

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Voyage (DCA) (South 2)

6 Station Court, Girton Road, Cannock, WS11 0EJ

Tel: 01543437030

Date of Inspection: 15 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Voyage 1 Limited |
| Registered Manager | Mrs. Selina Wall |
| Overview of the service | Voyage (DCA) South 2 provides care and support services for adults under the age of 65 years with a range of conditions including learning disabilities, mental health conditions, physical disabilities and sensory impairments. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

Voyage (DCA) South 2 (part of Voyage 1 Limited) currently provides services to people in small group homes at the Longbarn in South Wales and Barrows Reach in Gloucestershire. A total of 8 people were using the service at the time of the inspection.

We visited the registered office of Voyage (DCA) South 2 on an unannounced inspection which meant that the provider did not know we were coming.

We met with one of the quality assurance managers and looked at the training programme, two care records, staff files and quality assurance documents.

We telephoned a person that used the service and their relatives and asked for their views about the service which we recorded.

We telephoned care staff and discussed their views of working for the agency and the training and support they received.

We received positive comments from people that used the service, their relatives/carers and from staff. Staff members told us that they really enjoyed their job and were supported well by their manager.

One staff member we spoke to said, "I couldn't ask for a better job. To see a smile on their face (people who used the service) and know that I helped to put it there, it's great".

A relative we spoke with said, "My relative came to see us on Sunday supported by staff. They told us they had been writing letters on a computer. The service and staff are brilliant".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the inspection, we looked at two care plans which were seen to be individual and person centred. We saw copies of initial assessments which had been carried out for each person before people started using the service. These had been completed with the individual and their relatives and used to develop the care plan, which is known as support guidance in Voyage (DCA) South 2 services. This meant that people had their views and experiences taken into account in the way their service was provided and delivered.

Care plan records we looked at identified individual preferences of people who used the service and set out what a good day for them looked like. Their likes and dislikes were also detailed and we saw evidence that people were involved in decisions about how their care was delivered.

One manager told us about a person who used the service who had a lot of sensory needs. This person initially had a Jacuzzi bath mat which they used. However, the staff had managed to arrange for him to use a real Jacuzzi in the community which the person who used the service accessed three times a week and enjoyed very much. This meant that people were listened to and involved in decisions affecting their lives.

A relative we spoke with said, "The staff are great. They always listen and take on board what we have to say. The manager particularly is excellent".

We saw evidence that the care packages were planned with the individual's involvement and consent. We saw that documents were signed by them and risk assessments were in place to support people's independence and promote their safety. We saw that these documents were updated monthly. One manager told us that one of the people who used the service was just on their way out when we telephoned and was going cycling with a member of staff. They confirmed that a risk assessment was in place for this activity.

We saw evidence that each person who used the service was given a 'Service User Guide to Supported Living' which provided information for them in an easy read picture format

and included details about their rights and a comments sheet 'Have your say'.

Voyage (DCA) South 2 promoted 'person-centred' reviews and they ensured that at least one full review took place each year or as necessary. We saw that these reviews were signed by people who used the service plus a member of staff and dated.

Staff we spoke with told us that the induction training covered confidentiality, equality and inclusion and they understood the importance of protecting people's rights and choices.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Through a process called 'pathway tracking' we looked at two care records in detail. Pathway tracking is a process where we look at the care and support delivered to people. Pathway tracking helps us understand the outcomes and experiences of individual people and whether their needs are being met appropriately.

Plans of care were available for each person whose care records we looked at (called support guidance) and included the care and support people needed. We saw that individual care plans and the assessment process had involved relatives and or their representatives. Relatives confirmed that a pre-admission assessment had been completed. This meant that staff had detailed information to enable them to meet a person's needs from the start.

We talked to a number of managers and staff about specific care regarding some individuals and they told us how they safely supported these people. We spoke with relatives of people who used the service and found that the support people received matched what their care records reported they needed. Having an agreed plan which the staff followed meant people had their needs met in a consistent and safe way.

People who used the service had access to a variety of community activities. Risk assessments had been carried out to identify specific risks to each individual and care had been planned to manage these risks. Support guidelines were also in place to support people with specific needs such as those with epilepsy. Staff told us that they had received this specific training too. This meant that everyone was clear on how to keep people safe and well.

A relative we spoke with said, "The staff are really, really supportive. They are also well trained and experienced particularly around autistic conditions".

From discussion with managers and staff, it was evident that they were committed to ensuring that people who used the service were able to live an ordinary life, and have access to all community facilities and services. One relative told us, "We have seen such a change in our relative – they seem less anxious and try more things". This meant that people were supported to be as independent as they could be.

People who used the service had access to local community health services such as opticians, dentists, GPs etc. This meant that their needs were managed by the necessary health and social care professionals.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We were told by the quality assurance manager that all staff had access to policies and procedures in the Quality and Safety Policy Manual. Staff confirmed these were available for them to read on the Voyage internal website. We saw a paper copy of their 'Safeguarding Vulnerable People' Policy dated July 2012. Staff we spoke to said they were aware of the policy and had access to it where they worked. They also confirmed that safeguarding was discussed with them at supervisions and team meetings.

We looked at training records and summary sheets which provided evidence that staff received safeguarding of vulnerable adults training each year. Two specific staff training records that we checked showed that they had received safeguarding training each year for the last three years. This meant that staff knew the different types of abuse to look for and what to do if they had any suspicions of abuse.

We spoke to two staff who said that they would report any issues that concerned them to their manager. One staff member said, "If I ever had any concerns about my manager, I would report it to our Operations Manager". We talked to a person who used the service on the phone and although they did not want to talk for long, they relayed their comments to us via the manager on a conference phone. Their positive and relaxed relationship with the manager was clear and staff were respectful of the wishes of those who used the service. Staff also confirmed that there was a whistle-blowing policy in place and had read and understood the policy.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

One staff member told us, "I really love my job. It is great to work with the people we have here. I'm very lucky that I have a manager who wants me to progress".

We talked to staff about induction and what their experience was when they first started work at Voyage (DCA) South 2. One said that they were asked to read the policies and procedures and ask any questions if they didn't understand anything. They also had to read each individual service plan for the people who used the service so that they were fully conversant with their needs. Another staff member said that as part of their induction they were trained in confidentiality and what information could be shared. They also confirmed that they had to shadow experienced staff as part of their induction.

We looked at the training plan for staff which included annual training updates for staff such as manual handling, fire safety awareness, first aid etc. Staff told us that they also undertook specialist training, for example in epilepsy and diabetes.

Staff we spoke to confirmed that their manager checked their practice to see if they had the required competencies following a training session, for example administration of medicines. This was a formal assessment of their practice and we saw recorded evidence of this for one member of staff. This meant that people who used the service could be confident they had experienced and skilled staff delivering their care.

One staff member told us, "I really love my job and I like working for Voyage as a company – I feel very supported by my manager too". One manager we spoke with said, "When we had very bad weather and snow, I worked over to cover for staff that couldn't get into work easily. Other members of staff also offered to work over to make sure that the service was covered for the people we support. They (the staff team) are a great bunch of staff that really care about what they do".

Staff informed us that supervisions took place every month and records seen confirmed these sessions included discussion around their personal development needs and working practice. Staff told us that these were signed by the employee and the manager. This meant that staff were properly trained and supported to provide care and treatment to people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found that Voyage (DCA) South 2 followed the same quality assurance process as all other Voyage 1 Limited services. This was seen to be a robust system which helped the provider to check the quality of the services delivered. The quality assurance manager that we met told us about how each service manager had to send in monthly reports to the quality assurance team. These reports included incidents, safeguarding referrals, compliments and complaints. These were summarised to enable the organisation to identify any trends and take appropriate action if required. We spoke to a manager about this and they confirmed that they sent in these reports each month.

The quality assurance manager also informed us that each service had a quality assurance visit annually. We saw a completed copy of one of these, 'Quality Assurance Visit Report' dated 2 August 2012. This was seen to be extremely detailed and included different sections on recording, risk assessments, medication, health records, recruitment, supervision etc. It also captured feedback about the service from people who used the service and staff members. It identified what was working well and actions for improvements with set timescales for completion. The quality assurance manager confirmed that the actions were monitored until they were completed. This meant that the quality of the service was assessed regularly.

We spoke to a manager about their most recent quality assurance visit which they said took place three months ago. They confirmed that the quality assurance manager looked at all aspects of the service and included feedback from people who used the service.

We saw copies of a complaints book for Voyage (DCA) South 2, which did not have any complaints in it. Relatives that we spoke with said that if they had any complaints they would go to the manager and felt sure they would resolve their issues straightaway.

The quality assurance manager also showed us a copy of a new poster, 'See Something, Say Something', which had been developed for service users and staff and would be put up in each of the homes this month. This poster was seen to include a variety of ways that anyone could contact Voyage if they had concerns about the way the service was delivered. This meant that staff and service users could raise their concerns to the main office outside of the home where the service was provided if they wished to.

One manager we spoke with told us about questionnaires which were given to people who used the service, relatives and other professionals as part of the Annual Service Review carried out by Voyage (DCA) South 2. Feedback about the services had been extremely positive which was confirmed by the relatives that we spoke to. One relative said, "They are so good there. They involve me and I go there for meals to spend time with my relative. It really is a fantastic service".

We saw copies of the questionnaires for people who used the service and found these to be in an easy read format and also looked at questionnaires used for relatives.

People who used the service had monthly meetings where they could discuss the way the service was being run. Staff and relatives told us that these took place and that people who used the service were able to make changes to activities or anything else they suggested.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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