



Inspection Report on

Voyage (DCA) Powys

**Memorial Centre Brynteg
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Brynteg
Wrexham
LL11 6AB**

Date Inspection Completed

08/08/2023

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About Voyage (DCA) Powys

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 Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
Does this service promote Welsh language and culture?	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) Powys provide domiciliary care and support to people living in their own homes, and people living in shared accommodation with their own tenancy agreements. People told us they spend their time doing things they enjoy, and like the staff who support them. Support plans are detailed, and person centred.

Support staff complete training in several areas of care delivery. However, the provider must ensure this is completed by all staff, and where training has expired, it is re completed in a timely way. Support staff receive an annual appraisal of their work, but must also have regular one to one supervision, in order to discuss their professional development.

There are good systems in place for monitoring the quality and effectiveness of the provision. This includes opportunities for people to give feedback about the service they receive. Recent changes to the location and structure of the management team, means care staff will have better access to management support. Care staff told us they felt this was already having a positive impact. The responsible individual carries out their role, visiting people who use the service, speaking with staff and reviewing areas of service provision.

Well-being

People are happy with the support they receive from care staff. Care staff know people well and we saw kind and fun interactions through different communication methods. People told us some staff had been with them since day one and they had good working relationships. Care staff speak about people with warmth, and expressed pride in helping people to achieve things which are important to them.

People spend their time doing things they enjoy, and which are important to them. We saw people attend day services, go to work, and access the community independently or with staff support. People have formed friendships and are supported to have relationships and family contact. People told us they had been on holidays and were looking forward to going on more, as well as going out for day trips. Care staff support people with daily living skills such as domestic tasks, shopping and accessing additional support. People told us they would like more group events for socialising. The provider has listened to this and has planned a BBQ, as well as social events in the community, such as litter picks and afternoon tea.

Support plans are detailed, and person centred with evidence people and their representatives are involved in reviewing these. We could see plans are updated where changes to peoples needs have occurred.

People are protected from harm and abuse. Care staff have completed safeguarding training, which is in line with the All-Wales Safeguarding procedures, and have access to policies which support this. The organisation has policies in place and processes for staff to follow in relation to whistleblowing and sharing concerns. There are good systems in place to record and review incidents, accidents, and safeguarding concerns. Minutes of staff meetings show there are discussions about people supported and the staff team, sharing concerns and ideas of how to address issues.

Improvements are needed to ensure staff are supported with training and development. The provider must ensure care staff receive one to one supervision on a regular basis in line with the frequency specified within the Regulations. Care staff must complete all the required training to support people effectively and, where training has expired, this must be refreshed 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. Records are person centred, containing information about their life history, what is important to the person, 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. We saw evidence in people's records where staff had updated information and we witnessed conversations where staff discussed changes to be made. Support staff told us they are asked to review plans with people, and we saw people supported sign records to agree to information.

People are supported with their health and wellbeing. We saw guidance for specific health needs in people's homes. This supports staff knowledge and understanding helping minimise risks to people. Referrals are made to health care professionals where needed and guidance from these professionals is included in people's care records. Records seen show people are supported to attend appointments with consultants and other health care professionals. People have specialist equipment in place to support independence and many people have access to adapted vehicles to ensure community access. People are supported to go to the gym, go for bike rides and are encouraged to shop, cook, and eat well which promotes overall health and wellbeing.

People are supported with medication management. People have their own medication file which includes guidance for the administration, handling, and storage of medication. On the day of inspection, we found records we looked at to be complete and correct. The provider ensures people have medication reviews. Where medication errors occur, the provider reports appropriately and carries out reflective discussions with staff, ensuring their knowledge and skills are checked to prevent further errors.

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.

Leadership and Management

Systems are in place to audit areas of service delivery. Actions from audits are recorded in a Service Action Plan, specifying timescales for completion and who is responsible. Actions from recent inspections and monitoring visits are included and this is discussed with the senior management team on a regular basis to monitor progress. The provider has secured an office space where the manager will be based which will be used for meetings, supervisions, and training, meaning staff will have better access to management support. One member of staff told us, "*Staff are feeling more supported and there is a drop-in session for us to share any concerns which I think will be really rewarding*", another told us, "*It is nice now the management are asking for our input and hopefully the new management structure will be good*". We were told the organisation have a feedback portal for staff, people supported, families and professionals. Information from this is shared, included in the quality-of-care report and the service action plan to monitor quality and drive improvement.

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. Recruitment is ongoing with support from a dedicated recruitment team. Whilst the use of agency staff is required to ensure people are supported, the provider ensures they work alongside experienced staff, and respect people's requests to not be supported by staff they are not familiar with. 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 need support with this are safe. The provider must ensure where training has expired, refresher training is sought and completed in a timely way. People receive an annual appraisal of their work, but improvements are needed to the frequency of one-to-one supervisions to ensure staff are supported appropriately. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The responsible individual (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.

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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36	The provider must ensure all staff receive one to one supervision on a regular basis, no less than quarterly. The provider must ensure staff receive appropriate training to be able to meet the needs of the people they are supporting, and where training has expired, ensure staff complete refresher training in a timely way.	New
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