



# Inspection Report on

**Voyage (DCA) North Wales**

**Memorial Centre Brynteg  
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LL11 6AB**

**Date Inspection Completed**

29/05/2024

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## 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	02 June 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 happy with the support they receive from Voyage North Wales and told us they are happy and feel safe in their homes. Support is delivered in a person-centred way and aims to support people to meet their personal outcomes and health needs. The provider is developing records and processes to further develop co production with people.

People are supported by staff who are safely recruited, well trained, and supported with their ongoing learning and development.

The provider has taken on board feedback from the inspectorate and other professional bodies and made positive changes to processes within the service, which has strengthened oversight and quality monitoring. Improvements have been made to HR oversight, supervision, training and communication with support staff and the reviewing of care records. The provider has demonstrated an ongoing commitment to developing and improving the service.

## Well-being

People have choice and control over their day-to-day life. They are supported to lead fulfilling lives, doing things which they enjoy, and which are important to them. People are supported to develop daily living skills, growing their confidence and independence. We saw people attend day services, social groups, and work placements. Support staff are proactive in seeking out and offering activities, which include discos, day trips, fitness classes and workshops. People go on holidays, spend time with family and have developed friendships and relationships. Support staff spoke positively about their role and how their knowledge and experience support people to meet their personal outcomes. We were told about support and approaches which had enhanced people's lives. People decide how to run their home and important routines are respected and facilitated.

The provider ensures people's achievements are celebrated, and there is a positive culture of sharing good news within the organisation. People are encouraged to be involved in key daily processes such as rota management and being part of the quality team, their feedback and views are listened to and considered. The provider has worked hard to improve the Welsh Active Offer to people living in Wales. Key documents are made available in Welsh and care planning records can also be completed bilingually.

People are supported to be as safe as they can be. Support staff complete safeguarding training and have access to policies which further support this training. Information about who to contact about any safeguarding concerns is available across the organisation in a number of ways. The provider reports safeguarding concerns to the local authority and engage with any enquiries. There is a good system in place to record safeguarding reports and monitor the progress of these, ensuring actions are completed and progress is recorded.

People are supported to decorate their homes how they choose, and we saw bedrooms are personalised to individuals likes and interests. We found people's homes are respected and all records and organisational information is stored securely within staff sleep in rooms to ensure confidentiality and respect people's living space.

## Care and Support

People receive care and support which meets their needs and wishes as it is designed in consultation with them or their representatives. Support workers have access to records which are detailed, and person centred. Information about people includes key details about their health needs as well as what is important to them, their life history and how they want their care and support to be delivered. Records document what the person can do for themselves, what they want to achieve and how they can be supported with this. We saw within the plans, that achievement of personal outcomes is recorded, how this was achieved and what needs to be done to continue supporting the person to meet their goals. Each area of care and support considers any risks to people and how this can be managed in the least restrictive way, respecting people's right to make choices. Where an additional, elevated risk is identified, more detailed plans are in place. At this inspection we found improvements to the frequency of reviews to ensure records are reflective of people's current needs. We found people are involved in the review of their records and that their words were recorded in support plans. The provider has developed new records which are more accessible, and person centred to encourage people to lead in decisions about their care and support.

People are supported to have positive health and wellbeing. Records seen show people are supported by external health professionals such as district nurses, occupational therapists, speech and language teams and psychiatrists. In addition, the provider ensures contact and collaborative working with social workers, advocates and learning disability teams. The provider has an internal behaviour support team who work with people and support staff. People have specialist equipment in place as needed, and support staff complete training for specific health needs to ensure people are supported safely.

Medication processes are in place to support safe handling and administration of medication for people. Support staff complete medication training and have annual medication competency assessments. People have medication files in their homes which give information about medication, including good practice guidance and key contact numbers for support. We found medication to be stored safely and records to be fully completed. Support staff had a good knowledge of the medication process. The provider has implemented further safeguarding measures for medication administration which include additional handover information, use of assistive technology and more support from senior staff.

## Leadership and Management

People are supported by an organisation which is well staffed and has a good management team. Since the last inspection there have been changes to the key management roles within the service. The provider has worked hard to appoint suitable candidates to key positions and promotes the internal progression of staff within the organisation. We found the management team to be aligned in their views and goals and saw people they support knew who they are and have regular contact. The provider has identified areas which require further oversight and has implemented procedures to address this. We saw there is a detailed and continuously updated plan in place where the provider records any actions needed, giving realistic and measurable timescales for completion. The provider shows a commitment to developing the service to benefit the people they are supporting and the staff they employ.

People are supported by staff who are safely recruited, well trained, and appropriately supported with their ongoing learning and development. We looked at recruitment records for support staff and found all the required pre-employment checks to be carried out to ensure staff are suitable to support adults at risk. The provider has ensured all support staff have Disclosure and Barring Service checks (DBS) in place and are registered with Social Care Wales. The Human Resources department monitor this information, so any renewals are made in a timely way. Support staff told us the induction process is “*good and very thorough.*” Support staff complete training online and face to face and the provider has invested in key staff to equip them to deliver specific training within the organisation. This has improved the completion of manual handling training and basic life support training. Since the last inspection, the provider has improved the frequency of supervision meetings and staff meetings. We reviewed a sample of these and found them to be detailed records considering staff performance and wellbeing, key updates about the service and discussions about best practice from lessons learned.

The Responsible Individual (RI) of the service is very present in the service and receives updates and progress reports from senior managers, reviewing key processes to ensure actions are addressed. The RI carries out visits as required by the Regulations to speak with people and support staff. Reports from these visits show areas which have been looked at and any actions are added to the consolidated action plan for the service. Quality of Care reviews reflect on the performance of the service over the last 6 months. We found these reports to be a detailed and honest reflection of what has been going well, and areas which need to be developed. The reports include results of quality surveys completed by stakeholders and include news about people’s achievements and areas to be celebrated.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Achieved
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.	Achieved
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.	Achieved



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