

Quality Account

2019 – 2020



Delivering great quality care & support

voyagecare 



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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).

”

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

A statement from our Quality, Safety and Risk Committee



This Quality Account, our third annual report, covers the year to 31 March 2020. Unprecedented has become an overused word in recent months, but the final quarter of this reporting year saw the emergence of the COVID-19 pandemic which had a significant impact on the lives of our employees and those we support. So, whilst we once again are pleased to share many achievements, we also acknowledge that this period was impacted by the actions we took to ensure we prepared effectively for the pandemic.

Our preparedness, however, doesn't just date back to the early days of the pandemic but is grounded in the extensive work we have undertaken in recent years, evidenced in previous Quality Accounts, to establish our rigorous operational, quality and governance frameworks. This infrastructure enabled us to have the foresight to quickly convene a crisis committee to lead our COVID-19 response. We committed to communicating effectively, showing strong leadership and direction, being agile, celebrating the positive response of our teams and focusing on the wellbeing of our staff and the people we support. This decisive action undoubtedly impacted positively on the success of our early responses to the pandemic.

Despite the challenges in responding to COVID-19, it remains vitally important to us that 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.

At all times our 11,000 employees are united in a shared purpose: to deliver great quality care and support. Their unceasing dedication and supportive ethos enable 3,500 of the most vulnerable people across the UK to live fulfilling and meaningful lives.

As the foremost provider of specialist care and support to people with learning disabilities, autism, brain injuries and complex needs, our resolute focus on delivering person-centred care is what drives our sector leading quality outcomes. This year we increased the number of our English services rated as Outstanding by the Care Quality Commission to 14, up from eight in the previous year, and a further 13 are now Outstanding in at least one key line of enquiry. 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. In Scotland and Wales all our registered services continue to be graded overall compliant. This recognition by our external regulators is also reflected in evidence gathered through our internal auditing and monitoring processes. We are pleased to have sustained positive

trends across a number of key internal metrics; internal audit scores continue to improve, further reductions in incidents of challenging behaviour and the use of restraint were recorded and, as a result of the STOMP initiative, medication was reduced for 300 more people.

Our focus on measuring the true quality of care through the individual experiences of each person being supported drives our sustained investment in our innovative Quality Questionnaire. The questionnaire measures the quality of experience of the people we support, recognising that conventional quality metrics in the health and social care sector often fall short of measuring the outcomes that really matter to individuals; their quality of life and wellbeing. As the outcomes, shared in this Quality Account and the Quality Questionnaire key findings report show, we can now evidence individual progress over time and how our support is enabling people to make meaningful improvements in the quality of their life. At an organisational level we are identifying positive trends and areas where we have the opportunity to make further improvements. The data from our

most recent Quality Questionnaire shows positive progression in the vast majority of measures across all eight areas of the questionnaire, including; health, participation in daily life and choice making, involvement in their community and their quality of life.

99.7%

of respondents to our Quality Questionnaire feel safe & secure all / sometimes

We are always guided by the people we support in defining how we develop and grow, and the positive findings in our Quality Questionnaire are also reinforced by the continuing success of our Quality Checker programme. Our team of Quality Checkers, experts by experience, has now grown to 48. The unique insight they bring to their audit findings has become crucial in identifying refinements to practice, which further improve the lives of others.

We hosted a conference for the team, of which a highlight was a workshop run by two of the team themselves on 'Being a Quality Checker'.





We cannot express how proud we are of this team; the skills and confidence the volunteers have developed really demonstrates the importance of this programme. We are delighted to see a significant increase in the number of people we support accessing work experience or employment. We are delighted to see a significant increase year on year in the number of people we support accessing work experience or employment. The total of 80 people represents 6% of the population surveyed which, whilst comparable to the national average, is a particularly positive achievement given the higher acuity of the people we support. However, we remain committed to doing even more in the coming years to further increase people's progression opportunities.

Our commitment to meeting the needs of those we support guides the ongoing development of our specialisms, and this year we are pleased to have opened Esmer House, a new registered care home specifically for people with Prader-Willi syndrome, as well as celebrating a further seventeen of our autism services

“

The exceptional level of detail in people's care plans combined with comprehensive specialised training empowered staff with the confidence and knowledge to support people in a highly person-centred way which had positive outcomes for people.

”

extract from CQC report for
1 Sheringham Avenue

gaining full National Autistic Society accreditation. Two of these services also obtained an Outstanding rating from the Care Quality Commission.

We are also heartened by early results from our Specialist Behavioural Support Services specialism. Since launch we have commenced support to 39 people with the most complex learning disability and/or autism, and who exhibit high-risk behaviours, enabling them to be discharged from inpatient settings into a home in the community and also preventing them from being re-admitted to hospital. Their successful transition was underpinned by open and transparent working with our regulators, commissioners and fellow health and care professionals. Close collaboration with all our stakeholders is at the heart of our approach. We proactively seek out their insights and feedback to ensure we are continuously refining care and support delivery.

This curiousness and openness to learning is an attribute we encourage throughout our extraordinary staff teams. Their views and experiences are sought at all times to capture the best of our organisation in all we do. Our staff take enormous pride in ensuring that the well-being of the people we support is central to their everyday practice; bringing to life our ETHOS values. Our annual staff awards, the Voyage Excellence Awards, highlights the incredible range and depth of talent and skill amongst all our teams. We are thankful every day for the commitment and compassion of our staff and are pleased that in recent months their work is being increasingly recognised as being highly skilled and of equal merit to our healthcare colleagues.

We value the opportunity our Quality Account provides to shine a spotlight on the outstanding achievements of many who work for us and are supported by us. It is for this reason, along with a wider sense of accountability and transparency, that we produce an annual Quality Account, even though it is not mandatory for social care providers. Despite the challenges presented by COVID-19 we have made significant progress in many areas, such as our regulatory outcomes, but progress didn't reach the levels we expect of ourselves in some areas, and

we will take forward a commitment to address these in the coming year. Notwithstanding the unknown impact of the continued pandemic, we have once again set challenging targets for 2020-21.

We remain very proud of all we have accomplished to enable the people we support to live fulfilling lives and achieve their goals, but remain committed to further improvement and are inspired to deliver even greater outcomes in 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



Summary

We had a successful year with many positives; achieving both improvements in most key operational and quality metrics as well as continued growth: Voyage Care is supporting more people than ever before. We have continued to make good progress against many of the priorities we set for ourselves, but we are never complacent and have identified some areas where there are further improvements for us to focus on.

- 14 of our services are now rated Outstanding by the Care Quality Commission (CQC), with a further 13 having Outstanding elements
- All our registered services are graded overall compliant in Scotland and Wales. Treddinnoch, one of our Scottish locations, is rated six - Excellent
- The number of people supported by us increased by 3% year on year.
 - Hours of support provided in community settings increased by 16.3% to 106,200 hours per week with support provided to over 1,500 people in community settings
 - Occupancy rates in our care homes increased to 94.2%
- 18 additional services opened, with the capacity to support 120 people and deliver around 9,000 weekly hours of support, including specialist services for people with Prader-Willi syndrome, mental health conditions and Specialist Behavioural Support Services which are for people with a learning disability and/or autism who are either preparing for discharge from inpatient settings or are at risk of admission.
- Our continued programme of continuous improvement and practice development enabled positive improvements in our internal audits to be maintained.
 - 91% of services attained a score in excess of our expected compliance score of 70%.
 - 96 audits were undertaken by our Quality Checker team, experts by experience who are trained to undertake quality audits within services. The team grew by seven to 48 members.
- Further progress was made in our specialist services, with 17 autism services gaining full National Autistic Society accreditation, of which two also obtained an Outstanding rating with CQC.
- A further 1.6% reduction in the numbers of incidents of challenging behaviour per 1,000 people we support was achieved as a result of our continued commitment to Active Support and Positive Behavioural Support.
- Hive, our new intranet, was launched and had 1.25 million page views in its first six months, significantly enhancing engagement with our teams and ensuring vital news and policy and procedure updates are available to all our teams at all times.



Our priorities: looking back at 2019-20

We fully achieved one of three quality priorities and partially achieved two priorities.

1. Specialisms

- **Specialist Behavioural Support Services:** successfully launched and support has commenced, or implementation is underway, for 39 people
- **Mental Health:** not completed – carried forward



2. Measuring outcomes – including education, employment, quality of life

- 90% of 2,754 people we support eligible to complete the Quality Questionnaire fully participated
- The data, collated in a [Key Findings report](#), shows positive progression in most quality of life measures across all eight areas



3. Improving the quality and consistency of care

- A pilot for the use of electronic care and support documentation was successfully completed.
- Further work will be taken forward on this key priority in 2020-21



Our priorities for 2020-21

We are carrying over some actions in relation to those priorities not fully achieved and have set additional 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. Measuring outcomes attainment for people we support
2. Specialism development
3. More involvement by the people we support

About Voyage Care

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

Seven Managing Directors, under management of our Chief Operating Officer, lead dedicated regional teams who provide consistent, high-quality care and support to approximately 3,500 people across the UK. Our 11,000+ employees 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 guide how we engage with stakeholders, and the behaviours we expect to see in each other as we work towards our core purpose of delivering great quality care and support. The ETHOS values were co-created by our staff and the people we support based on their priorities. Our values are embedded throughout our organisation; and have a role to play in care planning and review, recruitment, internal quality audits, learning and development, appraisals and reward and recognition.

**Empowering
Together
Honest
Outstanding
Supportive**



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?

This, our third annual report to the public and other stakeholders, reviews the quality of the services we provide and covers the period from 1 April 2019 – 31 March 2020. 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.

Operational and quality achievements

- What we achieved: provides an overview of our achievements in 2019-20
- Review of quality: measures our progress against each of the five goals of our quality framework

Our key priorities

- Looking back over 2019-20: 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 2020-21: Sets priorities for operational and quality developments and how they'll be achieved and measured

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 report 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.

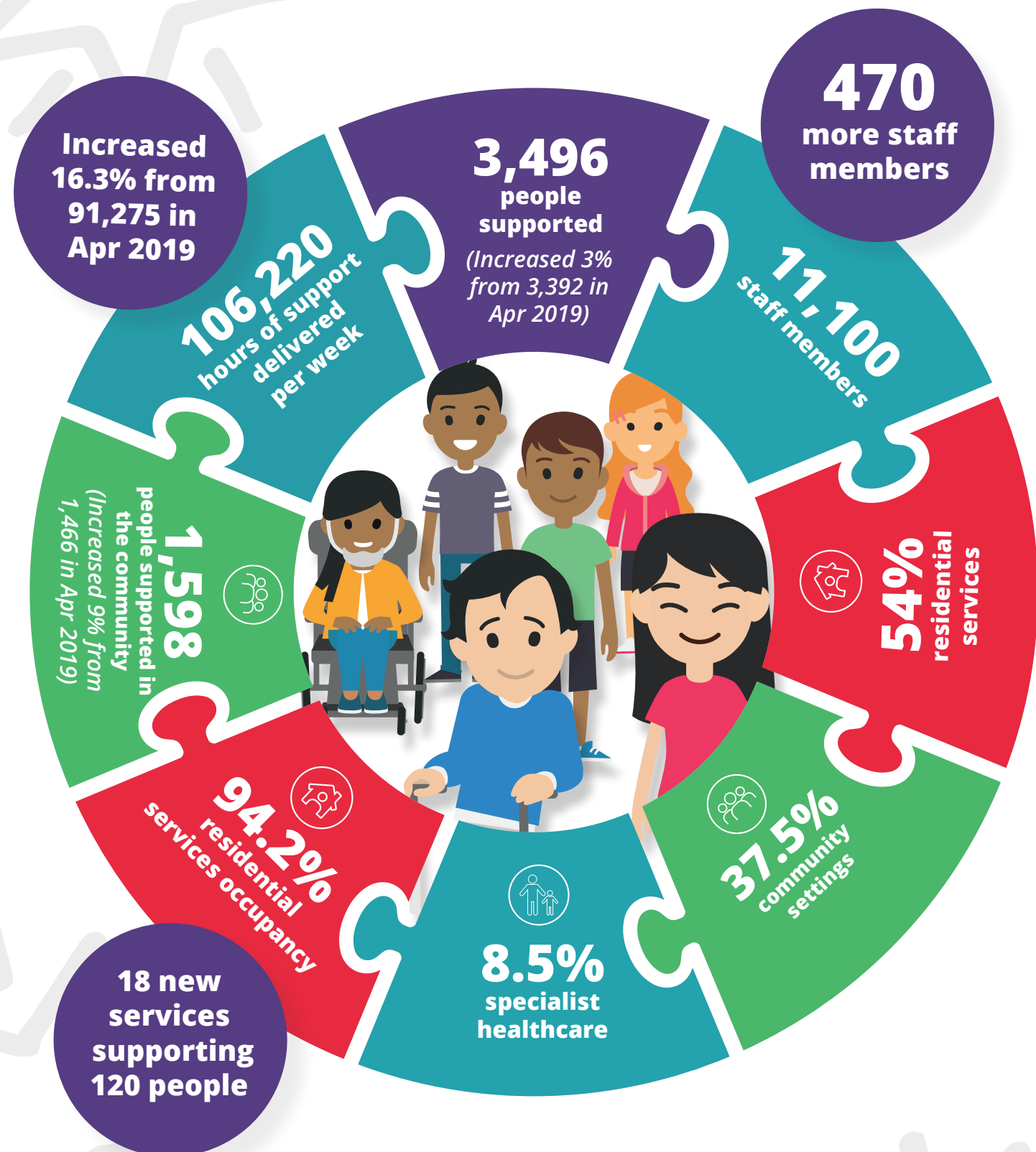
An easy read version of this Quality Account is available and in future years we will seek to share the findings of the Quality Account in other accessible formats.

Operational and Quality achievements

The dedication and commitment of our operational teams has ensured we remain the sector leader for regulatory compliance with more 'Outstanding' and 'Good' services in England than any other adult social care provider. Our registered services in Scotland and Wales remain 100% compliant overall.

As we continue to grow and develop as an organisation there have been many other achievements in this period which are worthy of recognition:

- New milestones achieved in the growth of our community support specialisms
 - Supporting over 1,500 people in community settings
 - Providing over 106,000 hours of support per week by March 2020
 - 15% growth in supported living capacity, increasing to 1,220 places, as a result of our innovative partnerships with housing providers and developers
- 18 new services were mobilised with capacity for 120 people and they are already providing over 9,000 hours of support
 - Acquisition of Fox Elms Limited a group of services in the Gloucester area providing 3,000 hours of support for 35 people which provide support for people with learning disabilities, mental health or acquired brain injury
 - Nine community services supporting 50 people delivering 3,800 hours per week won through competitive tender including specialist supported living for people with mental health, complex autism and learning disabilities
 - Five new developments providing 1,500 hours of support per week to 28 people in four community settings and Esmer House, a specialist registered care home for six people with Prader-Willi syndrome
 - Six of these are being delivered through Specialist Behavioural Support Services, our innovative specialism for people stepping down from in-patient settings or for preventing admission



95%

of our services have a Good or Outstanding rating from CQC in England.

14

services rated as Outstanding by CQC, with a further **13 having Outstanding elements.**

100%

of our registered services are graded overall compliant in Scotland and Wales. Treddinloch, in Scotland is rated **6 - Excellent.**

Review of Quality

We have a robust quality framework which provides vision and direction for all organisational processes associated with the quality of care and support. Within this framework, proactive support is provided as required, responding to any identified operational need.

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, recognising that engaged teams have the greatest positive impact on quality outcomes.

In 2019 we began development of a new People Strategy that establishes a framework for recruiting the best talent, engaging our people and maximising their potential. The strategy will be vital to our ongoing success over the coming years. Feedback gained from a series of roadshows with colleagues across all our areas of the organisation has informed the workstreams and priorities for delivering our People Strategy.

Open and responsive communication

Open communication is central to our positive culture and we 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.

In October 2019 we launched Hive, our new intranet, which had 1.25 million page views by March 2020; delivering a step-change in engagement across the organisation. Hive is available to all our employees and is the hub for planned and reactive communication. It empowers our colleagues to connect with each other and access the latest news, information and guidance. Hive has been central to the effectiveness of our communications relating to COVID-19, enabling the effective dissemination and monitoring of alerts and updates in the early stages of the pandemic.

Planned:

- Regular briefings via Hive, email and team meetings
- Quarterly managers' briefing calls, town hall meetings, and leadership meetings: held face to face and on virtual platforms to maximise safe participation
- Quarterly magazines for staff and people we support: print, digital and easy read
- Daily sharing of guidance and news on Hive and corporate social media channels

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 on-boarding, induction and development programmes, leading to a 4% improvement in employee retention
- 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. The awards attracted over 1,000 nominations

“

It meant a lot for us to win! We worked very hard, we work with a great staff team. Collectively we are the best we can be for the people we support.

”

**Voyage Excellence Awards
2019 winner**

“

I am lost for words, I really am! It is a team effort. This award is a representation of what my team do on a day to day basis for the people we support.

”

**Voyage Excellence Awards
2019 winner**



Voyage Excellence Awards, 2019

1 Competent caring staff (continued)

Learning and development

Our in-house accredited (Ofsted: Good) learning and development team deliver on our commitment to maximising the 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.

Face to face courses	
Courses booked - 5,970	Courses run- 4,743
Qualifications	
Numbers of learners - 537	Numbers of completers - 220
Management and leadership development	
Courses booked - 197	Attendees - 2,068
E-learning	
Numbers of learners - 608	



98% of delegates rated the relevance of our content to their role as good or excellent.

98% of delegates an increase of 1.74% rated our content (presentations and handouts etc.) as good or excellent.

99% of delegates rated our trainers as good or excellent on knowledge of subject matter.



Leadership academy

The rolling programme of Leadership and Management training has continued with regular evaluation of the programmes offered. Feedback has been used to update content to ensure training remains relevant, for example piloting a Branch Manager programme. Face to face delivery was withdrawn during March 2020, due to COVID-19, leading to a review of programme design and a move to more on-line training.

Apprenticeships

Young apprenticeships in Health and Social Care continue to encourage young people into the sector. 78% of apprentices completed their qualification and 70% of all learners achieved a Distinction grade when being assessed on the skills, knowledge and behaviours they developed, a sustained improvement on prior years.

In addition to specialist care and support apprenticeships we introduced other sector qualifications including HR, Recruitment, Customer Service and Administration.

Registered Managers

To support the achievement of outstanding regulatory outcomes, we have also worked hard to improve manager recruitment and retention, and this is a key workstream in our People Strategy. By March 2020 we only had 5 manager vacancies and continue to strive to reduce this further.



“

I thoroughly enjoy this role and the enjoyment and challenges that come with it. The fulfilment from the residents that live happily at Woodlands makes everyday a great day.

”

Anthea, Service Manager

2 Involvement of people we support

The individual experience of each person being supported is the true measure of quality of care. 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 receive our support, are now an integral part of the quality audit framework. Following an interview process, they are trained to undertake quality audits within services, including electronic audits, which generate a score and action plan in line with those undertaken by our other internal auditors. Over this year the team grew to 48 National Quality Checkers and Regional Quality Checkers and they undertook 96 visits.

In June 2019 we hosted a two-day conference attended by 39 Quality Checkers, including a workshop on 'Being a Quality Checker' delivered by 2 of our Quality Checkers. In November 2019, 13 of the National Quality Checkers met with our Quality and Compliance Managers for a standardisation meeting allowing them to share experiences, enhance their knowledge and develop their role.

20

National
Quality
Checkers

By 31 March 2020 the team had undertaken 46 audits, supported by the Quality and Compliance team. The findings of the quality checkers are incorporated into internal quality and compliance audits.

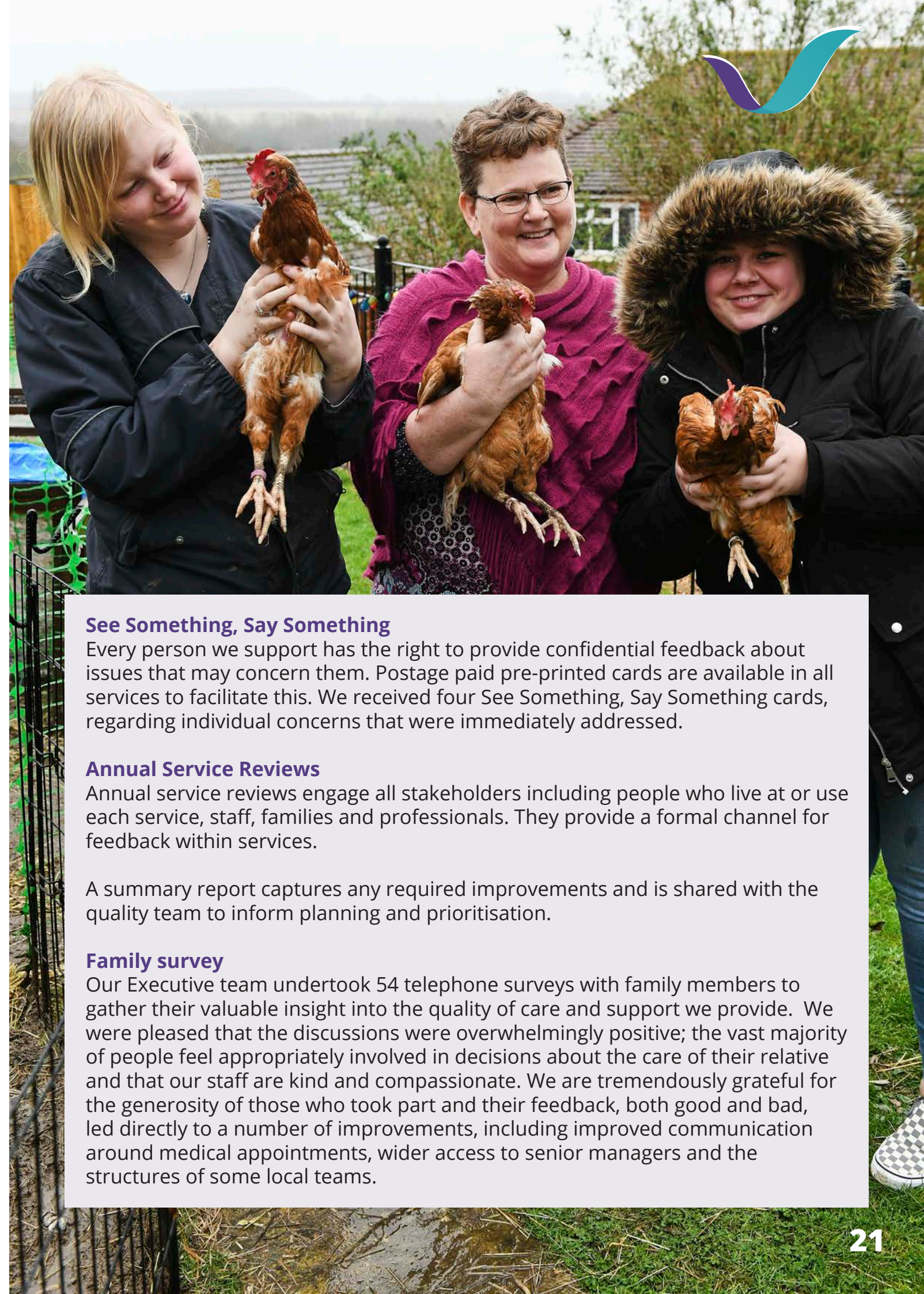
By 31 March 2020 we had recruited a further 11 Regional Quality Checkers, who undertook 50 visits, which is a significant increase on the previous year. They have been supported to complete the Operations Managers quality audit for services in their region.

28

Regional
Quality
Checkers

Engagement – Growing Together

126 people supported by Voyage Care attended 39 Growing Together events during 2019-20. This is a 35% increase year on year. The outcomes of these events influence policy development, service planning and delivery of care and support at all levels of the organisation. By taking a person-centred approach, all participants are enabled to contribute in ways that meet their own individual preferences.



See Something, Say Something

Every person we support has the right to provide confidential feedback about issues that may concern them. Postage paid pre-printed cards are available in all services to facilitate this. We received four See Something, Say Something cards, regarding individual concerns that were immediately addressed.

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.

Family survey

Our Executive team undertook 54 telephone surveys with family members to gather their valuable insight into the quality of care and support we provide. We were pleased that the discussions were overwhelmingly positive; the vast majority of people feel appropriately involved in decisions about the care of their relative and that our staff are kind and compassionate. We are tremendously grateful for the generosity of those who took part and their feedback, both good and bad, led directly to a number of improvements, including improved communication around medical appointments, wider access to senior managers and the structures of some local teams.



3 Positive outcomes

Our innovative Quality Questionnaire measures the quality of experience of the people we support, recognising that conventional quality metrics in the health and social care sector often fall short of measuring the outcomes that really matter to individuals; their quality of life and wellbeing. The person-centred quality of life outcomes tracked in the Quality Questionnaire are critical measures of quality across the organisation.

There are multiple benefits gained from undertaking the Quality Questionnaire. For individuals, we can evidence their progress over time and how support is enabling them to achieve their goals as we have year on year comparisons in their outcomes. For the organisation it highlights the impact we have by identifying positive trends and areas where we can make further improvements as data can be analysed at individual, location or organisation level. It enables us to share evidence-based good practice and provides assurance to our stakeholders (families, commissioners and regulators) of progress against identified outcomes.

The findings of our most recent Quality Questionnaire are available [here](#) and we are pleased the data shows positive progression in the vast majority of measures across all eight areas covered by the questionnaire.



“

People who used the service and relatives were confident staff were appropriately skilled, competent and knowledgeable about their needs.

A person who used the service said, “Yes, staff know me and understand what support I need.”

Another person said, “I was introduced to my staff at the beginning, the staff are like friends now, they really know and understand me and that makes me feel really good.”

”

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

Esmer House is a new specialist registered care home supporting six people with Prader-Willi syndrome.

“There are so many different things that a person with Prader-Willi syndrome faces. People always associate it with just having an obsession with eating - it is so much more than that. We want to help them live a normal life”

Service Manager, Alex

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 which is a group of the Voyage Care Board.

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. The measures were amended during the year to focus on different areas of concern/risk as they arose.

Internal audit results

91% of services attained a score in excess of our expected compliance score of 70%, maintaining the positive trend recorded last year:

- 302 internal audits completed, including repeat audits. Some audits scheduled for March 2020 were not completed due to COVID-19
- 951 Operational Managers audits completed
- 17 services were re-audited through the year and gained a pass score
- 42 observational audits completed with 11 gaining a 100% score

Audit results for 2019-20 compared with 2018-19

2019-20							
% Audit Score	Below 40%	40-50%	50%-60%	60-70%	70%-80%	80%-90%	90%-100%
No. of Services	0	1	6	18	71	105	80
2018-19							
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 complete 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 is used for all accident and incident reporting. It automatically alerts operational and senior management about incidents that are graded high or very high to ensure they are managed effectively. 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.

Despite a 3% increase in the number of people we support, accidents reduced again this year, by 4%. Slips, trips and fall type events accounted for 64% of all accidents. However,

Accidents		Incidents	
2018-19	3,562	2018-19	16,097
2019-20	3,428	2019-20	16,934

incidents increased by 5% year on year, reflecting the increasing acuity of the people we support. The majority of the reported accidents and incidents were graded low in severity with minor or no impact on the people we support. Incidents of challenging behaviours account for 64% of all incidents. 13% 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 reporting policies and procedures for both residential and community services are based around National Institute of Clinical Excellence's (NICE) best practice guidance documents.

In line with NICE guidance we review our medicines related incidents annually to identify and address any trends. Analysis of 1,655 medication errors for the period January 2019 to January 2020 identified that were 624 recorded as high/very high as they were safeguarded, an increase from 369 in the prior year. All individual incidents were reviewed, analysed and any required action taken e.g. updates made to our medication policy, procedure, forms and training. We share the findings of all reviews with managers to embed learning and improve local practices where necessary. A contributing factor to the increase in incidents this year was the move to original box dispensing and we swiftly implemented new training to address this issue.

Additionally, we are updating our Case Management System to enable more granular analysis of medication errors by type, category and staff involved, comparing metrics based on the number of medications dispensed across dispensing times in a day.

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

74 incidents were reported to the Health and Safety Executive (HSE) under the requirements of RIDDOR in 2019-20, a reduction of five incidents year on year. The reported incidents fall into the

following 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. Injuries to non-workers declined by 38% year on year. We had two cases under the Dangerous Occurrence category. They were separate incidents which involved overhead hoists for which we didn't have maintenance responsibility. Investigations took place which revealed equipment failure; action was taken and replacement equipment sought from the equipment owner.

RIDDOR Reportable Events	2018-19	2019-20
Deaths	1	1
Injuries to non-workers	42	26
Over 7 day injuries to workers	31	31
Specified injuries to workers	5	14
Reportable occupational diseases	0	0
Dangerous occurrence	0	2

Infection, prevention and control

31 services identified infection control outbreaks. 11 of these services had COVID-19 suspected cases between January and March 2020. These infections were submitted as part of the annual infection control statements during 2019-20, in compliance with the code of practice on the prevention and control of infections under the Health and Social Care Act 2008.

Food hygiene

48 (18%) of our registered services received a food safety and hygiene inspection during the period 2019-20, of which 37 received a 5* food hygiene rating.

Food hygiene rating				
5*	4*	3*	2*	Low risk - no rating issued
37	1	1	1	8

Risk Management

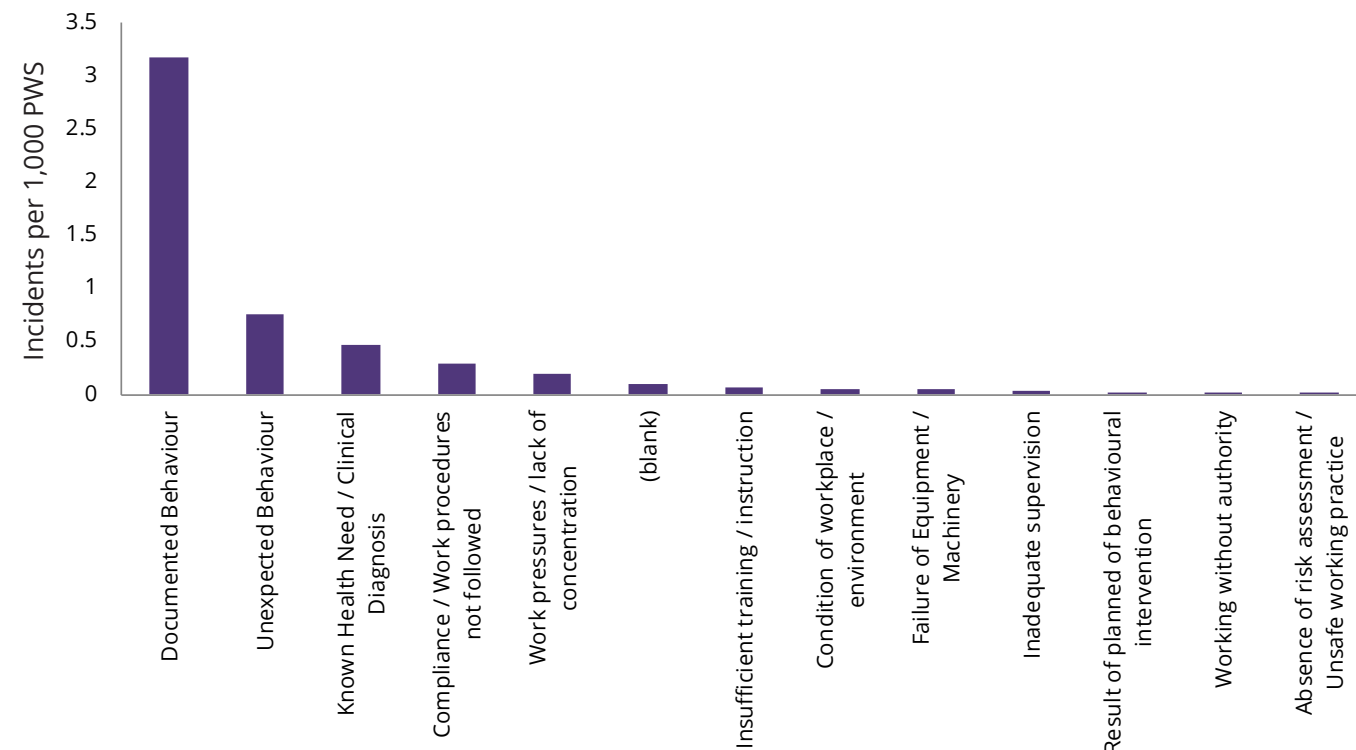
We ensure risks to the people we support, the organisation and our staff are minimised by identifying and taking actions to mitigate them, in line with our policy and procedures. Our risk management approach is balanced against a positive risk-taking framework of supporting people to enjoy increased 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.

4 Positive assurance (continued)

Challenging Behaviour

We monitor all incidents relating to challenging behaviour. There has been a 1.6% reduction in the numbers of incidents of challenging behaviour per 1,000 people we support this year. Incidents involving challenging behaviours have been analysed to identify their root cause to inform actions required, e.g. reviewing policies and procedures, introduction of targeted auditing, deployment of Positive Behavioural Support in selected areas, and implementation of clinical supervisions and clinical audits.

Incidents by root cause - 12 months to 31 March 2020



Whilst there has been a downward trend of incidents involving behaviour of concern, the use of PRN medication increased from 45 to 54 per 1,000 people in the reporting period. There were increased instances of PRN use in the early summer months and the lead up to Christmas, both recognised as periods when anxieties can increase.



[Person] was merely existing before they came here, now they have their life back!



Person we supports' relative - extract from CQC report for Redbank House rated Outstanding



The staff help me to live on my own and lead an independent life. They support me to see my family and friends.

They have supported me with my mental health during the pandemic.



Tom - a person we support from Somerset & Devon DCA

Complaints and compliments

Complaints and compliments management is an essential and positive part of our assurance process. Complaints are recorded on our Case Management System and managed either locally by managers, or by our Risk and Governance Manager depending on their severity. Although there were 503 cases logged, double the number recorded last year, we consider this to be due to better data recording as compliments have also increased by a broadly comparable volume. We were delighted to receive 562 compliments from people we support, family members, staff members, GPs and health and care professionals.

Whistleblowing

62 incidents of whistleblowing were received in 2019-20, 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. This year we updated the investigation report form for all complaints and whistleblowings which has had a direct impact on the quality of the investigation reports and enabled actions and recommendations to be monitored more easily.

Duty of candour

82 duty of candour letters have been sent from Voyage Care during the reporting period to people we support, or their families, in line with requirements to inform them when something goes wrong that appears to have caused or could lead to significant harm or distress in the future.

Financial assurance

To proactively ensure financial assurance and to prevent the risk of financial abuse we undertook a total of 126 business assurance visits in 2019-20. The average score ranged from 83% to 96% (compared to 79% - 86% in 2018/19) across each of our 6 regions. The number of services that achieved an audit outcome of greater than 90% increased by 13.

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) : In the reporting period 17 services gained full NAS accreditation and two of those services obtained an Outstanding rating with CQC. We have had a further three services gaining an 'Aspiring Status' with NAS. NAS advisors and external moderators commented on consistency in the delivery of autism practices and the level of understanding demonstrated by support staff.

“

Staff working within homes with autistic residents receive a Voyage 2 day autism accredited course. This 'learner led' course has been rolled out since 2017 and is enthusiastically welcomed by staff who expressed an opinion. One commented the course was, "The best 2 days I've ever spent in a classroom" And "It made me realise that my mood effects the people that I support"

”

Sir Evelyn Road/351/579
Maidstone Road

“

The manager was working with partner organisations to achieve positive outcomes for people and to share skills and knowledge. These included Headway for people with acquired brain injuries.

”

Calvert House

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.

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 2019-20 we reviewed best practice guidance, and our policies and procedures were developed and reviewed or amended, including Quality Checkers, End of life, Stoma Care Management, Fire Safety Management and Behaviour Support and Restrictive Practices.

Learning Disability Mortality Review Programme in England (LeDeR)

We completed reviews of 9 deaths of people we support from December 2019 to March 2020 following the process set out by LeDeR. Whilst the LeDeR programme is run by NHS England, we have included reviews of deaths in our services in Scotland and Wales as well.

The initial findings of the reviews of death into people we have supported found that some individuals were supported to have a 'good' dignified death: all required professionals were involved, support plans were in place and person centre support was given, and our teams received good feedback about the end of life care and support provided. The reviews also highlighted some areas for improvement including ensuring documentation fully reflects the ever-changing needs of the individual. Additionally, the reviews identified a lack of awareness for some staff about individuals with neuro-cognitive impairment who often present with chronic or recurrent respiratory problems and that these respiratory problems have an important impact on quality of life and life expectancy.

Following these reviews, we identified good practice, learnings and improvements, and disseminated to our teams to inform future practice and to support managers to prepare their service for their LeDeR review. We continue to share monthly bulletins, annual report findings, recommendations and learnings. We have also strengthened our commitment to the LeDeR programme with members of the Voyage Care Quality Development Team completing the LeDeR training which has enabled them to be part of the national LeDeR programme.

Stopping the over medication of people with a learning disability, autism or both (STOMP)

As signatories to the STOMP pledge we have maintained our commitment to share good practice, resources, information and learning through our STOMP champions. 2,724 of 2,754 (99%) people we support who completed a Quality Questionnaire in July 2019 had a review of their medication or were on no medication (281). Medication was reduced for 297 people as a result of the STOMP initiative.

Restraint reduction network

We continued our commitment to the pledge to reduce the use of restraint and developed an action plan, covering Positive Behavioural Support, Active Support and restraint reduction, in support of this. We are pleased that the use of restraint is down by a further 1.1% per 1,000 people we support.

Our priorities: looking back at 2019-20

Good progress was made against the three priorities we set for ourselves, with one fully achieved and two partially achieved. Further headway was also made with the two priorities that were carried over from the previous year.

1 Specialisms



Partially achieved

We achieved our plan for the development of a Specialist Behavioural Support Services specialisms (SBSS) with launch of the specialism in 2019. SBSS provides a framework for the mobilisation of support for people with a learning disability and/or autism who are either preparing for discharge from inpatient settings or are at risk of admission.

In 2019-20 we mobilised support for 19 individuals with the most complex needs and who exhibit high-risk behaviours, with implementation underway for support to a further 20 people. To enable the successful transition to community settings we worked in close partnership with funders, families, professionals and thirteen local authorities and CCGs.

The SBSS steering group provides oversight for the specialism:

- SBSS specific policies and procedures provide a framework of assessment, guidance and other tools which promote the development of the specialism
- A dedicated behavioural support practitioner is available throughout to promote positive behaviour support, reflective practice and resilience for the people we support and their support staff
- An SBSS specific values-based approach is taken to attracting staff and an SBSS core induction programme has been rolled out, alongside additional enhanced training, to meet the specific needs of people supported
- Specific assessment tools and property specifications ensure that environments complement the delivery of support
- Delivering several workshops to enable learning to be disseminated within our operational teams

Although some progress was made, we decided to push back development of the Mental Health specialism into 2020-21 due to the pressures of COVID-19.

2

Measuring outcomes – including education, employment, quality of life



Achieved

A full review of our innovative Quality Questionnaire took place prior to it being undertaken for the second time in 2019. The updates, which made it more accessible and easier to use, included; creating an easy read version, adding important NHS data indicators and enabling a comparison of outcome data year on year.

90% of 2,754 people we support eligible to complete the Quality Questionnaire fully participated. The outcome data was collated in a [Key Findings report](#) and all our managers were encouraged to share and discuss the findings with their stakeholders.

The findings enable us to reflect and target areas for further organisational development and the Quality Questionnaire remains an essential driver for prioritising improvements, alongside listening to our stakeholders. We continue to review feedback, and further steps have been taken to improve the process of measuring the outcomes of the people we support and incorporating a range of digital and accessible formats in readiness for the questionnaire to launch for the third time in July 2020.

3

Improving the quality and consistency of care



Partially achieved

We piloted the use of electronic care and support documentation to support the provision of high quality, consistent care and support. The first phase of the project plan was almost completed in 2019-20, but further progress was curtailed due to the COVID-19 pandemic.

Care and support needs assessments and other care and support documents were created within an electronic platform, accessed via laptops and tablets. Working with people we support and the staff team, we successfully piloted the on-line completion of the care and support needs assessment and health and safety and medication documentation within a community service. Feedback was very positive, particularly about the ease of use, and further work will be taken forward on this key priority in 2020-21.



[Person] has received excellent care. They are now always happy and upbeat, always busy and active.



extract from CQC report for Redbank House rated Outstanding

Progress on priorities carried over from 2018-19



Active Support/ Positive Behavioural Support (PBS)



Partially achieved

The roll-out of active support training has continued; 84% of staff have now completed PBS Active Support training, and the requirements are incorporated into internal audits, including observational audits.

The positive impact of Active Support has continued with incidents decreasing a further 1.6% in 2019-20, following a 10% decline in incidents in quarter four of 2018-19 following the initial roll-out. PBS is deployed to support approximately 5% of people we support who present with behaviours of concern to a high degree of frequency, intensity and duration. Having been paused due to the COVID-19 pandemic, our review into further development of PBS will resume in mid-2020-21.

Improving accessibility of policies and procedures



Partially achieved

As well as issuing a one-page summary of all new and reviewed policy and procedures, which clearly identify the 'must dos' for employees, we have continued to issue key policies and procedures in accessible formats, including easy read and video. Our commitment to accessible information was vital in enabling our employees and people we support to be well-prepared for the COVID-19 pandemic.



Our priorities for 2020-21

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. Notwithstanding any impacts caused by COVID-19, these are our priorities for 2020-21.

1 Measuring outcomes

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 a day.

How will it be measured?

The Quality Questionnaire identifies 8 key quality of life measurement outcome areas. The data collected from the Quality Questionnaire undertaken in 2020-21 will be analysed against the previous data collections to identify positive trends and areas where we can make further improvements. The findings will be shared internally and externally in a key findings report.

2 Specialism development

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 a mental health specialism. 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.



3 More involvement by the people we support

Why is it a priority?

Enabling the input of experts by experience in how we develop our services and practices ensures they remain person-centred and squarely focused on the needs and aspirations of those we support.

How will it be achieved?

Through increasing the number of Quality Checkers and enabling them to undertake more audits, including the completion of virtual audits.

People we support will be offered opportunities to work alongside the Quality Development Team when reviewing and communicating policies, procedures and processes.

How will it be measured?

Increased number of Quality Checkers having undertaken more audits. Demonstrable involvement of people we support in Quality Development initiatives and in the communication of key areas of practice development.





“

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**

“

In every aspect of life there has been improvements for people.

”

**CQC report for Cloverdale,
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.

”

**CQC report for Chard Manor,
rated Outstanding**

“

As parents we feel Voyage Care has taken on board what we’ve said is important for our son, we feel listened to and that it is a real partnership.

”

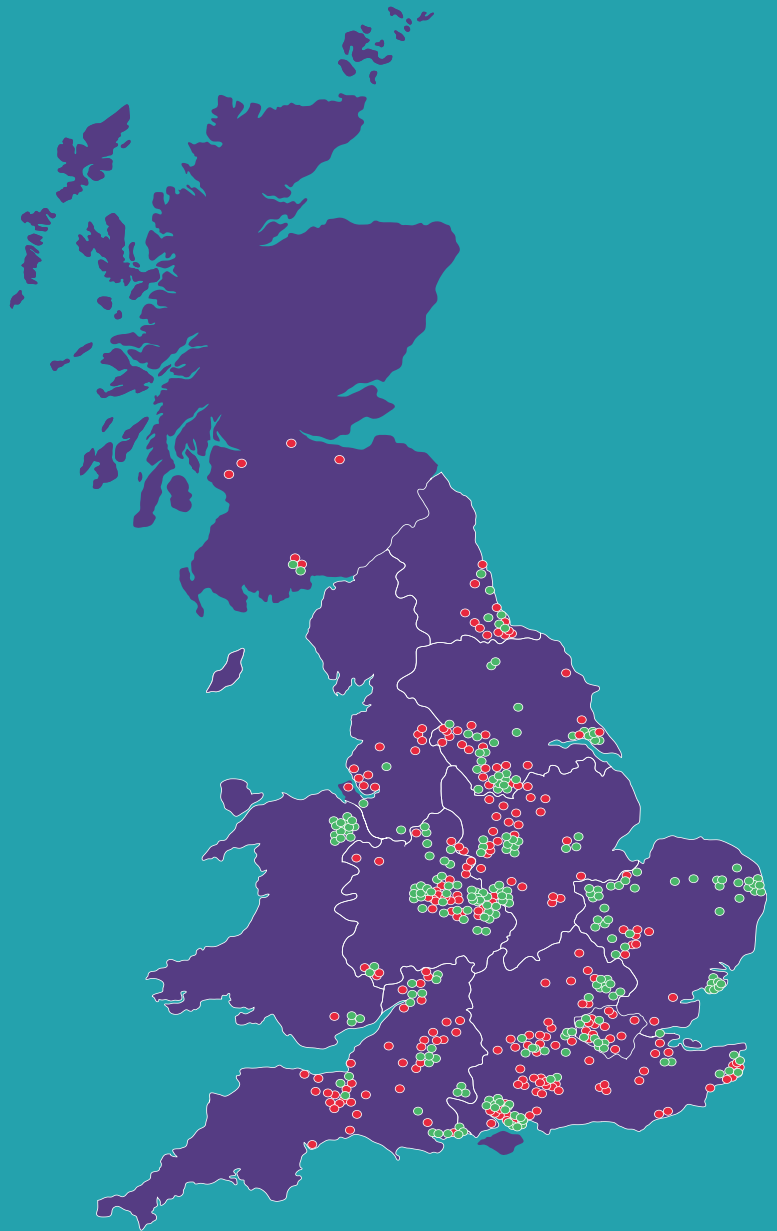
Kyle’s parents

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



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www.voyagecare.com

