



Inspection Report on

Voyage (DCA) Powys

**Cwrt Cae Felin
Welshpool
SY21 7FD**

Date Inspection Completed

27/06/2024

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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 | 8 August 2023 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are supported by a well- led staff team who are committed to supporting people to achieve their personal outcomes. The management team are working hard to create a positive culture whereby care staff feel supported and motivated to provide people with effective, consistent support.

Personal plans are detailed and tailored to individual needs and preferences. Support for care staff has improved since the last inspection with regular one to one meetings taking place with their line manager. The training programme helps to make sure care staff have opportunities to learn and develop their skills to provide the right support to people. Robust recruitment practices help to keep people safe.

There are clear arrangements in place for the oversight of the service. People's views are considered as part of the quality assurance process. A six-monthly quality of care report is completed showing what is working well and what needs to improve.

Well-being

People are supported in their own homes and make decisions about their daily lives. Care staff work hard to make sure people have a voice. External advocates are available to provide additional help with decision making when needed. Personal plans are co-produced with individuals and /or their representatives to make sure their views, preferences and aspirations are known. The Responsible Individual (RI) and management team meet with people regularly giving them the opportunity to give their views on the service. Information about what the service provides is available in various formats and in Welsh and English. Documents including personal plans can be made available bilingually.

People have help to manage their physical health and emotional well-being. Timely referrals are made to health and social care professionals. Medical advice is sought when needed. Individuals choose who to spend time with including friends and family. They are supported to be as independent as they can be and live fulfilled lives doing things that make them happy. Support to achieve personal goals whether that be to have a healthier diet or go on a holiday they have always wanted to go on, is given by a dedicated, caring staff team who are enthusiastic about improving people's lives. This was evident when we met with people, and in our observations and discussions with care staff.

People are kept as safe as possible. Care staff know their responsibilities to keep people safe and what to do if they feel an individual's well-being is compromised. They receive training relating to safeguarding and have access to policies and procedures to guide their practice. Recruitment practices along with detailed personal plans and risk assessments help to promote people's safety and well-being.

People who need it have support to manage their tenancies. They choose what they want in their home. Homes we saw reflected people's personalities and had items of importance to them. Measures are in place to make sure any equipment used is maintained.

Care and Support

Care and support is given by a friendly, committed staff team. Recruitment has improved meaning teams are more stable and therefore more familiar to people. Care staff work hard to seek out opportunities for individuals to do things important to them and help them reach their full potential. This includes attending day services, work placements and developing their knowledge and skills by attending college courses. They are supported to learn daily living skills and increase confidence in areas including managing finances. People speak highly of the support they get to do things that make them happy including going shopping, or out for meals. Equally, they are involved in social events in their community including quiz nights and disco's. Holidays are planned with support from care staff who speak enthusiastically about how they plan these with the individuals which has not only improved their wellbeing but helps to further develop life skills.

People and /or their representatives are involved in developing their personal plans and reviewing information regularly to ensure it remains up to date for care staff to follow. Care records are detailed, person centred and clearly show individuals are asked what matters to them, what they want to achieve and what support they need to do this. The care team know people very well and can offer the right help to work towards personal outcomes. Risk assessments are in place to support people to continue to do what is important to them, promoting their independence whilst keeping them as safe as possible.

People are supported to remain as healthy as they can be. Records show input from external professionals including psychiatrist, occupational therapists and the speech and language teams. Consultations with social workers take place regularly. Specialist equipment is in place for people who need it. Care staff have training on the use of this and any specific health needs including epilepsy. People are supported with healthy eating plans which they coproduce with care staff, setting goals and realistic plans for what they want to achieve.

Processes are in place to support the safe handling and administration of medication for people. Training is given to care staff and their competency to continue to administer medication is checked regularly. Information is available in people's homes including medication policies to guide care staff. We found records to be completed fully. Audits are carried out regularly so any issues in all aspects of medication management can be quickly identified and rectified.

Leadership and Management

The provider has ensured systems in place allow for good oversight of the service and help to drive improvement. Since the last inspection, there has been changes to the leadership and management. Without exception, people tell us these changes have impacted positively on the people supported and care staff. This is because the management team are creating a positive culture whereby people feel listened too and all ideas are considered. Good practice and positive achievements are shared throughout the company for everyone to see. Managers are visible and regularly visit people in their homes. People and care staff are at ease in their presence demonstrating good relationships have been formed. We found the management to be open, honest, and keen to address any issues raised with them.

People are supported by a care staff team who are safely recruited, well supported, and have opportunities to further develop their knowledge and skills. Recruitment records seen show all the required checks including Disclosure and Barring Service checks (DBS) are in place before new staff start work. They are supported to register with the workforce regulator Social Care Wales. Care staff tell us the induction is good and they feel very well supported through this process. Support for staff and training has improved since the last inspection. Care staff say training opportunities are good. Records seen confirm this is in all areas including epilepsy and dysphagia. Key staff have been trained to deliver specific training such as manual handling and basic life support. This helps to ensure this training is delivered quickly. The frequency of supervision and appraisal has improved. Records show this but care staff told us they can approach any member of the management team at any time, and they always feel listen too. They praise the on-call arrangements saying the telephone is always answered and managers will come to complete a shift themselves both day and night. Without exception, care staff told us they feel supported by the management team who are approachable and value them and the work they do.

The RI is new to this role since the last inspection. They have completed visits to the service and take time to speak to managers, care staff and people using the service. Records of the visits show all aspects of the service is considered and actions are identified to be followed up. Managers feel well supported by the RI who they say is always responsive. The six-monthly quality of care report shows how the service is reviewed and reflects what is working well and what needs improvement.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|---|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 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. | Achieved |

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Date Published 07/08/2024