

Voyage 1 Limited

Voyage (DCA) West Midlands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Voyage (DCA) West Midlands is a domiciliary care and supported living service providing personal care. The provider supports people who live in their own homes and in 6 supported living settings. Each setting has its own staff team to support people. At the time of the inspection there were 40 people using the service including people with physical disabilities and learning disabilities or autistic spectrum disorder.

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.

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

Right Support: Risks to people's safety were understood and staff knew how to keep people safe. People received their medicines as prescribed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to minimise the risk of cross infection.

Right Care: Staff could recognise abuse and poor care and were clear on how to report any incidents or concerns to keep people safe. Staff were matched to people they supported, and hours were agreed with commissioners of peoples care to ensure they had sufficient staff to support people. People received care which was person centred and had plans in place to guide staff in how to support people.

Right Culture: There was a learning process in place to understand when things went wrong and prevent incidents from happening again. The provider ensured there was an open and transparent culture in the home and had systems in place to monitor the quality of the service people received. Feedback was sought from people, relatives and staff about the service.

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 the service at the previous premises was good, (published on 10 November 2017.)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Voyage (DCA) West Midlands on our website at 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?

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) West Midlands

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

This inspection was carried out by one inspector 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 provides care and support to people living in their own houses and flats and 6 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. The service also operates as a domiciliary care service providing personal care to people living in their own houses and flats.

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

This inspection was announced.

We gave a short period notice of the inspection. This is because we wanted to be sure people would be available to speak with us and the registered manager would be in the office to support the inspection.

Inspection activity started on 19 January 2024 and ended on 2 February 2024. We visited the location's office on 24 January 2024.

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 (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 visited one supported living setting and spoke with 1 person. We also spoke with 8 people's relatives on the telephone about their experience of the care provided. We also spoke with 5 staff including support workers and the operations manager. We reviewed a range of records. These included 5 people's care records and 8 medicines administration records. We looked at 3 staff recruitment files and other records relating to the management of the service, including quality assurance records, training records and action plans.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. One person told us they felt very safe living at the service and described staff helping them to feel more confident. Relatives confirmed people were safe with staff from the service. One relative told us, "[Person's name] needs full supervision and is 1:1, and 2:1 in the community. There is a lot of effort to keep [person's name] safe."
- Staff understood how to recognise the signs of abuse and could describe the actions they would take if they were concerned. Staff had received training in safeguarding and were aware of local procedures for reporting incidents.
- The provider had systems in place to ensure any incidents were reported to the appropriate body. We saw incidents were monitored and any outcomes and learning were shared with staff.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to minimise the risks. Risk management plans were in place, and these were understood by staff and followed to keep people safe.
- Risks relating to choking, finance, medication and emotional behaviours had been identified and management plans put in place for individuals. These were reviewed monthly or sooner if things changed.
- Staff could describe the actions they had to take to reduce risks to people's safety. One staff member told us, "[Person's name] is at risk from choking, they have to have a Speech and Language Therapy assessed diet and we have all been trained in understanding what this is, we also have to make sure they are observed when they are eating."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People told us there were staff always around to help them. One person told us about how staff would go out with them when they wanted to go to local shops in the community.
- Some relatives told us they did not feel there was always enough staff to ensure people had the support they needed. We spoke to the provider about this, and they told us they had not received any feedback about concerns over staffing but would review to see if there were any issues for some people's care hours.
- Staff told us there were enough staff to provide support to people safely. Documents we saw confirmed there were sufficient staff to meet people's needs including the provision of one-to-one support when this was required.
- People had a staff team built around them and their needs. Staff told us this helped them to build relationship with people. One relative told us, "[Person's name] has strong preferences and they try to match their staff. Their team know them well and are attentive."
- Safe recruitment practices were in place. The provider ensured staff were safe to work with people through their recruitment policy which included ensuring all staff had a Disclosure and Barring Service (DBS) check in place. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. One relative told us, "The staff support with medicines, I have no concerns about this."
- Staff received training in how to administer medicines and had their competency checked. Staff were able to describe safe medicines administration practices.
- Medicines administration records were in place, and these were checked daily to ensure people had received their medicines as prescribed.

Preventing and controlling infection

- People told us the staff helped them to keep their homes clean and tidy. Relatives told us staff had access to personal protective equipment (PPE) when they were supporting people.
- Staff had received training in preventing the spread of infection. One staff member told us, "We work with a care plan and encourage people to clean their own flats, we work together to make sure this is done and there needs to be a lot of prompts, schedules are in place to manage this. We always have access to PPE."
- Checks were carried out to ensure staff were following infection prevention control procedures and people's homes were safely cleaned.

Learning lessons when things go wrong

- Relatives told us they were confident in the approach taken when incidents occurred. They said staff acted quickly to seek any medical attention required and always let families know.
- The provider had systems in place to learn when things went wrong. Monitoring was in place for incidents and accidents to look for any patterns and trends.
- Where incidents occurred, actions were taken to keep people safe, and any learning was shared with staff. For example, a weekly incident clinic reviews all incidents which have happened, and any required actions are considered for the person and any wider learning shared.

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 our last inspection we rated this key question good. At this inspection the rating 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

- People told us they had the support they needed from staff. One person told us, "The staff have assisted me to plan and achieve my goals, they take me out when I want to go and have encouraged me to make friends, I talk with my keyworker to plan for the future."
- Relatives told us people had experienced positive change since living at the service. One relative told us, "The service was not fully aware how challenging [person's name] could be when they first moved in. They were responsive, and now things are better before [in a previous placement] they had medicines given all the time, now they rarely need it."
- Staff could describe how they supported people to receive person centred care and how this was developed over time. One staff member told us, "[Person's name] finds speaking about their needs difficult, we have to move slowly and build the care plan as we build a relationship with them."
- There were opportunities in place for people to direct their own care. The provider had a system in place which enabled meetings between people and their keyworkers to discuss their care, this covered any changes to care plans, appointments, things people wanted to do in the short term such as outings and longer term such as holidays. Staff told us these meetings worked well for people.

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 provider understood their responsibilities under duty of candour. When incidents occurred, these were notified to the appropriate person.

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

- Staff were positive about how the service was run and the support they received from the registered manager and others in the management and supervisory roles. One staff member told us, "The management team are good, any issues or concerns are raised, and these are addressed we have always got access to someone, the seniors are also very helpful."
- There were a range of systems in place to check the quality of the support people received. For example, checks were carried out on care plans, daily records, and medicines administration where improvements were identified these were included in an action plan which the management team had oversight of to monitor and ensure actions were taken.
- The provider understood their responsibilities to report certain events to the CQC and had systems in

place to ensure this was completed.

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

- People told us they were involved in their care. We saw people were engaged in regular discussions about their care plan and set goals with staff to achieve new things. One person shared their experiences with inspectors during the inspection of how far they had come since living at the supported living scheme.
- Relatives had mixed views about feeling engaged in the service and communication with the management team. One relative told us, "When we send emails to the senior in the house, we always copy in other managers. We are confident in the management, they are responsive." Another relative told us, "I leave messages at the office. They don't get back to me." We spoke to the provider about the feedback from relatives not feeling engaged and communicated with, and they said they would investigate these concerns and take action.
- Regular meetings were held for everyone living in the supported housing schemes to discuss their tenancy and any concerns they may have.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to ensure staff had regular updates to training and could progress in the company. One staff member told us, "We have access to a full range of E-learning, and I am a train the trainer trained with moving and handling, I have been supported to complete NVQ level 2 and 3 in this role."
- The provider had systems in place to share learning across all of their locations. This meant any learning and improvements were shared with all locations.
- The provider worked in partnership with others. We saw other health professionals were involved in people's care. Where required referrals were completed, and guidance was sought from other professionals to plan people's care and guide staff on how to support people.