

Voyage 1 Limited

# Voyage (DCA) (North 3)

## Inspection report

Hartlepool Innovation Centre  
Venture Court, Queens Meadow Business Park  
Hartlepool  
Cleveland  
TS25 5TG

Tel: 01429239509  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
29 November 2023  
17 January 2024

Date of publication:  
06 February 2024

## 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 (North) (North 3) is a supported living service providing personal care to people in their own homes. The service provides support to younger adults with a learning disability or autism spectrum disorder. It also provides personal care to people living in their own houses and flats and family homes. At the time of our inspection there were 58 people using the service. 22 people lived in the supported living service.

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, right culture.

### Right Support

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 worked hard to balance keeping the person safe, but in the least restrictive way. People were provided with person-centred care that enabled them to develop skills and behaviours to live more independent lives. People felt safe with the service provided. Staff knew about safeguarding procedures.

Rota management was well-managed to ensure people received consistent care from the same staff. Staff recruitment was carried out safely and effectively. People were correctly supported with their medicines. The provider was monitoring the use of personal protective equipment (PPE) for effectiveness and people's safety.

### Right Care

Staff were appropriately skilled. Care was person-centred and promoted people's dignity, privacy and human rights. People's support plans reflected their range of needs and interests, and this promoted their well-being and enjoyment of life. People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. A relative commented, "We went to look around before [Name] moved in and as soon as the door opened the staff were warm and friendly and asked would you like a cup of tea. I felt like a weight had lifted off my shoulders, that we had found such a lovely place for [Name]."

### Right Culture

Staff spoke very positively about working at the service and the people they cared for. Staff said the management team were very approachable and they were supported in their role. There was a strong and effective governance system in place. People, relatives and staff were confident about approaching the management team if they needed to.

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 and update

The last rating for this service was good (published 15 September 2018).

### Why we inspected

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

### 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) (North 3)

## 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 1 inspector and 2 Experts 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 22 people living in 8 '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. It also provides personal care to some people living in their own houses, flats and family homes in the community.

#### 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 the service 24 hours' 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 29 November 2023. We made telephone calls to relatives on 7 and 8 December

2023. We visited the service's office on 17 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

During the inspection we spoke with 5 people who used the service and 21 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 10 members of staff including the registered manager, operations director, 3 care coordinators, 3 field supervisors and 2 support workers.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

# 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 protected from the risk of abuse.
- Staff were trained in safeguarding and understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- People's relatives said people were kept safe. Their comments included, "[Name] has a good relationship with staff. They love living there and they are happy. I could tell if [Name] was unhappy, they would get anxious," "[Name] loves it there, they are very safe, there are always staff there," and, "I live near and never announce when I'm dropping in. [Name] is never in, they live their life to the full. [Name] is never upset, distressed or angry, I could tell immediately."

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate any identified risks.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced distress and agitation. A relative commented, "Since [Name] has moved here, their medicine for behaviour and anxiety has been reduced. They [staff] do a fabulous job, they are all brilliant."
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff recognised incidents and reported them appropriately, and the management team investigated them, and shared lessons learned.
- The registered manager and staff at head office, analysed incidents and near misses on a regular basis so that any trends could be identified, and appropriate action taken to minimise any future risk.

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).

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 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.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

#### Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe and person-centred support.
- Systems were in place and staff were appropriately deployed to ensure people received timely and consistent care. Relatives' comments included, "[Name] has autism so routine is very important so the service try and keep the staff the same", "[Name] is always 1:1. They have regular carers and [Name] knows them," and, "[Name] has a core team of people that work with them, [Name] does not like change and if the service does have to introduce a new person to [Name]'s team they shadow first so they get to know [Name]."
- There was a long-standing staff team, but any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Medicines risk assessments and associated care plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.

#### Preventing and controlling infection

- Systems were in place to promote effective infection control.
- Staff had received training in infection control practices to reduce the spread of infection.
- Protective equipment, (PPE) including masks, was provided for staff.
- Staff encouraged people to learn how to keep their home clean. A person told us, "I help to clean my bedroom and I wash the dishes."

# 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 for 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 ethos of the service promoted openness and inclusivity.
- People and staff were at the heart of the service. A person told us, "I enjoy life since I have moved here. I am making soup for tea." Relatives' comments included, "I know they [staff] will support [Name] to do whatever they want to do. [Name] has made friends with another person and they have bought a football court for the back garden, and they play football together", "Staff try and keep [Name] as independent as possible, they are learning independent living skills" and, "[Name] has become much more active, they go out all over the place."
- People were provided with support which was evaluated to improve their well-being. Staff followed guidance to help the person achieve an improved and enhanced quality of life, whatever the level of need, working at the pace of the person, respecting the individual's wishes.

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

- Regular internal checks and audits were completed to monitor service provision, and systems were in place to check the effectiveness of the audits carried out internally and to observe staff practice.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager was aware of their responsibilities regarding the Duty of Candour.

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

- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives and the service. A relative commented, "I can discuss anything, they have been very understanding and supportive, giving guidance."
- Staff and most relatives told us communication was usually effective to ensure they were kept up-to date about people's changing needs. We discussed with the operations director, the comments from 2 relative's where communication could be improved. Other comments included, "Any issues I email or phone the manager) and they respond", "If there are any concerns staff let me know", and "We communicate well."
- Staff said they were well-supported. They were very positive about the registered manager and said they were very approachable.

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff team worked in a collaborative way with other agencies.
- A range of care professionals were involved, and the staff had promoted good working relationships for the benefit of people who used the service. A relative told us, "[Name] had to go into hospital and the staff came with them, they were amazing and held [Name]'s hand and played them music while the surgeon did the biopsy. There is no way that [Name] would have tolerated the procedure without this sort of help."
- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development. Several staff members told us it was the best organisation they had worked for. Staff comments included, "There are lots of development and progression opportunities", "Management listen to us" and "I enjoy coming to work."