

Voyage 1 Limited

# Sir Evelyn Road

## Inspection report

74 Sir Evelyn Road  
Rochester  
Kent  
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Tel: 01634828779

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 23 January 2018, and was an unannounced inspection.

74 Sir Evelyn Road is a residential home providing care and support for up to six people with Learning disabilities. The service is part of a group of homes managed by Voyage 1 Limited. People who lived in the home had autism and communication difficulties. 74 Sir Evelyn Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time we inspected, five people lived in the home.

At the last Care Quality Commission (CQC) inspection on 05 January 2016, the service was rated Good in Safe, Effective, Caring, Responsive and Well Led domains with an overall Good rating.

At this inspection we found the service remained Good.

There was no registered manager at the service during our inspection. However, there was an acting manager supported by the operations manager at the service. The previous registered manager left her position in January 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider continued to provide good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted. Records were consistent and robust.

People continued to be safe at 74 Sir Evelyn Road. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

The provider continued to follow safe recruitment practice.

Medicines were managed safely and people received them as prescribed.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People received the support they needed to stay healthy and to access healthcare services.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

There were enough staff to keep people safe. The acting manager continued to have appropriate arrangements in place to ensure there were always enough staff on shift.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Sir Evelyn Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 23 January 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People's ability to communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke with one person with limited communication skills.

We spoke with one support worker, one senior support worker, and the operations manager. We spoke with three visiting relatives. We also requested feedback from a range of healthcare professionals involved in the service. These included professionals from the community mental health team and local authority care managers. We did not receive any feedback about the service.

We looked at the provider's records. These included two people's care records, which included support plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the operations manager to send additional information after the inspection visit, including

training records and staff related records that were not available on the day of our inspection. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

One person said, "I feel safe living here. There is an intercom, so I can call for help. I have a buzzer". We observed that people were relaxed and responded positively when approached by staff throughout the inspection, which indicated that they felt safe and secure in their surroundings with staff supporting them.

A relative said, "'X' has lived here about 15 years. There seem to be enough staff here, plenty of staff. They understand what he wants. We visit, and take him out most weeks. It is always clean and tidy, no hazards about. 'X' takes medicines at night. We are not aware of any problems with his medication".

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. All staff were provided with secure access to policies and procedures online. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required. All staff said they would report any suspicion of abuse immediately. A member of staff said, "I have done safeguarding training. It is making sure they are safe, free from harm or abuse. If I see this, I will report it to my line manager". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I observe a bad practice in the service, I will report this to my manager immediately". The provider also had information about safeguarding and whistleblowing in a user friendly format on a notice board for people who used the service, and staff.

People continued to be supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed recently. The risk assessments promoted and protected people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were followed to support people with identified needs that could put them at risk.

Staff continued to maintain an up to date record of each person's incidents and health care referrals, so any trends in health and incidents could be recognised and addressed. One member of staff we spoke with told us that they monitored people and checked their support plans regularly, to ensure that the support provided was relevant to the person's needs. The staff member was able to describe the needs of people at the service in detail, and we found evidence in people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the acting manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. The acting manager carried out direct support of people whenever necessary to support frontline staff. Staff were visibly present and providing appropriate support and

assistance when this was needed.

The provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There had been continuity of staff within the service. For example, one member of staff had been working at the service for over five years. Staff we spoke with confirmed to us that they did not start work until all necessary checks had been completed. These checks included references, proof of identification and Disclosure and Barring record checks. Disclosure and Barring checks are carried out to help employers to recruit only safe and suitable staff to work with people who may be vulnerable.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely in medicine cabinets in people's rooms. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained how they give medicine to people and observed them while taking their medicines. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the provider continued to have a safe and effective system in place for the administration of medicines.

There were effective systems in place to reduce the risk and spread of infection. Staff showed us a cleaning schedule for the service, which revealed that a routine was in place to ensure that the service was cleaned regularly. We saw that bathroom, toilet, laundry room, corridors, lounges, communal areas and the kitchen were clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. Liquid soap and hand gels were provided in all toilets, showers and bathrooms. The service had an infection control policy that covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage, safe use of sharps, clinical waste and appropriate disposal of waste. There were other policies such as Legionella management policy. We saw current certificates on Legionella water test and waste disposal. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control and staff were kept up to date with their training requirements. People were cared for in a clean, hygienic environment.

The provider continued to ensure that the environment was safe for people. Environmental risks were monitored through the environmental risk assessment to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the provider monitored these until completion. Staff carried out routine health and safety checks of the service. Staff had received health and safety training. Comprehensive records confirmed both portable and fixed equipment were serviced and maintained.

Each support plan folder contained an individual Personal Emergency Evacuation Plan (PEEP), reviewed in 2017. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place and there were regular checks of fire safety equipment and fire drills were carried out. Staff had received fire training and had participated in fire drills. Fire equipment was checked weekly and emergency lighting monthly.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. The

service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

## Is the service effective?

### Our findings

One person said, "I have help to make my meals. I decide what I want, then go out and buy the food. When my buzzer works, I press it and someone comes quite quickly. It is ok. The optician visits me here. I can see a doctor or dentist if I want to".

A relative said, "The staff thought 'X' might have diabetes. They investigated and found 'X' did not. It was dealt with very well by staff. They always contact 'X' father to let him know what is going on".

The provider undertook an initial holistic assessment with people before they moved into the service. The assessment checked the care and support needs of each person so the manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the manager had all the information they needed.

The initial assessment led to the development of the support plan. Individual support plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the support plan to support people well. One member of staff said, "We have all the information we need in the support plan". Support plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs, dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church. Staff confirmed this with us and said, "We support one person to the Church whenever they wish to attend". Information such as whether people were able to communicate if they were experiencing pain was detailed. Sometimes people were reluctant to wash or shower and this was addressed in the support plan for personal care, giving guidance to staff. Most people changed their minds if staff returned a short time later and asked again, or if a different member of staff asked. If people still chose not to wash then this was respected as their decision at that time.

Support plans were regularly reviewed. All the support plans and person centred reviews took place in October 2017. Support plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night ensuring communication between staff was good, benefitting the care of each person. Staff contacted and worked collaboratively with other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist team (SALT) demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their support plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a

professional's input into their care on a regular basis.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and what any conditions on authorisations to deprive a person of their liberty were.

The service was working in accordance with the MCA 2005 and associated principles. Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed. For example, one person who needed to undergo a blood test due to their failing health was carried out according to the principles of MCA 2005. A discussion was held with people involved and their advocates. All parties agreed that the blood test was in the person's best interests. This showed that the provider applied the principles of MCA 2005 within the service in a person centred manner which involved people in decisions about meeting their needs effectively.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA 2005 and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The provider told us that people's DoLS were regularly reviewed with the local authority. All the five people who lived in the service had authorised DoLS in place to keep them safe. These were appropriately notified to CQC.

People continued to be supported to maintain good health. People had access to health and social care professionals. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the provider continued to ensure that people's health needs were effectively met.

People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there was helpful information on the kitchen notice board about the importance of good nutrition for both staff and people to refer to. For example, one person liked curry and rice. This was displayed for all staff to note. There was a picture based food menu available to people. During our visit, we saw people making their own breakfast with limited staff support. People made cold and hot drinks throughout the day. This demonstrated that people's independence was promoted in the service. Staff gave people suitable support with their nutritional needs. For example, one person was advised by the dietician in December 2017 to continue eating custard with full fat milk. Staff discussed this with the person and involved the person in the purchase of these food items from the store on a weekly basis. Staff spoken with told us that dietician and other healthcare professionals gave guidance to ensure that they met people's nutritional needs.

Since our last inspection, records showed staff had undertaken training in all areas considered essential for meeting the needs of people in a care environment effectively. This helped staff keep their knowledge and skills up to date. All staff had been trained in equality and diversity, and duty of care. Other areas of training that reflected their job roles were epilepsy, health & safety, autism awareness, communication and diabetes awareness. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The provider checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs, which the provider was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

## Is the service caring?

### Our findings

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked comfortable and at ease in the company of staff.

A relative said, "The staff are lovely. It is a nice atmosphere here".

The provider continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures, and facial expressions. They gave people the time they needed to communicate their needs and wishes and then acted on this. Staff communicated with people in an engaging way and as stated in their support plan. In one person's support plan, it stated, 'if 'X' says car or sign for car, it means 'X' wants to go for a drive'. We observed staff communicating with the person according to the support plan. Staff communicated with people individually in a manner that showed respect.

The staff on duty knew and understood each person's needs very well. They understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed, to maintain their privacy and dignity.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected. A relative said, "The rooms are locked when the people are not in them, so no one else can get in".

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, people were supported to participate in the cleaning of their home and laundry. Staff only stepped in when people could not manage tasks safely and without their support. This promoted their independence. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence. Support plans included what people could do for themselves and where they needed support.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The staff told us they also advocated for people to ensure their views were known. They gave us examples of how they acted for people. This included

supporting people to have the meals they had chosen. Another example was ensuring that one person who did not like to be in a noisy environment was able to sit somewhere quiet. The staff further explained that each person's support plans contained detailed information about how they liked to spend their day. They said this was very important information because people could not easily directly express their views verbally if they were not happy about the care and services.

## Is the service responsive?

### Our findings

One person said, "I go swimming. I go to the shops to buy my food. I like buying clothes. I go on the bus or in the car. If I had a problem with a member of staff, or anything, I would talk to the person in charge".

Since our last inspection on 05 January 2016, people continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided.

Support plans were reviewed annually with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how these impacted on their life.

A part of the support plan was 'when I die information'. This was a person centred plan to gather advance information about people's wish when they die. It allowed people to choose the type of funeral they would like to have and any other wish they may have while they still had the mental capacity to do so. We saw that the service gathered this information in respect of people's wishes.

People remained active and had opportunities to participate in a variety of activities and events that met their social and physical needs. People were supported to go on holidays and visited relatives. People were also supported to pursue personal interests such as shopping and going for a walk. During our inspection, one person went for a walk with staff as stated in their activities plan. Staff continued to help people to stay in touch with their family and friends. For example, one person was visited and taken out for the day by their relatives. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

Where people had displayed behaviour that may cause distress to others, there was detail on what triggers may impact on the person and their mood. For example, one person could become distressed or agitated by noise from other people at the service and by too many people or unknown people. Positive behaviour support plans were in place which gave details of activities staff could do with the person including reading the newspaper, going for a walk or going out for coffee. The care records also contained detailed guidance to enable staff to support people according to their needs and wishes. The records included pictures to make them more accessible to the people who they were written about. The support plans showed people and their families or friends were involved in deciding what care and support they wanted to be provided

with at the service. The support plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the service and this was also available in an easy read picture format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the local government ombudsman. There had been no complaint received in the last twelve months.

## Is the service well-led?

### Our findings

Our observation showed that people knew who the registered manager was despite having left the service only 17 days prior to our inspection. For example, one person said, "The manager had just left". A relative also said, "There is good communication between the staff and his father who visits him every week. The manager has recently left. This is the first time we have visited since she left. She was excellent. We were sad to see her go. We hope it continues to be good here".

Evidence demonstrated that the registered manager who recently left continued to demonstrate effective leadership skills within their role, whilst they were in post. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was still evident. From talking with staff and the operations manager, it was evident they were committed to providing care that was tailored to the person in a homely environment.

During our inspection, there was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC received notification a day before our inspection. There was an acting manager who saw to the day to day management of the service. The acting manager was supported by the operations manager who was present throughout our inspection. This demonstrated that despite the registered manager's leaving on the 05 January 2018, there continued to be an effective leadership in the service.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff felt confident about raising concerns with the management. This created an open and transparent culture within the staff team. Comments from staff included, "Good place to work" and "People and the staff are great".

We found that the provider continued having a good quality assurance system and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. The provider also carried out a series of audits either monthly, quarterly or as and when required to ensure that the service ran smoothly. They used these audits to review the service. They included health and safety, checks on medicines, support plans, training, supervision, appraisals and environment. We found the audits routinely identified areas they could improve upon and the manager produced action plans, which clearly detailed what needed to be done and when action had been taken. Staff told us the operation manager visited regularly to monitor the service. Reports were maintained of the visits. The registered manager who recently left had to compile a monthly report in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the operations manager regularly visited to speak with people and individual staff. The operation manager visited on the day of the inspection.

Communication within the service continued to be facilitated through monthly team meetings. We looked at minutes of December 2017 meeting and saw that this provided a forum where areas such as risk assessments, staff handover, activities and people's needs updates, amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's, relatives and healthcare professional's views by using annual questionnaires to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved ones and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided. Comments we read included, 'Very friendly', 'People very busy with activities', 'Very good care and support' and 'I have always found the staff to be caring and supportive'.

The provider and management understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The provider and staff continued to work well with other agencies and services to make sure people received their care in a joined up way. The provider told us in their submitted provider information return (PIR) that Voyage Care are members of the following schemes, Skills for Care, a certificated member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating on their notice board in the service and on their website.