my senior and registered manager and the issue was promptly sorted."
- Staff were involved in a debrief meeting following incidents and this was recorded. This gave them the opportunity to reflect on what had happened, if things could be done differently and identify any further support needed. One staff said, "I have had the chance to learn from an incident as part of a debrief and while things didn't need to change as a result due to lack of need, my understanding was improved."

At our last inspection in January 2020, the provider had failed to ensure medicine systems were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. At this inspection we saw the provider had taken action to make the required improvements and was no longer in breach of this regulation.

Using medicines safely

- Since the last inspection there had been improvements in how medicines were managed.
- People told us staff supported them with their medicines safely and had no concerns.
- People had medication profiles available to support staff in how to administer their medicines.
- Staff who administered medicines had been trained and assessed as competent to do so. They recorded when they gave medicines on a Medicines Administration Record (MAR). The MAR charts were developed by staff and we saw they were transcribed correctly. The MARs we reviewed showed people's medicines were being administered as prescribed.
- If covert administration (medicines given without their knowledge) was being considered, we saw that mental capacity assessments, best interest decisions and advice on how to give each medicine were taken and recorded.
- When medicines were prescribed to be given 'when required' there were protocols available to guide staff when doses should be administered.
- When medicines errors occurred, we saw they were being reported and investigated. Analysis was completed on these errors to identify improvements to prevent errors re-occurring. Regular medicines audits were undertaken, and if any incidents were identified then appropriate actions were taken.

Assessing risk, safety monitoring and management

- People had risk assessments in their care plans, these detailed individual risks to people in a thorough, person-centred way and gave clear guidance to staff on reducing risk.
- We saw that risks to people had considered people's capacity and assessed the risk carefully under the Mental Capacity Act (2005). Care plans showed how the person had been helped to understand the decision and how the person's family and appropriate professionals had been involved.
- Relatives told us they had confidence in staff training and skills to meet the needs of people who had specific needs commenting, "They specialise in autism, staff get extra training on autism, they also have staff with autism so they have the understanding" and "Staff always strike me as being caring and professional."
- At times some people could display distressed or anxious behaviours. Staff told us they felt confident in supporting people at these times, and were supported and had clear guidance in place. Comments included, "We use the care plans as much as possible. I have a good rapport with [people], that definitely helps. Just talking does wonders and just making sure they feel they are being listened to" and "I respond calmly to challenging behaviour. I try my best to get myself and individual away from the triggering situation. I give the individual time and space. I let them know I'm here if they want me."
- The registered manager had behaviour meetings weekly with an internal behaviour therapist to discuss and review all incidents and implement any further support as needed. External professionals gave positive feedback about staff commenting, "Staff have a good knowledge and know people well. There has also been lots of incidents that have needed additional support with, and they have always supported [person's name] really well. I have strong confidence in the staff" and "Staff, have a good understanding of people's needs to be able to respond to any information requests."
- There were a number of health and safety checks in place to ensure equipment remained safe, these included checks to hoists and slings, bed rails and bumpers and wheelchairs.

Staffing and recruitment

- The majority of staff told us there was enough staff to support people safely and there was a strong sense of team morale. Staff commented, "I know the last year and a half has been challenging, but we have a really good team. Because we are a good team, it shows in our work and makes the people we support more comfortable" and "We do have enough staff. We all share the responsibility when needed. We are a team."

- People told us they had regular staff supporting them that they knew and were happy with the support provided. One person said, "There are always staff around, if I want to go for a walk or to the shop they will come."
- The management team were focused on recruitment and a staff retention plan had been put in place. Ongoing recruitment calls considered any themes when staff had left and how career progression could be further supported. A lot of work had centred on ensuring new starters understood at interview stage the role they would be undertaking and the needs of people they would be supporting.
- The registered manager explained how the provider's human resources department oversaw the recruitment process and confirmed with them when information was obtained. This included checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Preventing and controlling infection

- People told us they felt staff had followed infection control procedures to keep them safe during the pandemic commenting, "I have been kept safe", "We have had Covid-19 tests, stayed in our rooms, staff have been wearing face masks."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January 2020, the provider had failed to ensure systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider had taken action to make the required improvements and was no longer in breach of this regulation.

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

- The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager completed quarterly audits within the service and any actions required were set from this. An annual review was also conducted by the organisations quality team. The operations manager told us, "We have come a long way since the last inspection and done lots of work. [Registered manager name] is a dedicated manager."
- The service conducted 'Fresh eyes reviews' to gain different perspectives within the service and field support supervisors made visits each week unannounced to check appropriate care was being delivered. One staff told us, "We all value the staff in management. The structure is positive and forward thinking. I would recommend the registered manager and [field support supervisor name] any day of the week."
- There were clear processes in place to manage the risk of Covid 19 and normal winter pressures on the service. The service also were taking pre-emptive action to limit potential impact of future legislation on service provision.

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

- The service has a positive culture that was person-centred and inclusive. People's care plans and capacity assessments were written in a person-centred way and took into account individual preferences and characteristics of people. We saw documents in place recording what was liked and admired about people and things that worked and didn't work to ensure people received care tailored to their preferences and needs.
- People praised the registered manager and staff in the service commenting, "The manager is ever such a nice lady, she says don't hesitate to contact her", "Staff are legends, absolutely brilliant, amazing", "The carers are really nice, really friendly, they support us and make us laugh" and "I think Voyage Care is amazing and they treat everyone with respect and are helpful."
- Staff genuinely enjoyed their role in supporting people to maintain their independence and live life well.

Staff told us, "The people are the core of this agency. Everyone is very understanding and kind. No one is made to feel small or insignificant" and "Everyone in the management team and all the staff I have learned from have been extremely welcoming and supportive and have taken the time to sit me down and teach me. I feel valued and I get feedback a lot which makes me feel good about myself in this job and gives me the ability to learn and improve."

- Staff spoke highly of the registered manager and their field support staff. Comments included, "[field support supervisor] is a great asset, she really does help and support people here. She is very, very good", "Everyone in the office is supportive, but [field support supervisor], I feel I can go to her with absolutely anything, I feel like no problem is too small for her, it makes work a lot easier" and "[Registered manager] is always there if I need her."

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 registered manager understood their responsibilities under the duty of candour.
- 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.
- People told us they felt happy to raise any concerns and knew who they could approach if needed.

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

- People and those important to them had opportunities to feedback their views about the home and quality of the service they received. People and relatives told us, "I get a questionnaire every year and pre-covid I attended review meetings", "If I've got something to say I will say" and "They communicate well. We just received an email with a picture, and it is nice that they are sharing it with us."
- Feedback was completed with stakeholders, families, professionals and people the service supported. The registered manager told us, "We have a feedback portal for people to feedback as and when. People who can't feedback, we do capacity assessments and best interest decisions. The support worker will do it with them, and they will review workbooks, body language or facial expressions."
- Staff team meetings took place every other month. We reviewed minutes of meetings and saw staff were kept updated and information was shared. Staff recognition was important to the provider. An award wall had been created in the office celebrating staff achievements, including a staff member who won support worker of the year in The Wiltshire Times newspaper. One staff member told us, "This is the first job where I genuinely believe in what I am doing, I feel like people who need help should be able to receive the help they need and want."

Continuous learning and improving care

- The registered manager continued to keep up to date with current practices and national guidance. The service had worked hard to meet the improvements following the last inspection and embed changes to drive the service forward.
- Nobody using the service or their relatives that we spoke with felt there were any improvements to be made. They told us, "I have always been impressed, they seem to care, and they have been professional in what they do" and "I would recommend to people if they needed a service like this, they are a good company they always help you."

Working in partnership with others

- The service worked in partnership with other professionals to meet people's needs. We saw evidence in support plans that professionals were involved in people's care where needed.
- We received positive feedback from professionals that worked with Voyage (DCA) Wiltshire. One

professional told us, "The operational and registered manager frequently approach us and the operational teams to seek advice and to access the most appropriate professional support. Voyage DCA Wiltshire are really engaging and responsive."

- Another professional commented, "I have been really happy with my involvement with Voyage. I believe that they work really well with their service users but also communication is excellent. They take instruction and direction well and this has proven a real success with service users that I work with."