



Inspection Report on

Voyage (DCA) De Cymru

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The South Wales Chamber Of Commerce
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Newport
NP20 2DX**

Date Inspection Completed

23/05/2023

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About Voyage (DCA) De Cymru

Type of care provided	Domiciliary Support Service
Registered Provider	Voyage 1 Limited
Language of the service	English
Previous Care Inspectorate Wales inspection	17 June 2021
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

Voyage (DCA) De Cymru provides care and support to people in their own homes in the Gwent area. Services are provided to people living in their own flats, and in shared supported living houses.

People are happy with the support they receive and enjoy positive relationships with the care staff who support them. Personal plans inform care staff how best to support people. The plans contain details of the persons background, their meaningful relationships and preferences as well as care and support requirements. Plans are clearly written, detailed and kept under regular review. However, we saw one plan in a person's home which was not the current version and did not contain some important new information, although staff were familiar with the changes.

Care staff are safely recruited, they feel valued and well supported by the management team. The responsible individual (RI) visits the service regularly and completes reports which evidence they have good oversight of the running of the service.

Well-being

People's right to choose who they live with and who supports them are respected by the provider. People receiving support have tenancy agreements with local housing associations in their own flats or shared houses. People have control over their day-to-day lives. People told us they are supported to be as independent as they can be, to make their own choices and spend their time doing the things they want to. Care staff work with people to arrange day-to-day activities and support them as required.

People are protected from the risk of harm and abuse. Care workers spoke about the people they support and have a good understanding of the person, their needs and how these should be met. Care workers interact and support people in a caring and thoughtful manner. Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the current guidance and is kept under regular review.

People receive the support they need to maintain their health and well-being. The service completes a range of risk assessments and personal plans, which identify each person's care and support needs and how these can be best met.

Care and Support

People receive personalised care and support as and when required. We observed care workers to be attentive, kind, encouraging, and supportive to people. People are communicated with in the best way for them individually and staff receive specialist training in this regard. People are relaxed and comfortable around care staff. The care needs and preferences of each person are clearly documented in their personal plan. The level of detail in the plans is good, there is a focus on what people can do for themselves, as well as how to support them in the areas required. People and their relatives are involved in preparing the plans which include information about their background and people who are important to them in their lives. This allows care staff to get to know each person for who they are and encourages care and support to be individualised.

Plans are regularly reviewed to ensure they are up to date and reflect people's current needs and aspirations. However, we found one plan in a person's home which was not the current version and did not contain important information. A health professional had provided guidance after recent assessments about the need to observe them during mealtimes to maintain their wellbeing. The staff are aware of these changes, but they were not reflected in the plan available to staff. The manager showed us a plan where this information had been updated on their laptop computer and assured us the correct plan would be made available to staff that day. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will review this at our next inspection.

The quality of care notes vary between services, some are detailed, thorough and include evidence of people's mood and levels of engagement, whilst others are briefer and task focussed. Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). All appointment records and outcomes for review are kept within the daily notes. People are encouraged to maintain a healthy weight as part of a healthy lifestyle.

Systems are in place for the safe management of medication within the service. People are assessed as to whether they can safely manage their own medication, and if not what level of support they require. Medication is stored safely, and overall records are completed accurately, however we saw occasional gaps, such as how effective 'as required' medication had been. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

Leadership and Management

The manager knows the people who use the service well and effectively oversees the day-to-day running of the service. The RI visits the service regularly and produces regular reports which evidence they have good oversight of the running of the service. The RI reports clearly evidence where the service is doing well and which areas they are working to improve. There are thorough and effective governance arrangements in place.

The statement of purpose for the service accurately describes how the service is delivered. The provider keeps the statement of purpose under review and submits any changes to the regulator in a timely manner.

Sufficient staffing levels are in place to meet the care needs of people. Care staff told us they have enough time to support people without being rushed in their duties. Staff respond to requests from people in a timely manner and interactions are friendly, respectful and encouraging. People are supported by staff who are knowledgeable, competent and fit to care for people living in the service. Staff told us they enjoy their jobs, feel valued and well supported by the management team.

Care staff are safely recruited, we viewed staff personnel files and saw they contained the required information. One staff members Disclosure and Barring Service (DBS) renewal had not been applied for within the required time. The RI assured us a new system has been introduced to ensure this oversight is not repeated. Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm.

Effective communication is evident within the team. Care workers receive regular supervision with their line manager. One to one, formal, supervisions provide the opportunity for staff to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance.

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
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15	One care file we checked contained an outdated personal plan which did not include recent important updates, although staff are familiar with the current care required, this was not available to them in the plan.	New
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