

Voyage 1 Limited

# Voyage (DCA) Berkshire

## Inspection report

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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) Berkshire is a domiciliary care agency providing personal care and support to people in their own homes and supported living settings. The service provides support to older people, young adults, autistic people, people with dementia, sensory impairments, learning disability or physical disabilities. At the time of inspection, the service was providing personal care to 29 people. 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.

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.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

### Right Support

People's care was person centred and promoted people's human rights. 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.

Recruitment procedures, staff supervision and training ensured suitably qualified staff were deployed to make sure people were always safe and received care that met their needs. The provider used incidents and accidents to identify themes and trends and take preventative actions in order to mitigate the risk of reoccurrence to people. Risk assessments were reviewed and updated regularly and were individualised in order to meet the needs of the person.

There was clear evidence of partnership working with other professionals such as the local authority as well as people's relatives and significant others in order to develop and individualise people's care plans. Staff were able to describe how to communicate with people and care plans supported staff with ensuring effective communication.

### Right Care

People experienced good continuity of care from staff they knew well. Staff engaged well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made referrals and liaised with other healthcare professionals when required. Staff treated people with dignity and respect.

### Right Culture

Quality assurance processes had identified emerging risks to people and ensured they were managed safely. The provider understood their responsibilities to inform people, or their representatives, when things went wrong. The provider had conducted investigations to identify lessons to prevent further occurrences. Staff supported people and their families to express their views and be actively involved in making decisions about their care, support and treatment as far as possible

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 was the first inspection of the service at their newly registered address. The last rating for the service at the previous premises was good (published on 31 August 2019).

### Why we inspected

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

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

### 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 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) Berkshire

## 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 two inspectors and an 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. The service provides personal care to people living in their own houses and flats and provides care to people living in 'supported living' settings, 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.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 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 31 October 2022 and ended on 4 November 2022. We visited the location's

office on 31 October 2022.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 spoke to eight members of staff including the registered manager, operations manager, field support workers and care staff. We spoke to 11 people who use the service and four relatives.

We reviewed a range of records. This included four people's care records and samples of people's medicine records. We looked at four staff recruitment files. A variety of records relating to the management of the service, including complaints, accidents and samples of audits were also viewed.

# 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. 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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People and relatives told us they felt safe. One person told us, "I just do feel safe."
- All staff had received training on safeguarding adults, and this was refreshed annually. Staff reported being aware of how to recognise and report abuse. Staff have also been provided with telephone numbers to report abuse. One staff member said, "I have the safeguarding number and whistleblowing number in case someone I think someone is being abused."
- Where safeguarding incidents had been identified, the registered manager had investigated the incident internally and documented actions taken.

Assessing risk, safety monitoring and management

- Risks assessments provided staff with information and guidance about the person in order to mitigate the risks identified. Risk assessments were person centred and included assessments in relation to communication, medicine management and health and wellbeing.
- At the time of the inspection, there was a system in place for missed calls or allocated 1:1 time with people. The field support workers and care coordinators reviewed this throughout the day and contacted staff if a visit was not started within 10 minutes of the allocated start time. This ensured people and staff were safe and the service responded effectively to unforeseen circumstances.
- All staff have a mobile phone with tracking so that senior staff can identify where they are to support with their safety.

Staffing and recruitment

- All staff files contained the necessary evidence including employment history, relevant qualifications and Disclosure and Barring Service checks and were in line with legal requirements. 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.
- Staff told us they had enough time to travel between visits when required and people using the service did not raise concerns regarding times of calls.
- There were enough staff deployed to support people. Rotas showed and people confirmed people were supported by the same staff enabling good continuity of care.
- Any unallocated hours are highlighted by the online system used by the service to ensure they are identified quickly to support with calls not being missed.

### Using medicines safely

- Documentation of medicines and the administration and guidance for all medicines was provided to care staff on medicine administration record (MAR) charts.
- We found where people had been administered medicines, staff had signed the associated medicine administration record (MAR) to say this had been given.
- We identified one person was on a high-risk medicine. It is best practice for high risk medicines to have a protocol in place to identify risks for staff to be aware of whilst the person is on that medicine. During the inspection, this was not seen. We spoke to the registered manager regarding the required information and this was rectified immediately.
- When a medicine was not given, the staff member had explained the reason within the MAR record.
- Monthly medicine audits took place to identify any medicine errors or areas of improvement.

### Preventing and controlling infection

- All staff received infection prevention control training on an annual basis
- Spot checks of staff included ensuring they were wearing the correct personal protective equipment (PPE) when providing personal care and when within the supported living settings.
- We were assured that the provider was using PPE effectively and safely and accessing testing for staff was being undertaken.

### Learning lessons when things go wrong

- Incident and accident records reviewed contained written evidence of action taken to improve the service and lessons learnt.
- Themes and trends were identified on a monthly basis to continue to identify areas of improvement within the service and mitigate risks to people.
- The registered manager shared any lessons from the incident or accident with staff through team meeting and staff supervisions.



# Is the service effective?

## Our findings

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised and reflected their needs and goals, including their physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- There were clear pathways to future goals and aspirations documented within people's care plans.

Staff support: induction, training, skills and experience

- All new staff undertook an induction, including a minimum of one week of shadowing experienced staff.
- New staff also completed the Care Certificate, which is a set of nationally agreed training modules for staff working in adult social care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Practical training was provided by both in house and external sources where staff received annual refreshers including in manual handling.
- Staff completed training relevant to the needs of people they supported.
- Staff training records showed they had completed the provider's mandatory training and updates.

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

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as any allergies to food.
- The care plans also explained how meals are to be prepared and where the person likes to eat their food as well as meals they like and dislike.
- The level of support with eating and drinking required was also included, for example, if they were independent at meals times or required support with preparing food and drinks.

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

- There was clear evidence of effective collaboration between staff and professionals including GP's, chiropodists and dentists to ensure people received care when required.
- The registered manager was in regular contact with local authorities who support with funding for people using the service. The registered manager provided evidence of regular correspondence to discuss the changing needs of people and how they will support the person.
- People had health actions plans and health passports in place which were used by health and social care

professionals to support them in the way they needed

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.

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.

- Staff empowered people to make their own decisions about their care and support
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

# 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 and relatives said staff supporting them were kind and caring. Some of their comments included, "A lot of them I've known for a few years. There are one or two exceptional staff there" And, "Yes they are very kind and caring... staff do nice things for them and they look after them properly." Family members observed that their relatives felt comfortable with staff who visited them. They told us, "They do their jobs well and [person] never ever complains that he's not been treated nicely. He loves going out with [staff]... [person] never makes a complaint against any of them. Never."
- People's protective characteristics such as their disability, ethnicity and sexual orientation were taken into consideration when supporting them.
- The registered manager highlighted that the service encouraged open conversations with people about their personal needs in relation to religion, cultural background or sexuality.
- People experienced good continuity and consistency of care from regular staff. People reported staff were focused on caring for them and not completing tasks.

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

- People and relatives told us they were involved in decisions about people's care and support, they felt valued and that their opinion mattered. One person told us, "When I phone up and they speak on his behalf that seems respectful. When I speak to Voyage about [person] they do go and ask [person]."
- Care plans were created and amended with people, their relatives and relevant professionals, including the local authority.
- The registered manager reviewed people's care plans and risk assessments annually or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff reported they understood promoting people's privacy and dignity.
- People and relatives felt staff supporting them respected their privacy, dignity and independence. Comments included, "I think he's a bit more independent than when he lived at home... He's happy. If he wasn't happy, I'd bring him home."
- The registered manager reported that regular spot checks took place, and this included ensuring that staff were treating people with dignity and supporting people with their independence.

# 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

- The care plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on each person, so they could continue to meet their specific needs. One relative told us they had been involved in decisions regarding getting some extra support.
- People's needs, and support plans were reviewed on an annual basis for any changes in care and support or more often if their needs changed.
- Any changes to people's care was updated on their care plan and staff were notified of the changes through emails, telephone call and staff meetings.

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 (AIS). 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.

- The service had a communication policy in place which includes the AIS.
- People had individualised effective communication guidelines in place. The guidelines included how best to communicate with each person and their communication risk. For example, "[Person] understands what is being said to them and if [person] isn't sure they will usually ask... sometimes likes [person's] own company to think things over. If [person] says no to an activity or suggestion then this means they don't want to do it at this time... staff should not persist with it as this will make [person] anxious".
- Care plans were written in an easy read format and included pictures to help the person understand what was included within their care plan.

Improving care quality in response to complaints or concerns

- The service has a complaints telephone line that is provided to all staff, people and their relatives where they are able to raise concerns if needed.
- Complaints had been recorded and the registered manager responded to complaints in a timely way.
- There was evidence recorded and provided to show how the provider acknowledged, investigated and responded to complaints.
- Actions taken following a complaint were documented in order to improve the service.
- People told us they knew how to raise a complaint or concern with the provider.

# 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

- The staff were keen to share with us their feedback around the culture of the service. Comments from staff included, "The managers and the staff are exceptional, and they don't change often. The people we support here are very familiar with the workers", "the most important thing is the people we support here are very happy."
- Feedback from people showed they were placed at the centre of the service delivery. Comments included, "The staff are excellent. They allow me to make my own choices.", "They help me in being independent when we go to the shops."

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 management team worked to establish and maintain an open and transparent communication with people's families, for example, around changes to visiting guidance during the lockdown or when an outbreak of COVID-19 occurred.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

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

- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- An analysis of audits was completed on a monthly basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.
- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express any concerns they may have and feedback was provided to staff around any changes required to care.
- The registered manager had quality assurance systems in place. The audit system included a monthly operations assurance visit audit which reviews all CQC domains. Following the monthly audits, an action plan is created which identifies themes and trends and any shortfalls in service records. This included regular review of documents including Medicine Administration Records (MAR) and care plans.

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

#### characteristics

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Weekly resident meetings took place in order to support people to provide feedback regarding their care and the service provided.
- There were recent surveys that had been carried out with people, staff and relatives. The management team had analysed the results and actions taken were shared with all.
- Staff were supported via one to one supervisions, meetings and annual appraisals. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Staff commented positively on teamwork, staff morale and communication within the team. One staff member said, "We have a good team, everyone knows each other. We encourage people to get each-others phone numbers to help each other out. We do have really good teams."

#### Working in partnership with others

- The registered manager was able to detail when the service has worked effectively in partnership with multiple professionals for one person receiving care and this was confirmed by the professionals involved.
- Professionals report a positive relationship with the service and registered manager.