

Quality Account

2018 – 2019



Delivering great quality care & support

voyagecare 



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We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care just right for people. A person told us, “I want to praise the staff. They have done wonderfully hard work looking after us.”



CQC report for Redbank House, rated Outstanding

A statement from our Quality, Safety and Risk Committee

This Quality Account, our second annual report, provides a welcome opportunity to reflect on and share the many accomplishments of our employees and people we support in the year to 31 March 2019. Our 10,000 employees are united in a shared purpose: to deliver great quality care and support. Thanks to their incredible commitment and compassion, Voyage Care enable 3,400 of the most vulnerable people across the UK to live fulfilling and meaningful lives.

As the leading provider of specialist care and support to people with learning disabilities, autism, brain injuries and complex needs, this Quality Account evidences to the people we support, families and other stakeholders:

- how we have performed against our key quality and operational priorities over the last year,
- our plans to improve further, and
- our priorities for the coming year.

This relentless focus on delivering person-centred care underpins our sector-leading quality outcomes. Furthermore, in England, we continue to have more services rated Good and Outstanding by the Care Quality Commission (CQC) than any other adult social care provider. Our Welsh and Scottish services remain 100% overall compliant. We were delighted to increase the number of services rated Outstanding to eight, with a further seven services rated Outstanding in one key line of enquiry.

We are an organisation focused on continuous improvement and seek out the insights of our regulators, commissioners and fellow health and

care professionals. Most crucially, we also seek to understand the experiences of the people we support, their families and our employees to identify our priorities for the coming years.

The people we support achieved so much in the year to 31 March 2019, and this Quality Account shows how we continue to be guided by them in defining how we develop and grow. Our team of Quality Checkers, experts by experience, has now grown to 41. Due to their unique insight, their audit findings have become crucial in identifying refinements to practice, which further improve the lives of others. The Quality Checker programme has also proved itself to be a vital stepping stone to develop the skills and confidence of the volunteers, enabling some to move on to employment outside of Voyage Care.

We invested in the development of our innovative Quality Questionnaire. This enabled more meaningful measurement of the quality of experience of the people we support, recognising that conventional quality metrics often fall short of measuring the outcomes that really matter to individuals. Having taken



the opportunity this year to both analyse the first data collection and listen to feedback received on ease of completion, we have now refined the format and content to improve accessibility. Our expectation is this will further improve the insights gained from the Questionnaire and we look forward to reporting the findings in future Quality Accounts.

With the stability and assurance that comes from being the leading national provider, we are well-placed to respond to the changing needs of local communities. Through our developing portfolio of specialisms we are supporting increasing numbers of people to live more independently in community settings, some of whom might otherwise have been within in-patient or more institutional settings far from home. The opportunity to provide impactful and transformative support is what drives us forward.

Our extraordinary staff teams have risen to the challenge of supporting

increasing numbers of people with more complex and challenging needs. They have embraced new leadership and development opportunities, such as embedding active support and positive behavioural support into everyday practice. This is already delivering improved outcomes, such as a significant reduction in the use of PRN medication.

We are proud to lead an organisation where our ETHOS values are brought to life through all aspects of everyday practice. Our staff take enormous pride in their work. They understand the privilege that comes with the responsibility of making sure that those we support have a full and active life. Their work is highly skilled and requires thought, consideration and compassion. We are humbled by the dedication of each and every one of our employees in enhancing the lives of those they support. Our annual staff awards, the Voyage Excellence Awards, highlights the incredible range and depth of talent and skill amongst all our teams.



We are proud to be an integral part of the UK health and social care system, working openly and transparently in partnership with commissioners and health and social care professionals. Together, we support thousands of people to live more independently and achieve their life goals. This sense of purpose and accountability is what drives us to mirror the requirements on NHS providers to produce an annual Quality Account, despite it not being mandatory for social care providers. These annual reports provide an opportunity for us to share our progress and promote greater transparency with our stakeholders. We know care and support can, and sometimes does, go wrong but we remain committed to ensuring we act quickly when care falls below our high standards.

Whilst we made huge strides forward in many areas, such as our regulatory outcomes, we acknowledge progress didn't reach the levels we expect of ourselves in some areas, and we are carrying forward a number of actions. In addition, we have set additional challenging targets for quality, safety and personalised care for 2019-20. We will continue to robustly interrogate our data and drive ourselves to achieve our improvement targets.

We are incredibly proud of all that we have achieved to date in ensuring the people we support live meaningful and fulfilling lives, but there is no complacency. We are completely committed to an ongoing programme of improvement and are excited and ambitious for the coming year.



Andrew Cannon

Chief Executive Officer



Jayne Davey

Chief Operating Officer



Alan Rosenbach

Chair of the Quality, Safety
and Risk Committee



Amanda Griffiths

Director of Quality



“

People received care that extended beyond the required standards. Staff were well supported and therefore were highly motivated to offer care and support that was exceptionally compassionate and kind. Staff were particularly sensitive at times when people needed caring and compassionate support. We had feedback from an external professional who said:

“I’m not sure how they provide this but I have certainly never experienced anything but kindness, respect and compassion from numerous staff I have come across. They certainly go the extra mile very often to ensure everyone is supported to an individual level”.

”

CQC Report for Westwood House, rated Outstanding

Summary

There are many achievements we are proud of this year and good progress has been made against many of the priorities we set for ourselves.

- Eight services are now rated Outstanding by the Care Quality Commission (CQC), with a further seven having Outstanding elements. Treddinloch, one of our Scottish locations, is rated 6 - Excellent.
- We successfully grew our Quality Checker team, experts by experience who are trained to undertake quality audits within services, expanding the National Quality Checker team to 24. We also recruited 17 Regional Quality Checkers.
- The number of people supported by us increased by 5% year on year to 3,392. This includes a growing number of people in community settings and those with more complex needs (for example those who may have stepped down from in-patient settings). We've also observed increasing occupancy rates in our care homes.
- We invested in our behavioural support, service optimisation, property sourcing and operational integration teams. These teams assist with the mobilisation and delivery of services, particularly for those people who exhibit more complex challenging behaviours. This year a total of 18 additional services opened, with capacity to support 120 people and deliver around 8,000 weekly hours of support.
- We continued our programme of continuous improvement:
 - Disseminating good practice through our STOMP Champions, Health Charter and regular bulletins covering learnings from the Learning Disability Mortality Review Programme.
 - Signing up to the Driving Up Quality code and Restraint Reduction Network pledge.
 - Updating policy, procedure and practices based on latest National Institute for Health and Care Excellence (NICE) Guidelines, CQC guidance and Welsh quality standards.
 - Running quality roadshows across the UK with our operational leaders.
 - Invested in Active Support and Positive Behavioural Support training for staff.



The staff here are great and can't do enough for you and are always around if you need to talk about anything that's worrying you.



CQC report for Chard Manor, rated Outstanding



Review of Quality

We have five quality framework goals: competent caring staff, the involvement of people we support, positive outcomes, positive assurance and consistent delivery of quality care. The review of these goals demonstrate how we are improving the lives of the people we support.

- Internal audit scores improved significantly through our focus on 'back to basics', with 90% of services attaining a score in excess of our expected compliance score of 70%, compared to 78% in 2017-18.
- There has been a 268% increase in learners joining our leadership development programme, and we have increased the number of completions through our apprenticeship programme to 77%.
- Our 41 National and Regional Quality Checkers are supported by either our Quality or Operations teams to undertake audits of our services.

However, there are areas where we can improve further, and we are carrying forward actions, including further reductions in the number of incidents regarding challenging behaviour, self-injury and medication.



Summary (continued)

Our priorities: looking back over 2018-19

We fully achieved two of the six quality priorities and four were partially achieved.

1. Back to basics

Internal audit scores improved significantly through our focus on 'back to basics' with 90% of services attaining a score in excess of our expected compliance score of 70%, compared to 78% in 2017-18.



2. Active support and positive behavioural support

The roll-out of training to staff was fully delivered and has already begun to impact positively. We observed a 10% reduction in incidents of challenging behaviour per 1,000 people in the quarter following deployment, and expect this downward trend to continue. The remaining activity in the action plan will be complete in early 2019-20. The impact will be further evidenced through inclusion of active support related measures in our internal audit from quarter two in 2019-20.



3. Measuring outcomes

Whilst our innovative Quality Questionnaire wasn't re-issued to people we support in this year, significant analysis of the data was undertaken. In response to feedback, steps have been taken to improve the process of measuring the outcomes of the people we support, in readiness for the questionnaire to launch in a range of more accessible formats on an annual basis from early 2019-20.



4. Developing further specialisms

Our focus in 2018-19 was ensuring our autism, brain injury rehabilitation and Prader-Willi syndrome specialisms were embedded in everyday practice. The first of our aspiring services was accredited, ahead of schedule, by the National Autistic Society. Whilst no new specialisms were fully launched in 2018-19, we agreed a roadmap for future specialisms and began development of the mental health and specialist behavioural support services specialisms, which will launch fully in 2019-20.





5. Improving accessibility of policies and procedures

Some progress has been made in ensuring our key policies and procedures are issued in accessible formats, including all new policies having a one-page summary and a few being issued in easy read. This work will continue in the coming years.



6. Increasing the number of services that are assessed as being Outstanding

Regulatory compliance for our services in England peaked at 95.3% rated Good or Outstanding by CQC, and 5 additional services were rated Outstanding in 2018-19. All services in Wales and Scotland remain 100% overall compliant with regulatory requirements.



Looking forward 2019-20

We are carrying over some actions from 2018-19 in relation to those priorities not fully achieved, and therefore have a limited number of new priorities for the coming year. We have set the outcomes we expect to achieve, plans for how we will achieve them and measures to monitor performance:

1. Developing further specialisms.
2. Measuring outcomes attainment for people we support.
3. Further improving consistency of care and support.

About Voyage Care

Voyage Care are the sector leading provider of specialist care and support, with over 30 years' experience. We support people with learning disabilities, autism, brain injuries and complex needs.

Our seven Managing Directors, under management of our Chief Operating Officer, lead dedicated regional teams who provide consistent, high-quality care and support across the UK. Our 10,600+ employees ensure we live our values every day, enabling the people we support to lead more independent and fulfilled lives.

Whether it's supporting someone in their own home, to access the community or in a registered care home, we provide exceptional person-centred care and support.

Our ETHOS values, which were launched in 2017, drive how we engage with stakeholders and are becoming increasingly embedded across all areas of the organisation in several ways.

Empowering
Together
Honest
Outstanding
Supportive





3,392
people we support

Increased by 5.2% from 3,227 in April 2018

57%
residential services
39%
community settings
4%
specialist healthcare

650
more staff

Increased to 10,630

91,275
hours of support delivered per week

Increased 10.9% from 82,314 in April 2018

94.1%
residential services occupancy

Increased from 92.8% in April 2018

1,466
people supported in the community

Increased 9.3% from 1,342 in April 2018

About our Quality Account

What is a Quality Account?

NHS healthcare providers are required to produce an annual Quality Account. This is a report about the quality of services offered by them and improvements in the services delivered to individuals and other stakeholders. Quality of the services is measured by looking at safety, effectiveness and feedback received. Given our commitment to openness and transparency, we are mirroring the requirements on NHS providers by producing an annual Quality Account.

What is included in this Quality Account?

Our second annual report to the public and other stakeholders, reviews the quality of the services we provide and covers the period from 1 April 2018 – 31 March 2019. It presents an assessment of our achievements in terms of excellence, effectiveness, safety and people's experience, and demonstrates our commitment to supporting people to achieve their goals and live the lives they want.

What we achieved:

- Provides an overview of our achievements in 2018-19 and reviews quality of services.
- **Our key priorities:**
 - Looking back over 2018-19: Summarises how we have performed against the priorities we set for ourselves and how we have improved the quality of our services.
 - Looking forward to 2019-20: Sets priorities for 2019-20 for operational and quality developments and how we'll achieve and monitor them.

Governance process

This Quality Account demonstrates that we regularly audit every service we provide with a view to improving it and ensuring the people we support, their care and life outcomes, are the best they can be. It provides a balanced, honest and authentic view of everything we do well and areas where we could further improve.

This Quality Account consolidates routine reporting metrics used by our operational and quality teams to track and review performance. This data is regularly reviewed by, our Quality, Safety and Risk Committee, who have accountability for ensuring identified actions are disseminated and acted upon at all levels of the organisation.

An easy read version of this Quality Account is available and in future years we will seek to share the findings of the Quality Account in other accessible formats.

What we achieved



We are sector leaders for regulatory compliance with more Good and Outstanding services in England than any other adult social care provider. There are many other accomplishments to celebrate in 2018-19 alongside the achievements outlined in the following review of quality and priorities including:

- **Transforming our community support:** We continued the roll-out of new ways of working, and technology to support the increasing quality and effectiveness of support provided to people in community settings. We opened new regional hubs delivering 91,275 hours of support per week by March 2019.
- **Mobilising new services:** We implemented 18 new community support services with capacity for 120 people receiving around 8,000 hours of support.
 - Developed two new sites: Park View, 16 supported living apartments for people with learning and physical disabilities, and Lorenzo Drive, which provides a pathway of brain injury rehabilitation support for 20 people.
 - Exceeded capacity of 1,000 supported living placements for the first time. We achieved this through establishing innovative partnerships with housing providers and developers, including opening new specialist supported living services for people with brain injuries.
 - Took over specialist behavioural support services from exiting providers, supporting people stepping down from in-patient settings
 - Invested in our behavioural support, service optimisation, property sourcing and operational integration teams to support with the mobilisation and delivery of services, particularly for people with more complex or challenging behaviours.

94.3%
In England

of our services have a Good or Outstanding rating from CQC, reaching a maximum of 95.3% during 2018-19.

100%
In Scotland & Wales

of our services have been assessed as overall compliant in Scotland and Wales.

*Data correct as of March 2019

What we achieved (continued)

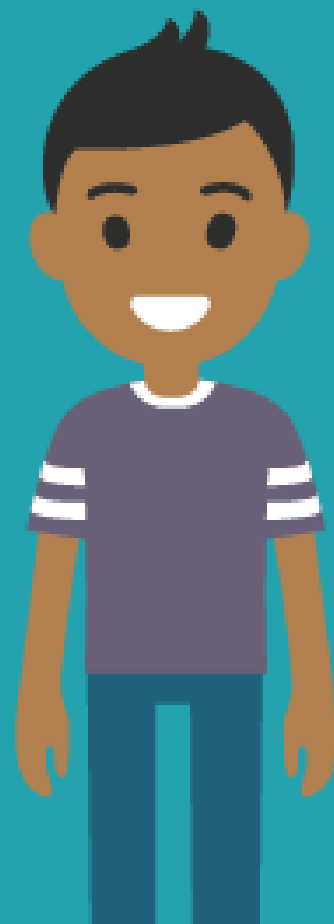
- **Stopping over medication of people with a learning disability, autism or both (STOMP) pledge:** We have continued to share good practice, resources, information and learnings through our STOMP champions.
- **Learning Disability Mortality Review Programme in England (LeDeR):** Monthly bulletins, annual reports findings, recommendations and learnings are disseminated.
- **Positive Behavioural Support / active support policy and procedure** were released with active support being rolled out for all people supported in 24-hour care from October 2018.
- **Driving Up Quality code:** We signed up to this quality initiative and consulted on the action plan produced with people we support and their support teams in November 2018, publishing the final version on our website in December 2018.
- **Restraint reduction network:** We signed the pledge to reduce the use of restraint and developed a Positive Behavioural Support / active support / restraint reduction action plan in support of this.
- **Recognition in external awards:** We were named as finalists in the Laing Buisson Specialist Care award, and both the Specialist Provider and Community Support categories in the Health Investor awards.

“

People and relatives told us they felt very fortunate to have found a service that specialised in supporting people living with Prader-Willi Syndrome (PWS). A relative told us, “They fully understand [person’s] behaviour and allow them as much time as they need. It’s the best care they’ve ever had. It’s just so wonderful and lovely. I would rate it outstanding.”

”

CQC report for Redbank House,
rated Outstanding





“

“The staff here are great and can't do enough for you and are always around if you need to talk about anything that's worrying you.”

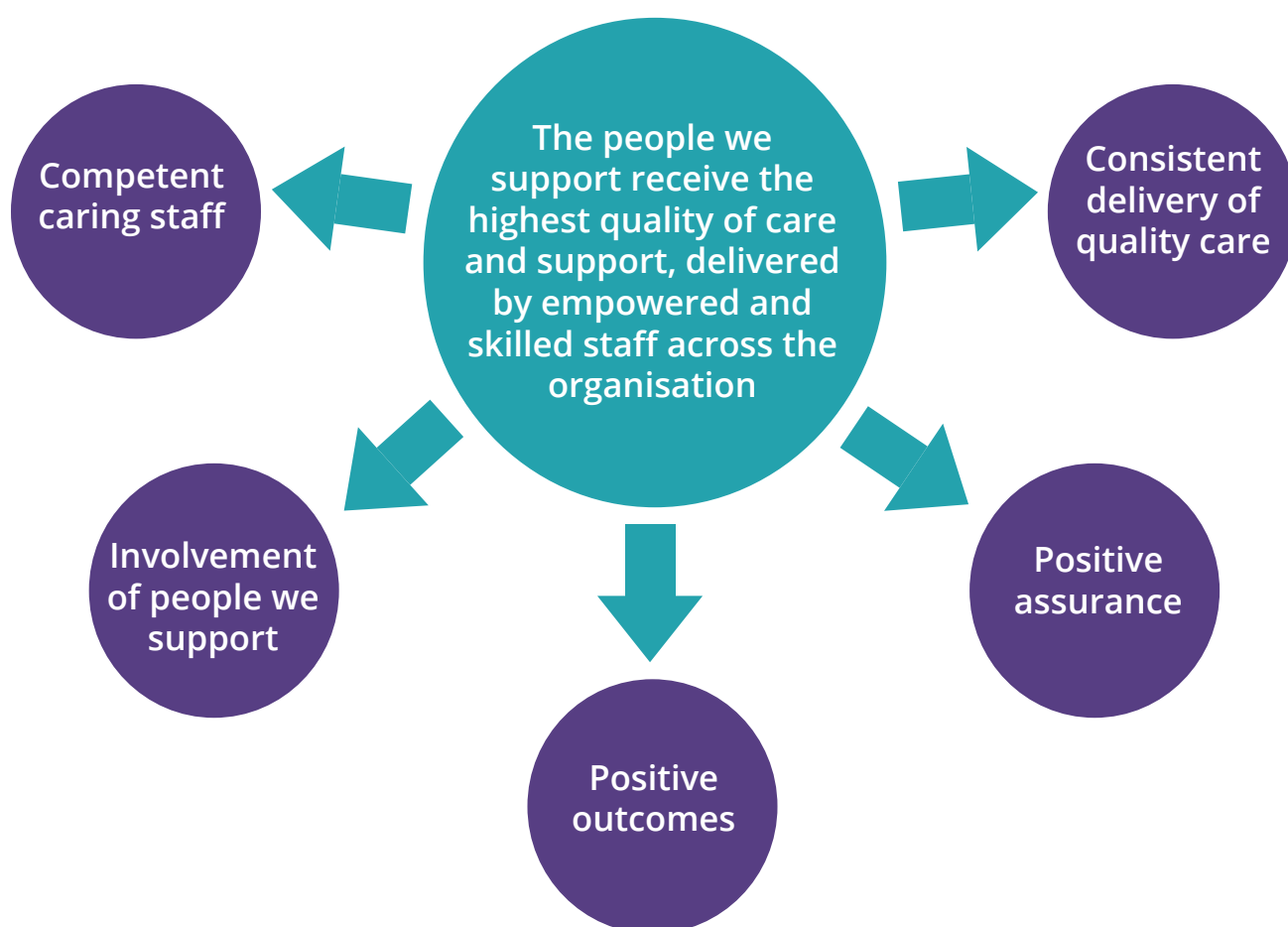
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CQC report for Chard Manor, rated Outstanding

Review of Quality

We have a robust quality framework that has five goals, which provide vision and direction for all organisational processes associated with the quality of care and support.

Our Quality framework identifies five overarching goals for achievement and measurement of the quality of services we provide:





1 Competent caring staff

At Voyage Care, the delivery of high-quality care and support is a responsibility all employees share. We continue to be committed to empowering all employees to achieve their potential, recognising that engaged teams have the biggest positive influence on quality.

We invest in the recruitment, retention and development of our people and ensure everyone's views are heard through a range of open communication channels. For example, our annual service reviews seek feedback from all staff and people we support, and their input contributes to local improvement plans.

Open and responsive communication

Planned:

- Weekly update email and team meetings.
- Quarterly managers' briefing calls, Town Hall meetings, and leadership meetings.
- Quarterly magazines for staff and people we support.
- Daily sharing of news and guidance on corporate social media channels.
- Team meetings.

Reactive:

- Confidential whistleblowing and disclosures service run by an independent third party.
- News alerts – email and text, as needed.
- Ask Andrew – direct emails, all personally reviewed and responded to by the Chief Executive.



1

Competent caring staff (continued)

Recruitment and retention

Our robust, values-based recruitment processes ensure we recruit people who share our passion and commitment to great quality care and support. Employees are supported to thrive in their careers with access to:

- Thorough induction and development programmes.
- Structured supervision and appraisals process.
- Additional benefits (Boost rewards scheme, life assurance, workplace pension, V-assure: independent employee assistance programme).
- Recognition through our Voyage Excellence Awards, long service awards and employee appreciation initiatives.
- Management development programmes that enable our staff to develop their skills within their current role or progress to more senior positions.

“

Proud doesn't even come close. The pride in the fact that they are committed to what they do, and they go above beyond every day without question, I can't wait to celebrate with everyone tonight.

”

Voyage Excellence Awards
2018 attendee

“

For me, I am just doing my job but if I can help them support the people we support, then it makes it all worthwhile. It's just a great feeling.

”

Voyage Excellence Awards
2018 attendee



Voyage Excellence Awards, 2018

1

Competent caring staff (continued)

Learning and Development Apprenticeships Leadership Academy

Our in-house accredited (Ofsted: Good) learning and development team deliver on our commitment to the ongoing development of all employees. This includes robust induction and development programmes, and personal and specialism specific training such as Prader-Willi syndrome, brain injury and end of life care. All training, induction and supervision outcomes are closely monitored and audited.

Completion of qualifications increased 55% year on year.

Qualifications	
Numbers of learners - 608	Numbers of completers - 471
Management and Leadership Development	
Courses booked - 212	Attendees - 1,832
E-learning	
E-learning - course completions	141,452
Face-to-face - courses run	3,880
Face-to-face - delegates	29,353

98.1% of delegates rated the relevance of our content to their role good or excellent.

96.9% of delegates rated our content (presentations and handouts etc.) as good or excellent.

99.3% of delegates rated our trainers good or excellent on knowledge of subject matter





Apprenticeships

Our apprenticeship scheme has seen a step-change in impact this year, with both completion rates and grades showing significant improvement. 77% of apprentices completed their qualification and 67% of all learners achieved a Distinction grade when being assessed on the skills, knowledge and behaviours they developed through their participation.

Our apprenticeship programme enables individuals to develop themselves in their chosen specialist area including; autism, learning disabilities, mental health, Prader-Willi syndrome, Parkinson's, brain injury rehabilitation and diabetes.

Leadership and management development

Growth in our leadership team in the year and an enhanced commitment to management level development resulted in a 286% increase in attendance on these development courses.

Registered Managers

To support the achievement of Outstanding regulatory outcomes, we have also worked hard to improve manager recruitment and retention. This resulted in reductions in the number of manager vacancies, manager leavers and the number of weeks a vacancy has been outstanding by March 2019.



"Throughout the course I was supported by my assessor, Christine Brown. The course has helped me gain invaluable communication skills, which I can apply to all aspects of my life. Now I can confidently support the people I care for.

The course has enriched my skills and made me a more compassionate and competent support worker. I am very grateful for the support I've had to achieve this milestone.

The course has enriched my skills and made me a more compassionate and competent support worker."



Jomy Jose

2

Involvement of people we support

True quality of care can be measured through the individual experiences of each person being supported. We are committed to ensuring the people we support are continually and proactively involved in reviewing and improving the standard of care and support we provide.

Quality Checkers

Our team of Quality Checkers, experts by experience as they have lived experience of our services and support, are now an integral part of the quality audit framework. Following an interview process, they are trained to undertake quality audits within services. The success of the programme has now led to the introduction of Regional Quality Checkers in addition to the team of National Quality Checkers.

A conference is planned for early 2019-20 for the Quality Checkers to come together and share their learnings, experiences and plan for further improvements in the programme.

24

**National
Quality
Checkers**

By 31 March 2019 the team of 24, an increase of 9 on 2017-18, had undertaken 49 audits, supported by the Quality and Compliance team. The findings of the quality checkers are incorporated into the service's internal quality and compliance audit.

17 Regional Quality Checkers were recruited by their local Operations Manager. They have been supported to complete their Operations Manager's quality audit for services in their region.

17

**Regional
Quality
Checkers**



Engagement - Growing Together

The people we support also influence policy development, service planning and delivery of care and support at all levels of the organisation through regular regional and national Growing Together events. By taking a person-centred approach, all participants are enabled to contribute in ways that meet their own individual preferences.

93 people supported by Voyage Care attended 15 Growing Together events during 2018-19.

Annual Service Reviews

Annual service reviews engage all stakeholders including people who live at or use each service, staff, families and professionals. They provide a formal channel for feedback within services.

A summary report captures any required improvements and is shared with the quality team to inform planning and prioritisation. A review of policy and procedure was undertaken based on feedback and the people we support's questions were written in line with the eight areas of the Think Local Act Personal Report, including the 'I' and 'We' statements.



3 Positive outcomes

In developing our bespoke Quality Questionnaire, we have made person-centred quality of life outcomes a critical measure of quality across the organisation.

- The Quality Questionnaire tells us how well we are performing in meeting needs of individuals over time.
- The data can additionally be analysed at location or organisation level to identify underlying trends.
- It highlights where we need to improve and enables us to share evidence-based good practice.
- It provides assurance to those we support, families, commissioners and regulators, supporting outcomes-based commissioning requirements.

The Quality Questionnaire was issued for the first time in 2017-18. It was completed by / for 2,297 people we support in receipt of 24-hour support, which provided us with a wealth of insight. We have undertaken significant analysis and interpretation of the data. This includes reviewing the format and structure in readiness for it to run on an annual basis from early 2019-20. We expect this to lead to further improvements in completion rates and the quality of insight.



“

“Relatives gave examples of the positive impact staff had on their family member in enabling and supporting them to achieve good outcomes. One relative said, “[Name of family member] used to be anxious, depressed and physically inactive before they got any support. They have developed confidence and whereas at one stage they were reluctant to go out they now go to the gym. They are becoming healthier both mentally and physically and they are joyful company. This has happened because of the key part provided by Voyage Care (service).”

”

CQC report for Nottingham Supported Living (DCA), rated Outstanding



Lorenzo Drive: Brain injury rehab service

“Care planning supported people’s diversity and human rights. We found support for people who needed to promote their identity in terms of gender recognition. An advocate for one of these people spoke positively about the change and development of the person’s confidence and individuality due to the support they received.”

CQC Report for Lorenzo Drive

4

Positive assurance

We operate a robust suite of internal audit tools to ensure the quality of care and support is of a high standard and meets the requirements of our regulators and commissioners. All data and trends are reviewed regularly by our Quality, Safety and Risk Committee.

Service risk score cards

Our service risk score card measures each service’s performance monthly, against key risk indicators (e.g. Registered Manager status, staff turnover, outstanding training, agency hours) to identify and analyse patterns and implement action plans to address any negative trends. Exception reports are reviewed by the regional Managing Directors and Operational Managers as well as quarterly by our Quality, Safety and Risk Committee.

Internal audit results

During 2018-19:

- 100% of internal audits completed.
- 49 National Quality Checker Audits completed.
- 20 services re-audited through the year and gained a pass score.

Internal audit scores improved substantially through our focus on ‘back to basics’ with 90% of services attaining a score in excess of our expected compliance score of 70%, compared to 78% in 2017-18. In addition, the audit process was updated:

- An observational audit was successfully trialled.
- Electronic Operations and Service Manager audits were implemented.

Audit results for 2018-19 compared with 2017-18

2018-19								
% Audit Score	20.10%	30.10%	40.10%	51.10%	60.10%	70.10%	81.10%	90.10%
No. of Services	0	0	1	7	21	70	112	81
2017-18								
% Audit Score	Below 40%	40-50%	50%-60%	60-70%	70%-80%	80%-90%	90%-100%	
No. of Services	2	8	20	34	58	108	71	

4

Positive assurance (continued)

Health and safety

We require all managers to undertake regular safety inspections of the workplace and completed risk assessments. All implemented control measures must also be periodically monitored by managers to check for their ongoing effectiveness.

Accidents and incidents

Our bespoke case management system (CMS) is used for all accident and incident reporting. Managers are accountable for monitoring local incidents and implementing action plans. Reporting of allegations of all incidents is required regardless of severity and whether relating to internal or external incidents or concerns. All accidents and incidents are actively reviewed and monitored, thoroughly investigated and any resultant learning is shared as appropriate.

In spite of a 5% increase in the number of people we support, there was a 9% decrease in accidents. However, incidents increased by 18% year on year. The majority of the reported accidents and incidents were graded low in severity with minor or no impact on the people we support.

Accidents		Incidents	
2017-18	3,916	2017-18	13,641
2018-19	3,562	2018-19	16,097

Slips, trips and fall type incidents account for 62% of all accidents. Incidents of challenging behaviours account for 64% of all incidents. 10% of all accidents and incidents were graded as high or very high in severity, but our serious incident policy wasn't instigated during this period.

Medication errors

Our medication incident report, policies and procedures for both residential and community services are based around National Institute of Clinical Excellence's (NICE) best practice guidance documents.

255 incidents in 2018-19 were rated either high or very high, all of which resulted in a safeguarding notification. All individual incidents were reviewed, and any required action taken.

In line with NICE guidance we review our medicines-related incidents annually to identify and address any trends. In 2018-19 findings of this review were used to:

- Inform the review of our medication policy and procedure.
- Inform a review of medication training.
- Make improvement to our case management system.
- Share the learning with managers across the organisation.

A comprehensive review is being undertaken in 2019-20 to determine how to reverse the negative trend.



Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

79 incidents were reported to the Health and Safety Executive (HSE) under the requirements of RIDDOR in 2018-19, a reduction of 28% year on year. The reported incidents fall into the following

RIDDOR Reportable Events	2017-18	2018-19
Deaths	0	1
Injuries to non-workers	62	42
Over 7 day injuries to workers	38	31
Specified injuries to workers	11	5
Reportable occupational diseases	0	0
Dangerous occurrence	0	0

categories and, where required following review, changes were made to working practices and procedures to mitigate against future risk. The reportable death incident was investigated by Safeguarding and did not result in any regulatory action.

Infection, prevention and control

29 services identified infection control outbreaks, via submitted annual infection control statements during 2018-19, in compliance with the code of practice on the prevention and control of infections under the Health and Social Care Act 2008.

Food hygiene

55 (21%) of our registered residential homes received a food safety and hygiene inspection during the period 2018-19.

Food Hygiene Rating				
5*	4*	3*	2*	Low risk - no rating issued
38	5	1	1	10

Risk Management

We ensure risks to the people we support, the organisation and our staff are minimised by identifying and taking actions to mitigate them, in line with our policy and procedures. Our risk management approach is balanced against a positive risk-taking framework of supporting people to enjoy increased opportunities for exercising choice and control, and an acknowledgement of the implications of the capacity and / or incapacity for individuals in relation to decision making.

Challenging Behaviour Incidents

We monitor all incidents relating to challenging behaviour. There has been an increase in the number of such incidents each year reflecting the increasing number of people with more complex needs that we support. However, the incident trend shows a 10% reduction in the numbers of incidents of challenging behaviour down to 383 incidents per 1,000 people we support.

Incidents involving challenging behaviours have been analysed to identify their root cause to inform action/s required. The numbers of these incidents can be broken down into the categories shown in Figure A.

Whilst there has been an increase in the numbers of incidents involving challenging behaviours, the use of PRN medication has reduced 30% over the period from when active support was rolled out at the end of October 2018 and remained consistently lower than the preceding 6 months.

Note: physical interventions can range from holding someone's hands multiple times to the use of agreed restrictive interventions (Management of Actual and Potential Aggression – MAPA)

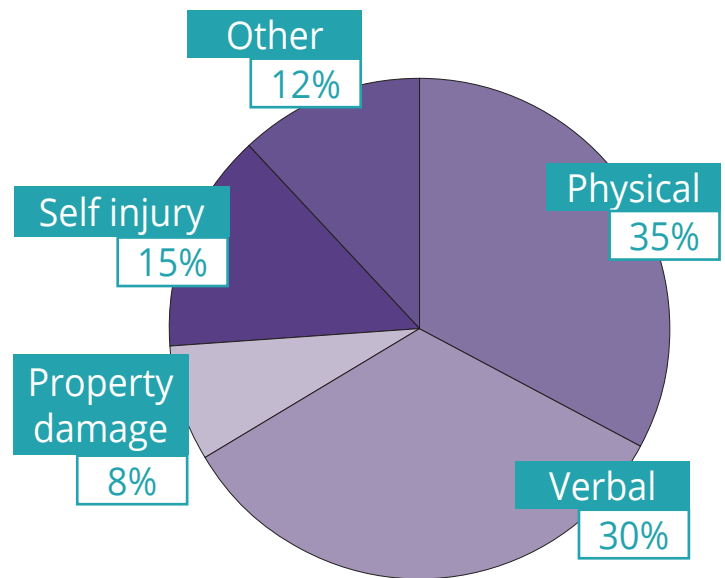


Figure A



"I want to praise the staff. They have done wonderfully hard work looking after us."



CQC report for Redbank House, rated Outstanding



Transforming Care for people with a learning disability and / or autism

Our specialist behavioural support services, a growing specialism, provide support in the community that aims to reduce reliance on in-patient care for young people and adults with a learning disability and / or autism who display challenging behaviour, including those with a mental health condition.

This means providing the right support in the community, such as supported living and transitional pathway support offered by residential care homes, at the right time for people who are:

- Within in-patient care, preparing or ready for discharge.
- At risk of being admitted to hospital.

Further development of this specialism is one of our priorities for the coming year.



“

“Thank you so much for accepting me and getting me out of hospital. I am so happy to be here, I really like it, I'd like to thank the social workers too.

”

**A person we support at
Ruddington View**



4 Positive assurance (continued)

Complaints and compliments

Complaints and compliments management is an essential and positive part of our assurance process. Complaints are recorded and managed either locally by managers, or by our Risk and Governance Manager depending on their severity. Although there were 220 cases logged, the number of complaints per 1,000 people we support for each Managing Director show a reduction.

We were delighted to receive 204 compliments from people we support, family members, staff members, GPs and health and care professionals.

Whistleblowing

64 incidents of whistleblowing were received in 2018-19, from a variety of sources including professionals, family members, staff and neighbours. All concerns and disclosures were thoroughly investigated, with feedback provided to the whistleblower and, where appropriate, the learning shared across the organisation through briefings and policy updates.

Duty Candour

77 duty of candour letters have been sent from Voyage Care during the reporting period.

Financial assurance

In order to prevent the risk of financial abuse, in 2018-19 we undertook 84 business assurance audits across services in our six operational regions. There was an increase in services receiving an audit score of greater than 90% and a reduction in those achieving less than 70% when compared to audit scores from the previous year.



5

Consistent delivery of quality care and support

Accreditation

We encourage our homes and services to obtain accreditation from respected external organisations to provide independent assurance of the specialist care and support we provide.

- **National Autistic Society (NAS):** We are supporting 34 services who are working towards accreditation with NAS over a 12-18 month period. The first of these services has been assessed by NAS and has successfully been accredited ahead of schedule.
- **Headway:** All brain injury rehabilitation specific services are accredited through Headway's provider standards. It highlights where we need to improve and enables us to share evidence-based good practice.

Shaji Rajamony
Specialism
implementer



"Autistic people are able to be themselves, staff understand autism and have become advocates for the autistic community."



Professionals and relatives we spoke with told us the service was very good at noticing changes in people's health and making appropriate referrals to health professionals. One relative said:

"The joined up care with the health professionals has been great, the really handle medical needs well going above and beyond to arrange and co-ordinate things."



CQC report for Moorfields

Clinical effectiveness

Continual improvements are often identified and primarily instigated by operational teams in the course of delivering excellent person-centred care and support. We encourage the sharing of these innovations and update policy and procedure, and our audit framework to reflect approved operational developments as well as any new guidance, best practice or regulatory requirements. During 2018-19 gap analyses were undertaken for new Welsh regulations, medication guidance and behavioural support.

During 2018-19 we reviewed best practice guidance, and over 10 policies and procedures were developed or amended, including end of life, transition, transcribing and behaviour support and restrictive practices.

Priorities for operational and quality improvements

1 Back to basics

ACHIEVED

Internal audit scores improved significantly through our focus on 'back to basics', with 90% of services attaining a score in excess of our expected compliance score of 70%, compared to 78% in 2017-18. This has been reflected in improvements in our regulatory ratings.

2 Active support / positive behavioural support (PBS)

PARTIALLY ACHIEVED

The roll-out of active support to all staff began in October 2018 via the issue of a positive behavioural support and active support policy and procedure and associated resources. It had an immediate impact, with a 10% reduction in incidents of challenging behaviour per 1,000 people in the quarter following deployment. Working alongside an external consultant, members of the Quality team delivered training to all managers to introduce and embed active support within their services. PBS is used to support teams who support people who display challenging behaviours to a high degree of frequency, intensity and duration (approximately 5% of the people we support). An action plan was produced (identifying key timescales and action owners) and kept under review to monitor progress of the implementation. Updates were provided to our Quality, Safety and Risk Committee and Board. Mandated requirements (e.g. active support documentation, individual and service competency assessments and observational audits) will be incorporated into our internal audits in 2019-20 and we anticipate further improvements will be realised.



3 Measuring outcomes – including education, employment, quality of life

Whilst our innovative Quality Questionnaire wasn't re-issued to people we support this year, we have undertaken significant analysis and interpretation of the data as well as reviewing the format and structure of the questionnaire. In response to feedback, further steps have been taken to improve the process of measuring the outcomes of the people we support in readiness for the questionnaire to launch in a range of more accessible and digital formats on an annual basis from early 2019-20. We expect these changes to result in further improvements in completion rates and the quality of insight.

The Quality Questionnaire was reformatted to make it easier to complete and it was also updated to include important indicators, including the NHS Data Report measures.

This new format has been well received in a pilot undertaken within 25 services, and their feedback informed the revised Quality Questionnaire and standardisation of quality outcome measure reports, which demonstrate where people have been supported to achieve their desired outcomes.



4 Developing other specialisms

PARTIALLY
ACHIEVED

Following the successful launch of three specialisms in the year to 31 March 2018, our focus in 2018-19 was ensuring our autism, brain injury rehabilitation and Prader-Willi syndrome specialisms were embedded in everyday practice and agreeing a roadmap for the development of future specialisms. Whilst no new specialisms were fully launched in 2018-19, the roadmap set out plans for the development of mental health and specialist behavioural support services specialisms.

- The mental health action plan sets out the implementation activities, identifying key timescales and action owners to achieve implementation in Autumn 2019. Progress is being monitored through regular updates provided to our Quality, Safety and Risk Committee and Board.
- The specialist behavioural support services steering group progressed development of policy and procedure documents, resources and training for managers and assessment documentation in readiness for launch in Summer 2019.

5 Improving accessibility of policies and procedures

PARTIALLY
ACHIEVED

We have made some progress in ensuring policies and procedures are issued in accessible formats, including:

- 100% of new and reviewed policy and procedure issued from July 2018 have a one-page summary, which supports staff by clearly identifying the 'must dos' for their role.
- Our concerns, complaints and compliments policy and procedure has been provided to people we support using clear words and pictures.
- A range of easy read information, for use by people we support, has been made available. This is split into the subject headings of abuse / bullying / hate crimes, health, household and police and criminal.



6

Increasing the number of services that are assessed as being Outstanding

ACHIEVED

During 2018-19, overall compliance against CQC requirements peaked at 95.3% of our registered locations being assessed as Good or Outstanding. To support further improvement in regulatory compliance, an Achieving Outstanding resource pack was distributed to all services. It sets out tips, checklists, advice and examples on how to achieve Outstanding and includes a folder to store examples of outstanding practice. This focus resulted in the following achievements:

- Five additional services in England rated Outstanding in 2018-19, ending the year with eight services rated as Outstanding by CQC.
- A further seven services in England were assessed as having one key line of enquiry rated as Outstanding, following their CQC inspection. A total of 16 services with an Outstanding element.
- All services within Scotland remain 100% overall compliant to their regulatory requirements and one service achieved a level 6.
- All services in Wales are 100% compliant with the Welsh regulatory requirements.

Looking forward to 2019-20:

Each year we set out our key priorities to improve the quality of the care and support we provide. These plans include how we expect to achieve and monitor progress of these operational and quality developments. Our priorities for quality improvements in 2019-20 are:

1 Specialisms

Why is it a priority?

To ensure we continue to deliver specialist care and support that meets people's needs, we will deploy additional specialisms focused on those with complex needs.

How will it be achieved?

Through following the rigorous process established for developing prior specialisms we will develop and deliver the following specialisms:

- specialist behaviour support services
- mental health

We will also further consolidate the delivery of active support and PBS in practice through an external review by BILD, looking at activity completed to date and identification of what further action is required.

How will it be measured?

Completion of activities identified in the resultant action plan and the resulting improvements in internal audit scores and annual service review outcomes.

2 Measuring outcomes - including education, employment, quality of life

Why is it a priority?

To support people to live the life they want and achieve their goals.

How will it be achieved?

Through completion of the Quality Questionnaire, which enables identification of the impact the support we provide has had on their outcomes, by all people we support (who are supported for 24 hours).

How will it be measured?

The Quality Questionnaire uses Personal Outcome Measures (POMs) as a person-centred quality of life measurement. The data collected from the Quality Questionnaire gathered in 2019-20 will be compared against the 2017-18 data to determine any positive changes and / or improved outcomes for people. The findings will be shared in quality outcome measure reports.





3 Improving the quality and consistency of care

Why is it a priority?

It is recognised that completion of paper-based documentation can lead to ineffective use of resource, inadvertent inconsistency and can hamper the ability to understand key data and trends as well as impacting on appropriate sharing of information with regulators and other professionals.

How will it be achieved?

We are investing in a pilot to test the use of electronic care and support documentation.

How will it be measured?

More efficient completion of care and support documentation.
Increased understanding of underlying trends and outcomes.

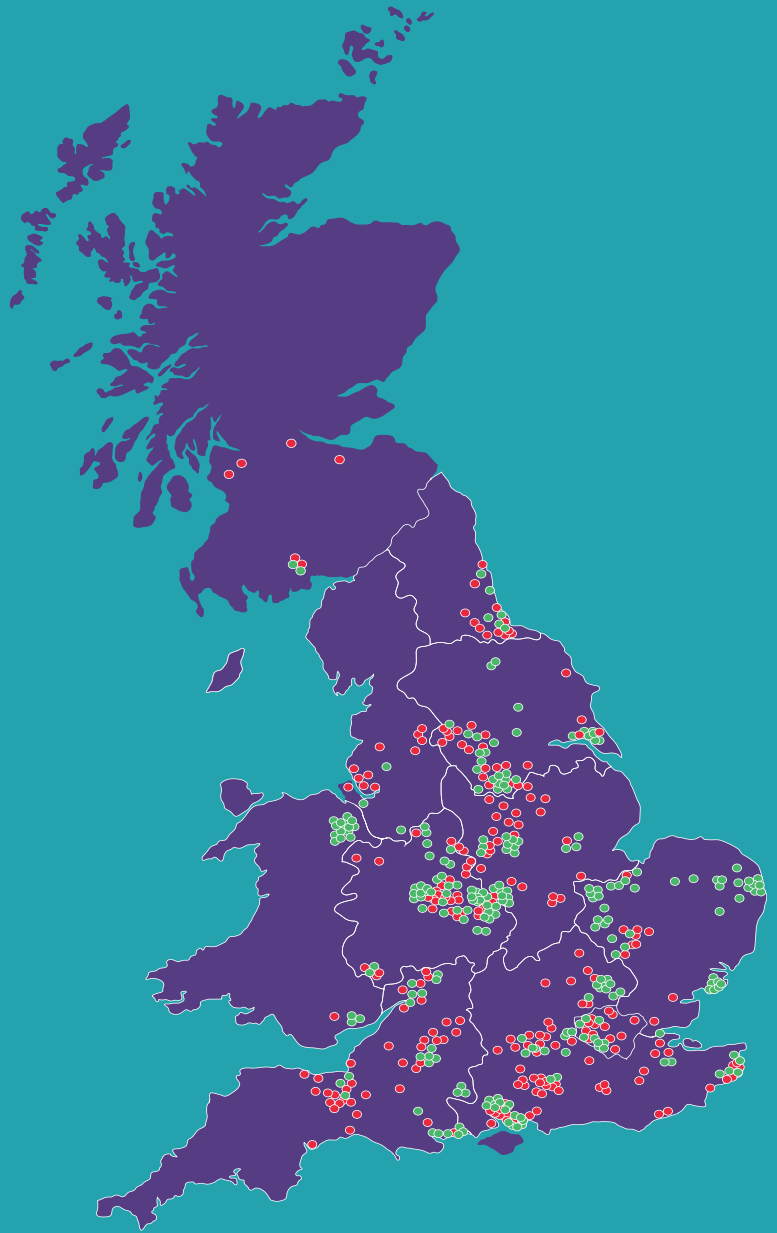


Voyage Care are the sector leading provider, with over 30 years' experience of specialist care and support. We support about 3,500 people with learning disabilities, autism, brain injuries and complex needs across the UK.

Whether it's supporting someone in their own home, to access the community or in a registered care home, we provide exceptional person-centred care and support. We enable people to live as independently as possible — where, how and with whom they choose.




Our highly trained, specialist teams use an individualised approach to support.

We're committed to supporting people in a way that works for them – with reliability and consistency. The people we support and their loved ones can be assured that their needs are at the centre of all we do.



Get in touch

Interested in care and support for a client, yourself or a loved one? Get in touch with our friendly enquiry team today!

 0800 035 3776
 referrals@voyagecare.com
 www.voyagecare.com

