

Voyage 1 Limited

Voyage (DCA) Essex

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 Care Essex is a domiciliary care agency which also operates five housing schemes and a day centre. It provides personal care and support to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 40 people using the service.

People's experience of using this service

People were kept safe. Staff knew their responsibilities in relation to the subject of abuse and how to report any concerns. The provider's policies and procedures about abuse supported them in their roles. Risks to people's health and welfare had been assessed and regular reviews were undertaken to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way.

People and their relatives spoke very positively about the care and support they received. Staff communicated and interacted well with people and had built good relationships with them.

There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work.

Sufficient staff were available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision processes.

People were supported to maintain a healthy balanced diet where this was part of the planned care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community

services and to participate in activities of their choosing that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics which are specific aspects of a person's identity defined by the Equality Act 2010 which protect people from discrimination.

There were systems in place to assess, monitor and improve the quality of the service. The service worked in partnership with health and social care professionals and other organisations to ensure appropriate support was provided to individuals.

There was a culture of openness and honesty between the registered manager, staff team and people using the service. Information was available to people, so they knew how to make a complaint and felt confident these would be listened to with action taken to resolve any issues they had.

There was a strong emphasis on continuous improvement and seeking the views of people who used the service and healthcare professionals to measure the outcomes for people and identify where any changes in practice or improvements were needed.

Rating at last inspection: The last rating for this service was Good (Report published 1st February 2017)

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

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) Essex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, an assistant 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

Voyage Care DCA Essex is a domiciliary care agency which also operates five housing schemes and a day centre. It provides personal care to people living in their own houses, flats and specialist housing. At the time of our inspection the service was supporting 40 people and employed 104 members of staff.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give

some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with five people using the service and four relatives to ask about their experience of the care provided. We also spoke to eight members of care staff, office personnel the operations manager and the registered manager.

We visited the office where we spoke with the registered manager, operations director, office staff and reviewed a range of records. These included six people's care and medication records. We also looked at nine staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality. After the first day of the inspection we spoke with further staff and relatives by telephone to seek clarification and validate the evidence we found.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and staff were kind and caring. One person said, "Yes, I feel safe, they [staff] look after me well." A relative commented, "We are confident and there are no safety issues." Another relative said, "Yes I do think [person] is safe, they [staff] seem to be friendly, caring people."
- People were supported and protected from the risk of abuse or harm. Policies and procedures were in place for safeguarding adults and systems were robust for reporting and acting on concerns or allegations.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe. One member of staff commented, "If I had any concerns I would report them immediately." Another staff member told us, "Absolutely I would report it - I have good support here and it easy to talk to them [management team] and be open. They always have time for you."
- Information on safeguarding was available for staff within the office location and people using the service were provided with information in a format that met their needs.

Assessing risk, safety monitoring and management

- Risks to people were assessed, reviewed and managed safely by staff to avoid harm. Risk assessments supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected.
- Risk assessments documented identified risk factors and guidance for staff to ensure they supported people appropriately. For example, in relation to mobility, communication, nutrition and hydration and medicines management, amongst others.
- There were arrangements in place to deal with foreseeable emergencies and to monitor the safety of people's home environments.
- People were provided with information on how to contact the service out of office hours should they require support. Staff had received training in first aid life support and knew how to respond in the event of an emergency.
- There were systems in place that ensured people received their care on time and that care staff stayed the

required amount of time ensuring people's needs were met as planned. An electronic call monitoring (ECM) system allowed office staff to monitor care visits. Staff were required to electronically sign in once they had arrived for a care visit and to sign out when they left. This enabled the service to respond promptly and safely to any late and or missed calls or emergencies.

Staffing and recruitment

- There were enough staff to support people and people generally had regular staff who visited them. One person said, "Sometimes you have to wait but if they are running late they let me know if they can." they added, "They [staff] are mostly on time. "They also told us they now had two carers who they were getting to know now, and said, "It does take time to get to know them all, but there are two of them now who are regular."
- Recruitment systems worked to reduce identified risk. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- A few recruitment files we checked for current existing staff who had been with the service some time were noted to now have expired photographic identification such as passports, and the manager assured us they would ensure up to date records were put in place.
- An out of hours service was available should people need support in the event of an emergency.

Using medicines safely

- Medicines were managed, administered and stored safely. People received their medicines as prescribed. Audit processes were in place which monitored people were receiving their medicines correctly.
- At the time of the inspection, people medicines were managed, administered and stored safely, however there had been some previous occurrences where this had not always been the case. Audits had been put in place to increase monitoring to ensure people were receiving their medicine in the right way and at the right time.
- Safe medicine management practices were followed, and staff received training and had their competency assessed.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

Preventing and controlling infection

- Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with their laundry and domestic tasks.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that staff had identified concerns, accidents and incidents and appropriate action had been taken to address them. Where required, accidents and incidents were referred to local authorities and the CQC and advice was sought from relevant health care professionals.
- Incidents and accidents were reflected on as a means of learning and improving safety for people. Investigations and actions taken were shared with the staff team at meetings.



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

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People and their relatives were involved in the assessment process and planning for their care. One person said, "They [staff] visited me to ask what I needed help with. They check I am ok. I'm very happy with everything."
- Assessments of people's needs, and preferences were completed before they received services. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessments included areas such as individual's personal history, preferences and consent.

Staff support: induction, training, skills and experience

- People and their relatives commented positively on the skills of staff." One person said, "They [staff] are all very good. I can't fault them; I like them all."
- There were effective processes in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, which is a nationally recognised programme for health and social care workers.
- Staff received regular supervision, support and an appraisal of their practice and development.
- Staff had been given training in a range of topics such as, manual handling, medicines, dementia and safeguarding, amongst many others.
- Staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.

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

- People were supported to have a balanced diet to ensure their well-being where this was part of their planned care. One relative commented, "They do the best they can, and they are encouraging [person] to

eat less crisps and sweet drinks."

- Staff consulted with people on what types of food they preferred and any cultural requirements they had.
- Care plans documented people's nutritional needs, the level of support required with meal preparation and eating, any known allergies and any nutritional risks such as weight loss or choking.

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

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's well-being at each visit to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, information and guidance provided by community health teams were followed by staff.
- A health care professional told us the service was very effective in the support they offered one person who was living with dementia. They said, "They are ok and listen to advice. I think they do well to ensure the person's safety whilst out in community."
- Staff supported people to access healthcare services when required. For example, accompanying them to healthcare appointments.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives told us staff sought their consent and respected their decisions and rights. One person commented, "They [staff] always ask me how I like things to be done."
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the principles of MCA.
- People were encouraged and supported to make decisions for themselves and were provided with suitable information in a format that met their needs.
- People's consent was regularly reviewed to ensure arrangements in place were appropriate and meeting their needs.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke highly of staff and the care and support they received. Staff had built trusting respectful relationships with people. One relative said, "The staff are really caring. I know [person] is well looked after." Another relative said, "As far as I can tell it's fine, I am not there all the time but when I pick [person] up they are always happy."
- Staff could demonstrate they valued individuals' independence, needs and wishes and had an in-depth awareness of people's preferences. One person said, "Respectful staff, not half!"
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People and their relatives told us they were consulted about the care and support provided. One person said, "They [staff] are very good. It's all about me and they do whatever I need them to do." A relative commented, "Communication with the office is getting better now. They ring to check to make sure everything is as it should be. We have a copy of [person's] care plan and information about the service."
- People were provided with information about the service in the form of a service user guides which could be made available for people in different formats.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect, promoted their independence and maintained their privacy and dignity. One person commented, "They [staff] are very thoughtful and kind. They are always respectful and help me to stay as independent as possible in my home." A relative told us, "The staff are really lovely they (staff) look after [person] well. They are happy."

- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive independence and risk taking was safely supported and encouraged by staff with support offered if required. For example, when supporting people to safely use appliances within their own homes.
- Staff promoted people's dignity when carrying out personal care by seeking consent, ensuring people were covered, and doors and curtains were closed.
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared with others.

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives confirmed they were involved in planning for their care and contributed their views on the service provided. One relative commented, "They [staff] often contact us to make sure we are ok with things, the communication with the office has improved now and we are happy with the care arrangements. We are involved a lot with [person's] care."
- People's care and support needs were assessed, personalised and reviewed to meet individual needs and wishes. Care plans documented information regarding people's physical, emotional and mental health needs, life histories and things that are important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Staff kept daily records of the support offered to people at each visit and care plans were reviewed on a regular basis to reflect changes in people's needs and wishes.
- People told us they were supported by a regular team of staff who knew them well. One person commented, "There have been problems in the past, but we generally know the staff who come now. They are all lovely."

Meeting people's communication needs - From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person commented, "If I have a problem I would contact the manager. I have nothing to complain about currently." Records showed there had been no complaints made since the service registered formally with the CQC.
- Arrangements were in place to respond to people's concerns and complaints appropriately. The providers complaints procedure was readily available, and a communication board displayed current responses to an initiative called, 'You said – We did.'
- Staff were provided with the opportunity to give feedback on the service and to help drive service improvements by way of a suggestion feedback system. People were also able to complete confidential concern forms entitled, 'See something – Say something.' If they wanted to raise an issue. These were located at the entrance to the office premises.

End of life care and support

- Staff were provided with training in end of life. The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care if they so chose and these were retained in individual care plans for reference.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People and their relatives spoke positively about staff and the care and support provided. One person said, "The staff are very kind. If they are late they generally let us know. I am very happy with the service." A relative told us, "The service has definitely improved lately, communication is better now, I think they are quite good overall with involving everyone."
- There were processes in place to ensure people received the care and support they wanted. Assessment tools were person focused and assisted staff in the promotion of independence and equality.
- Staff demonstrated a strong commitment to provide person centred, caring support to people. One member of staff commented, "The best things about the service is the staff, as everyone is so caring and supportive I am very happy in my job."

How the provider understands and acts on the duty of candour. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team ensuring best practice and good service delivery.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC and their responsibilities with regard to reporting notifiable incidents. They were also aware of the legal requirement to display their CQC rating, which was displayed prominently in the service.
- Staff were positive about how the service was run and the support provided by office staff and the registered manager. One member of staff commented, " The company has changed but it's a positive

change. Previously the management was distance. I feel I can approach them with work and personal issues if I need to." Another member of staff stated, "I feel really supported, we have good team meetings and the group really muck and work together."

- There were management support systems in place for staff during out of office hours should they need it.

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

- People and their relatives told us they were regularly asked for their views about the care and support provided to check they remained happy with their service or if changes were required. A relative commented, "They do call often to check if everything is working well and we can discuss any changes."
- There were systems in place that allowed for people and their relatives to provide feedback about the service. We looked at the reviews that people had fed back, comments included, "Care is good we have no problems." And, "I would be pleased to recommend them to others as they allow [person] a good quality of life and independence."
- There were systems in place to ensure the service sought the views of people through regular reviews either in person or by telephone and annual surveys. The registered manager told us they had recently sent their first annual survey out to people and their relatives and were waiting for their responses. They told us once they had received them they would analyse the results and implement an action plan if required. They told us that a staff survey had also been sent for staff to complete.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required. The registered manager had on display a progression pathway which set targets for the service to attain to. This was updated regularly and had been in place since May 2019.
- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, the ECM system and health and safety. Where required action plans were developed to address any issues or concerns identified.
- Unannounced spot checks were carried out with staff within people's homes to ensure staff supported people on time as planned and staff had completed all tasks as required.
- Staff team meetings were held on a regular basis to share information and best practice.
- There were systems in place to recognise and praise staff performance and achievements. The registered manager told us they had an award system which celebrated individuals good work for which staff were awarded and invited to a presentation.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, mental health professionals and GPs.
- The service worked in partnership with local services and organisations to ensure appropriate support and services were made available to individuals if required.
- We noted that the service had won an award for 'Support branch of the year 2018' in the providers excellence home care awards.