

Voyage 1 Limited

Voyage (DCA) Somerset & Devon

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) Somerset & Devon provides personal care to people living in their own homes. It also provides support to people living in supported living services. In supported living services people's care and housing are provided under separate contractual agreements. CQC does not regulate premises; this inspection looked at people's personal care and support.

At the time of the inspection they were providing personal care and support to seven people in two supported living services and four people living in their own homes. They currently provide care and support to people living in the counties of Somerset and Devon.

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

People told us they were safe. There were systems in place to protect people from potential abuse. Staff felt confident to raise any concerns with the registered manager. Staff supported people to manage their medicines safety.

There were enough staff available to support people's needs and staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the identified risks. People had detailed plans in place for staff to follow if they became anxious. Incidents were analysed, and lessons were learnt to prevent further incidents.

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.

Staff received regular one to one supervision and told us they felt supported. Staff received a range of training to meet the needs of the people they supported.

Support plans were detailed and reviewed with the person and their relatives when possible. People were

supported to attend health appointments and encouraged to lead healthy lives. Staff supported and promoted people's rights in relation to equality and diversity.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were caring and understanding towards people. People using the service appeared comfortable in the presence of staff working in the service.

Where people raised concerns, these were addressed and responded to by staff and the registered manager.

People, staff and visiting professionals spoke highly of the registered manager and senior team. There were effective systems in place to monitor the service and drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 17 June 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Voyage (DCA) Somerset & Devon

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 was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings as well as people living in their own homes, so that they can live as independently as possible. In supported living services 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 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 2 July 2019 and ended on 11 July 2019. We visited the office location on 2 and 3 July 2019.

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.

During the inspection

We reviewed information we had received about the service since the last 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 this information to plan our inspection.

We spoke with four people who used the service and made observations of their interactions with staff. We spoke with 10 members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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

Following the inspection, we requested feedback from two people's relatives about their experience of the care provided. We also received feedback from two professionals who visited 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "If I suspected anything I would go straight to management, I would go higher if necessary. [Name of registered manager] would definitely take the right action they wouldn't tolerate any of that. I would go to the police if needed, I am aware of whistleblowing and would definitely use it."
- Safeguarding incidents had been reported to the local authority.
- One person told us, "Staff support me with managing the safety and security of my home."
- Relatives told us they thought their family members were safe. One relative said, "I have no concerns about [names] safety. [Name] is able to communicate, either with myself or their care manager, if they have any concerns."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded. People had detailed individual risk assessments. We reviewed examples of risk management in relation to health conditions, activities, bed rails and the environment. There was clear guidance for staff on managing these risks.
- The approach to risk taking minimised restrictions on people's freedom, choice and control.
- Some people being supported could become anxious, leading to incidents where they harmed others. There were detailed plans in place about how staff should support people at these times.
- Emergency plans were in place to ensure people were supported in the event of an emergency or a hospital admission.

Staffing and recruitment

- Staff were safely recruited, and appropriate checks were carried out including those with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups of people would be identified. Full employment histories were recorded.
- There were enough staff to provide people with safe care and support and meet their needs.
- Relatives said there were a good core team of staff supporting their family members. One relative told us, "I believe the core members of staff that support [name] are a good mix, [name] knows them well and they [staff] know and understand them and their needs."
- Staff said staffing levels in the service were ok. One staff member told us, "We have used a bit of agency recently, there is an ongoing recruitment plan. Shifts are covered."

- We reviewed the staffing rotas and saw shifts were covered, agency staff were used where required.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management. People were happy with how staff managed their medicines. One person told us, "Staff support me with medicines how I choose."
- Medicines were managed safely, and people received their medicines as prescribed.
- Senior staff conducted monthly audits of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people.

Preventing and controlling infection

- One staff member commented there had been an issue with access to personal protective equipment (PPE) in one of the supported living services. They said there had been a lack of gloves for staff to use. We discussed this with the registered manager who confirmed there had been an issue with the delivery of gloves, they said that staff had been instructed to purchase gloves from another supplier. They stated this was a one off and not an ongoing issue.
- Other staff confirmed they had access to PPE to prevent the likelihood of the spread of infection. Such as gloves and aprons.
- The registered manager completed audits relating to infection control.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident and incident forms were completed and 'signed off' by the registered manager who had oversight of the service. All incidents were also reviewed by the providers behavioural therapist who offered advice and guidance where required.
- Staff told us they discussed incidents and learnt from them.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. People's needs, and plans were regularly reviewed and where changes had occurred their care plans were updated.
- Staff followed guidance in relation to people's identified needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working for the service. Staff told us the induction had improved. The induction was linked to the Care Certificate. The Care Certificate standards are recognised nationally to help ensure staff have the skills and knowledge to provide compassionate, safe and high quality care and support.
- Staff were provided with training and support to ensure they could support people with the care they required. Staff told us they would benefit from further training in Autism and the registered manager confirmed they were arranging this.
- Additional training had been provided to meet people's specific needs including supporting people with specific diets in line with their needs and when they became anxious.
- Where there were gaps in staff training records, the registered manager told us an action plan had been developed to address them.
- Staff told us they received one to one supervision with their line manager and an annual appraisal. This was an opportunity to receive feedback and discuss their role. Staff told us the frequency of these meetings were helpful and supportive.
- Staff told us they felt well supported in their roles.

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

- People were supported to plan and cook their own meals. People ate meals of their choice and were encouraged to eat a healthy diet.
- Care plans set out each person's likes, dislikes and dietary needs. Where required staff supported people to choose their own meals. One staff member told us, "It's their home and their lives, if they want burger and chips they have it. We do encourage healthy eating, there is always fruit and veg available, they have their own treat boxes they can help themselves to."
- Staff were aware of people's guidelines where they required a specific consistency of food and drink to prevent the likelihood of choking or aspirating.

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

- People's healthcare needs were set out in their care plans, staff monitored people's healthcare needs and sought professional input where required. Staff supported people to attend healthcare appointments.
- The service worked together with other organisations when supporting people to transition to and from the service. They gave examples of where one person had just started being supported by the service and how they had worked with the previous care provider to ensure a smooth transition for the person.
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

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.

We checked whether the service was working within the principles of the MCA.

- There were minimal restrictions placed on people. Where the service thought a person may lack the capacity to make a decision, a capacity assessment was completed. Best interest decisions were completed where required with input from relatives and professionals.
- Where MCA assessments were in place they were detailed and explained how the person was given the information and their responses.
- Where people had capacity and chose to make unwise decisions staff respected this. For example, people did not always choose to follow their advised eating and drinking guidelines. Staff consulted with health professionals and were trained to manage any situations that may arise from this.
- We found one instance where an MCA assessment and consent form contradicted each other, we discussed this with the registered manager who told us they would review the records to ensure they reflected the person's ability to consent to their care.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The service had been in regular contact with the local authority regarding applications to the Court of Protection for the people using the service where required.

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 good. At this inspection this key question remained the same.

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's equality and diversity was respected. This was achieved by ensuring people were at the centre of their care and support.
- People's protected characteristics under the Equalities Act were fully supported and embraced by the staff team. One person gave examples of how staff had supported them to visit their partner. They also told us how staff supported them to attend a march to celebrate equality.
- People's plans showed detail about people's needs, their social histories and what was important to them. This helped staff to ensure people's individuality was taken into account when delivering care.
- Not everyone could tell us their thoughts on the staff supporting them. We observed however people were relaxed in the company of staff. Staff had developed positive relationships with people. We observed positive interactions between people and staff.
- One person told us, "Staff care about me and help me with a lot. Staff treat me how I want to be treated."
- One professional told us, "They are very caring." A relative commented, "I would say that the team's attitude to care is really good. They are supportive and responsive."

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

- People were fully supported to express their views and were involved in decisions about their care. One person said, "I make all of my decisions, staff make sure I know all the information. I talk about my decisions. I feel comfortable and happy to express anything to my staff." One person's relative told us, "[Name] is the man in charge! They are quick to let staff know if they do something differently than what they wanted."
- Staff described how they supported people to make day to day decisions about their care and support. Staff described how they offered people choices using pictures and objects. One staff member told us, "We aim to give people best possible choices and experiences."
- People had a communication profile, which clearly described how each person communicated their needs. Staff used people's preferred communication methods to offer choices.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity and privacy. One person said, "Yes" when asked if their privacy and dignity was respected.
- We observed staff knocking on people's doors before entering their home.

- People were supported to maintain and develop their independence. Staff understood the importance of this. One relative told us, "[Name] is relishing their independence now they have their own home."
- People were supported to maintain and develop relationships with those close to them.

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 good. At this inspection this key question has remained 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 received personalised care that was responsive to their needs. Care plans were individualised, detailed and relevant to the person.
- People were involved in the planning of their care. One person told us, "I wrote my support plan with [name of senior staff]] and I review it with them, my keyworker, my mum and my social worker."
- People had person centred meetings and reviews where they were supported to identify and achieve their goals.
- The service was responsive to people's changing needs. They were supporting one person to move to alternative accommodation at their choice because their current situation was no longer suitable. The registered manager had engaged regular contact with the persons social worker to achieve this positive outcome for the person.

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.

- People's individual communication needs were assessed and recorded in line with the AIS.
- People's communication needs were identified and highlighted in care plans. These needs were shared with others, including professionals. Staff knew people well and responded to their individual communication needs.

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 engaged in activities of their choosing. People took part in activities such as personal shopping, cinema, disco's, day trips, local clubs, meeting friends and visiting places of interest. Care plans gave information on people's preferences in relation to their social interests. Staff had a good knowledge of these.
- Staff described how they supported people to try new activities and how this had been a positive experience. One staff member told us how they had supported people to attend a support group to help them with anxiety. This was proving to be helpful of the person. The staff member told us, "I try to step outside the box and help them to develop, it's going very well." The person they were supporting confirmed

things were going well and told us, "[Name of staff] is a good support worker."

Improving care quality in response to complaints or concerns

- There were systems in place for people to raise a concern or complaint. People felt able to talk to staff about any concerns. One person told us, "If I have any worries I talk to my staff."
- We saw where one person had raised a concern relating to an agency staff member, this was addressed straight away by the staff and registered manager.
- There were no other complaints received by the service.

End of life care and support

- The registered manager told us they had just signed up to a programme with the local health partnership relating to them taking on supporting people at the end of their lives.
- At the time of the inspection no one was receiving end of life care.
- Staff described how they supported people at times where they were bereaved with reminiscing and looking at photos.

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 good. At this inspection this key question has remained 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 registered manager demonstrated they were committed to providing person centred care to the people being supported by the service. They demonstrated the improvements they had made since our last inspection and discussed their plans for future improvements.
- Staff told us they were committed to providing person centred care. There was a positive and person centred culture instilled in the service. One staff member told us, "I have worked for a lot of companies, everything here is about the people we support, it's more person centred.
- Staff told us the registered manager listened to them and was keen to hear ideas on how the service could be improved. They told us the registered manager was always available and approachable. One staff member told us, "[Name of registered manager] is available if needed, they are organised and talk the same language. We all 100% have the same vision and ethos of where the service is going, and all have the same goals."
- People confirmed the service supported them to achieve good outcomes. We saw a comment from one person in a newsletter in 2018 that stated, "This year has changed my life and I have enjoyed every second of it."

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 responsibility to let others know if something went wrong in response to their duty of candour.

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

- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.
- There was a clear staffing structure in place and staff were aware of their roles and responsibilities.
- There were effective systems in place to monitor the standard of care provided at the home. A range of audits were carried out by the registered manager and the provider. The audits identified areas for improvement and the progress made against these.
- The registered manager visited the services and completed observations of staff. These were recorded,

and staff were given feedback where required. Staff confirmed the registered manager also worked alongside them.

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

- People were engaged and involved in the service. One person told us they were involved in interviewing staff for the provider, they also attended recruitment events for the provider in local colleges and they were employed as part of the providers Quality Assurance team This involved them attending unannounced visits to services and conducting quality monitoring visits. A staff member told us, "[Name of person] is such a massive advocate for care and the success of what people can achieve." The person was also involved in inducting their own staff and signing them off as competent.
- People were involved in developing newsletters for the service in 2018, which gave updates on staff, people using the service and events. Staff told us they were planning to reintroduce this.
- Staff confirmed they attended staff meetings. One staff member said, "I feel I get listened to can have an input into how the business is moulded." Records demonstrated areas covered included, sharing good news stories, updates and policies. The meetings were also used as an opportunity for the registered manager to thank the staff team for their work.

Continuous learning and improving care; Working in partnership with others

- The registered manager described how they promoted a culture of learning from incidents and complaints. They gave examples where they had cascaded and applied learning throughout the team.
- The service worked in partnership with other organisations to support care provision. For example, advocates, social workers and speech and language therapists and a relationship worker for people with learning disabilities to meet and review people's needs.
- The registered manager attended the local authority provider forums and care conferences to enable themselves to keep up to date with best practice. They also attended the providers monthly managers meetings which were used to review what was working well in services and share learning.