

Inspection Report on

Voyage (DCA) North Wales

Memorial Center Brynteg
Quarry Road
Brynteg
Wrexham
LL11 6AB

Date Inspection Completed

02/06/2023



About Voyage (DCA) North Wales

Type of care provided	Domiciliary Support Service
Registered Provider	Voyage 1 Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since registration under the RISCA regulations.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the support they receive from Voyage North Wales. Support delivered is person centred and people spend their time doing things which they enjoy and are important to them. Support plans are detailed, and person centred, however reviews must be carried on a more frequent basis and people who use the service, or their representatives must be offered the opportunity to be involved in the review process.

Support staff receive appropriate training to meet the needs of people they are supporting; however, the provider must ensure this is completed in a timely way and remains up to date. Support staff must also have the opportunity to have an annual appraisal of their work and attend regular team meetings. Renewal of Disclosure and Barring Service checks (DBS) requires closer monitoring to ensure renewals are submitted in a timely manner.

There are good systems in place for monitoring the quality and effectiveness of the provision. A robust management and senior management team means there is oversight of the daily operations and issues are identified and addressed appropriately. The Responsible Individual (RI) carries out their role, visiting people who use the service, speaking with staff and reviewing areas of service provision.

Well-being

People are supported by kind and fun support staff. We saw positive interactions between people and support staff, including using alternative methods of communication which enhanced people's daily living. People supported looked to care staff for reassurance and to meet their needs. Support staff spoke positively about the work they do and were proud where they had improved outcomes for people they support.

People lead busy and fulfilling lives. Monthly meetings encourage people to look back on what they have achieved and make plans for the next month. People attend day services, social groups, and work placements. Social activities include trips out shopping, weekly discos, planned day trips to the seaside and visits to the pub to meet with friends. People are supported to go on holiday and spend time with family and friends. The provider promotes active support and collaborative working. People are involved in rota management, interviews and being part of the quality team, visiting services and speaking to other people who use the service to monitor the quality and effectiveness of the service. Care staff support people to carry out domestic tasks and maintain their homes in line with their tenancy agreements.

Support plans are detailed, and person centred. The provider must ensure these are reviewed in line with the regulatory requirement and that people or their representative are offered the opportunity to be involved in this process.

People are encouraged to be active and are supported to access services which support their health and wellbeing. Health needs are considered, and records detail the level of support required. Support staff recognise when people may have a change in need and seek additional support where appropriate and with people's permission.

People are safeguarded from harm and abuse. The provider maintains a record of accidents, incidents and complaints which is reviewed by senior management and the quality team, issues are discussed in weekly meetings. Care staff have the required training to keep people safe and both support staff and people supported have access to guidance and contact information if they have a concern.

Improvements are needed to ensure staff are supported with training and development needs, having the opportunity to discuss this in an annual appraisal and have operational discussions in team meetings. The provider must ensure that DBS application renewals are made in a timely way.

Care and Support

People can be confident the provider is able to meet their needs in a way they choose. The provider completes a care needs assessment as part of the care planning process before an individual begins to receive a service from Voyage. This is completed over a number of visits and involves the person, where appropriate their family or representative and other professionals such as social workers and previous care providers. Records are person centred, containing information about what is important to the person, their life history and how they like to spend their time. Detailed plans specify people's daily routines and how people want to be supported through the day including what they want to do independently and what level of support they require. Plans include risk assessments which identify potential risks, the controls in place to manage this and steps to take to address any outstanding risk. Improvements are needed to the frequency and quality of reviewing support plans to ensure this takes place within the required timescale and includes the person or their representative. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported with their health and wellbeing. Support staff are trained to be able to meet the needs of the people they support. We saw guidance for specific health conditions is available in people's files in their homes to support staff knowledge and understanding. The provider makes referrals where appropriate to ensure people receive care and treatment promptly and maintain their wellbeing. Records show people are supported to attend appointments with consultants and other healthcare professionals. Medication is managed safely. People have equipment in place to maintain independence and many people have access to their own vehicle to support community access. One person was looking forward to a car dealership bringing vehicles to their home in order to test drive ahead of purchasing their new mobility car.

People are kept safe as support staff receive safeguarding training which is specific to the All Wales Safeguarding Framework and have access to policies, procedures and systems which support the safeguarding process. Managers report safeguarding concerns and seek advice from the local safeguarding team. Internal systems ensure safeguarding issues are reviewed and actioned appropriately.

People live in their own home with their own tenancy agreements. The provider has good communication with the tenancy providers and supports people if any issues arise, including with maintenance.

Environmental audits are carried out to ensure care staff are safe when providing support in peoples own homes.

The office provides secure storage for records and a space for supervisions, team meetings and training to take place.

The organisation have a robust management structure in place which provides support to the teams working directly with people on a daily basis, having oversight of the operations and discussing this within weekly allocation meetings. We were told "we have an excellent quality team who are instrumental in keeping people safe, the resources we have are second to none and everyone is accessible for support". Audits are carried out by field supervisors, managers and people supported and uploaded onto a central system to be reviewed, helping identify good practice, areas for improvement and set actions to drive quality. Managers and field supervisors work directly in services with people supported and staff, meaning they know people well and are aware of any changes. Concerns and complaints are recorded and responded to appropriately with managers supported, by a HR department and operations manager who reviews all complaints and ensures all actions have been completed. We saw evidence that where concerns have been raised, the provider has taken action to address this.

People are supported by staff who are suitable to work with adults at risk with all required pre-employment checks carried out before a person starts working for Voyage, including agency staff. Support staff have Disclosure and Barring Service checks (DBS) carried out before they start work, however records showed these are not always reapplied for in a timely way when they are due for renewal, the provider is taking action to ensure this is more closely monitored to keep people safe. This is an area for improvement, and we expect the provider to take action. Recruitment is ongoing with support from a dedicated recruitment team and whilst the use of agency staff is required to ensure people are supported, the provider has reviewed this provision making sure agency staff have the required training and skills to meet people's needs. Staff receive an in-depth induction and are provided with information about legislation, the code of practice and policies and procedures to support them in their role. Support staff receive a combination of online and face to face training. Improvements are needed to ensure all aspects of manual handling training are completed, so people who require support with this are safe. Records seen show support staff have received supervision recently, however they have not had an annual appraisal of their work. The provider has assured us this is being addressed. Meetings take place within teams and with people supported, however these are not currently consistent across all teams and within the required frequency as stated in the regulations, meaning staff may not have the opportunity to discuss areas of work and important communications. This is an area for improvement, and we expect the provider to take action.

The RI carries out visits to speak with people supported and support staff. Reports from these visits evidence the RI looks at support plans and staff files, discussing any concerns, complaints, incidents, or safeguarding issues which have taken place. People told us the RI is very approachable and spends time each year working in the services with people and support staff.

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

36	The provider does not ensure staff receive an annual appraisal of their work meaning they do not have the opportunity to reflect and identify areas for training and development. Not all staff have completed all the required training to meet the needs of the people they support. The provider does not ensure team meetings are held on a regular basis which is important to ensure issues and important communications are shared and discussed.	New
16	Personal plans are not always reviewed in line with the required frequency specified within the regulations. The provider does not evidence people or their representatives are offered the opportunity to be involved in the review process.	New
35	Whilst pre-employment checks are carried out before people start work with the organisation, the provider does not ensure applications for Disclosure and Barring check renewals (DBS) are made in a timely way.	New

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