

Voyage 1 Limited

Kent and Medway Domiciliary Care Agency

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 and 5 May 2016. This was an announced inspection. The previous inspection took place at the same location under a previous provider on 29/04/2013 and found no breaches in the legal requirements.

Kent and Medway Domiciliary Care Agency is a service registered as a domiciliary service providing supported living to people in their own homes. The service supports adults who have learning disabilities, physical disabilities and mental health needs throughout Kent. At the time of the inspection eight people were receiving a personal care service, although the service provides support to other people as well. Each person had a tenancy agreement and rented their accommodation.

People received support in line with their assessed personal care needs. The support hours varied from a few hours per day/week, one to one allocated hours or 24 hour support. With this support people were able to live in their own homes as independently as possible.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of this service oversees the running of the full service and was supported by two deputy managers who were based geographically to manage different areas of the service.

People told us that they felt safe and staff supported them well to enable them to remain in their own home. Potential risks to people in their everyday lives had been assessed and managed to make sure people were as safe as possible. Accidents and incidents were recorded and analysed to reduce the risks of further events.

Staffing levels were sufficient to ensure people's needs were fully met. Staff numbers were based on people's needs, activities and health appointments. The registered manager was in the process of recruiting more staff as there were currently full time vacancies. Permanent staff were covering as many shifts as possible and agency staff were also being used. The recruitment selection system ensured that staff were checked and suitable to work with people. People were involved in the recruitment and selection process. Staff were well trained and knew people's individual needs and how to meet them. Training records were up to date and staff were in the process of receiving regular one to one meetings with their manager and yearly appraisals.

People told us they received their medicines when they should and felt their medicines were handled safely. Health care needs were monitored and met. People were supported with their meals and nutrition to ensure they received a healthy diet.

There was a strong emphasis on personalised care. People were very involved in planning their care and support, this was based on their individual needs and wishes. Care plans detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. The service was innovative and used assistive technology to enable people to be involved in their care and lead their own care and support reviews.

Staff were up to date with current guidance to support people to make decisions. Any restrictions placed on people were done in their best interest, using appropriate safeguards.

People took part in activities of their choice and had very positive relationships with their support staff. There were enough staff available to ensure that people were able to go out in the community whenever they wanted and take part in activities of their choice. People told us how they were supported to visit their family, friends or each other in their flats.

People and their relatives had opportunities to give feedback about the service. Any complaints and feedback were listened to carefully, taken seriously and used to improve services.

People were supported to take control of their lives and this ensured the service was flexible and responded to changes in people's needs and wishes. Communication aids were used to ensure that people had every opportunity to engage in conversations.

Staff respected people's privacy and dignity. All interactions between staff and people were caring and kind. Staff were consistently patient, compassionate and they demonstrated affection and warmth in their contact with people.

People told us that they were very happy with the service being provided. There were good relationships between people, the management and staff. People were being supported to live their lives to their full potential. At every staffing level there was a culture of continuous improvement to ensure that people would continue to learn new skills and gain more independence. The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives.

The leadership and mentoring provided by the registered manager ensured that staff were valued and supported to provide person centred care. The staff had a good understanding of people's support needs and had the skills and knowledge to meet them.

Staff were very positive and motivated about the support they received from their managers and enjoyed working at the service. Staff were passionate about the care of the people they were supporting.

The provider and managers used effective systems to continually monitor the quality of the service and had action plans in place to improve and develop the service.

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 was safe.

People were protected against the risk of abuse. The service had effective systems to manage risks to people so they could participate in daily life and activities of their choice.

Effective systems were in place to manage accidents and incidents and learn from them so they were less likely to happen again.

People were protected by safe recruitment processes and staffing levels were flexible and determined by people needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from trained staff that were skilled and knowledgeable in meeting people's needs. They received mentoring and support from managers to ensure they delivered the best possible service.

Staff understood how to make sure people's rights were protected and they encouraged and enabled people to make their own informed decisions and choices.

People's health needs were met and they were supported to stay healthy, active and well.

People were supported with their meals to ensure they received food and drinks they liked to help keep them as healthy as possible.

Is the service caring?

Outstanding ☆

The service was outstanding in providing caring staff to support people.

Staff were creative and motivated to provide kind and compassionate care to people. The registered manager, managers and staff were committed to providing person centred care and ensuring people were involved in their care and support.

Staff at all levels clearly knew the people they were supporting and caring for. They went the extra mile to ensure that people were supported and empowered to take control of their lives and continued to learn new skills to enhance their independence.

People were always treated with privacy and dignity and staff had positive relationships with the people based on mutual respect.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in all aspects of their care and were supported to lead their lives in the way they wished to. There was a strong, visible person-centred care culture. Care plans were personalised to reflect their wishes and preferences and regularly reviewed to reflect people's changing needs.

People were comfortable to raise any concerns with staff if something was wrong. People had opportunities to provide feedback about the service they received, which was used to improve the service.

People were supported to engage in meaningful activities of their choice and were actively involved in the local community.

Is the service well-led?

Good ●

The service was well-led.

Throughout our inspection, managers and staff spoke positively about the culture of the service and told us it was well-managed. There was strong emphasis on development and improvement, which benefited people and staff.

There were robust systems to audit and identify what improvements needed to be made. The registered manager promoted an open and inclusive culture that encouraged continual feedback from people, relatives and staff.

Staff worked as a team to deliver personalised care and

managers ensured this was consistently maintained.

Records about the care people received were accurate and up to date.

Kent and Medway Domiciliary Care Agency

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 inspection took place on 4 and 5 May 2016. This was an announced inspection which meant the service was informed 48 hours before the inspection was due to take place. This is to ensure that the registered manager would be in the office and, if they were usually on the rota to work with people using the service, that they could arrange alternative cover for their visits. The inspection was carried out by two inspectors.

The provider completed 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. Prior to the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection the provider supplied information relating to the people using the service and staff employed at the service. We reviewed people's records and a variety of documents. These included five people's care plans, risk assessments and associated care records, three staff recruitment files, the staff training, supervision and appraisal records, a rota, accident and incident records, medicine and quality assurance records and surveys results.

We visited five people who were using the service; we spoke with the registered manager and six members of staff.

During the inspection we spoke with one relative about the service their family was receiving. We also

contacted three health and social care professionals who had had recent contact with the service however no feedback was received at the time of this report.

Is the service safe?

Our findings

People told us they felt safe when receiving care and support. People said, "Staff help keep me safe.", "I feel safe here, this is my home". A relative said, "Oh yes, I think my relative feels safe here. I trust the staff and don't have any concerns."

The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They knew who to report their concerns to both internally and to outside agencies, such as the local authority safeguarding team. Staff were aware of the whistle blowing policy and were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. There was a 'see something, say something' poster on display in the office which detailed telephone numbers that staff could ring confidentially to report any issues without fear of discrimination.

People were supported with their finances and protected from financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited.

Potential risks about a person's safety within their home and community were assessed to ensure that they were supported and enabled to remain as safe as possible. The risks were being managed appropriately and reviewed. The assessments were very individual to each person and detailed the risks associated with daily living, such as preparing drinks/meals facilitating trips, shopping and travelling on public transport. There was guidance in place to support people going to the bathroom, moving and handling and the risk of skin breakdown. The provider used a simple 'stop, think, go' system so staff knew at a glance if they were safe to support people and whether they needed any extra assistance. Staff told us they felt confident supporting people as it was easy to remember if they needed to do anything extra.

People were being positively supported to live at home and manage their behaviours. The support plans contained detailed guidance for people who needed support with their behaviour. This could range from people being anxious and upset or exhibiting behaviours that may be seen to challenge or cause injury to themselves or others. The behaviours were clearly listed, together with known triggers and strategies were in place to minimise their future occurrence. With this structured guidance staff were able to support people to access the community and their chosen social activities.

The risk assessments involved people and professionals so that strategies were in place to enable people to take risks within a risk managed environment. For example, occupational therapists were involved in further assessment to ensure people's mobility was reviewed in line with their changing needs.

Accidents and incidents were reported, investigated and appropriate action had been taken when necessary to ensure that people remained safe. They were then sent to the quality team to analyse and look for any patterns and trends to reduce the risk of further occurrence.

There was enough staff to meet people's needs. One person said, "There's enough staff." The registered manager told us that there was a number of vacancies in the service but these were filled by regular staff doing over time or by agency staff. The manager asked the agency for the same staff so people knew who was supporting them. When there was a new agency member of staff they read pen portraits of people so they knew about them before they provided support. Agency staff did not provide support to people alone until they knew them well. One relative told us, "Occasionally you do see people that you don't know, but they always introduce themselves and I've never had any worries that they don't know what they are doing."

There was an on-call system in place so there was always a member of the management team available. Staff told us that there was always a member of the management team available should they need additional support or guidance.

The registered manager carried out recruitment checks before new staff started working to make sure they had the right experience and skills for the job. Some staff who had been employed by the previous provider had not had all of the appropriate checks. The service was taking appropriate steps to ensure the staff were suitable to work at the service. These were all people who had been employed for several years and there had been no issues with their conduct. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported to store and take their medications in the way they wanted. One person's support plan said they liked to have their medication administered in a small plastic pot. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff had received training in medicine administration and their competency was checked to ensure they followed good practice and people received their medicines safely.

Medicine records were accurate with no gaps in the recordings to show that people had received their medicine. Where people were prescribed medicines on a 'when required' basis, for example, to manage pain or skin conditions, there was individual guidance for staff on what these medicines were for and when they should be given.

A recent medication audit by a local pharmacist had identified that staff were not always dating when they opened topical medications. The registered manager confirmed that staff were now doing this and when we visited the service we saw this had been done.

Is the service effective?

Our findings

People and their relatives were happy with the care and support they received. People using the service told us that the staff knew how to care for them well. People showed us their flats and were eager to show us their support plans and how they had been involved in planning their care

People were supported by staff with the training and knowledge to support them effectively. Staff received an induction into the service when they started working there. They had time to get to know people and shadowed more experienced members of staff so they knew how people liked to be supported. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. Staff were only able to support certain people with hoisting or their medication if they had been signed off as competent to do so. The registered manager had set up a system where they were notified in their calendar when someone's competency needed to be re-assessed. All of the staff had acquired level 2 or 3 qualifications in social care.

The registered manager regularly checked that staff had completed all of their training and emailed the deputy managers to tell them which staff needed to complete any outstanding courses. Staff had specialist training in positive behaviour support to support people with behaviours that challenged. One relative said, "They're all trained, I am happy with that."

Staff had regular one to one meetings with their manager to discuss any issues or concerns they may have relating to people's care and support. The registered manager had been in place for over a year and had identified that regular appraisals had not been happening before they started. One staff member had commented, "I've never had an appraisal before." Not all of the appraisals had happened at the time of the inspection, but the registered manager showed us that the paperwork had been completed and they had been put in everyone's diaries for the year ahead. Staff also had had opportunities to discuss their learning and development through team meetings. On occasions managers worked within people's homes to cover shifts and were able to observe staffs practice and coach them whilst supporting people.

The Mental Capacity Act 2005 (MCA) 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care an application must be made to the Court of Protection. No applications had been made to the Court of Protection and people were able to come and go as they wished.

Staff had received training and had a good working knowledge of the key requirements of the Mental Capacity Act (MCA) 2005. They put these into practice effectively, and ensured people's human and legal

rights were respected. People were able to make day to day decisions about their lives. They were supported to plan their weekly shop, decide how to spend their money and what they wanted to do day to day. People's support plans contained details about how to support them with decision making. One person's support plan said, "Can make decisions but remind him of the consequences." Staff confirmed that they offered people choices about all aspects of their lives.

People signed their care plans to agree with their care and we observed staff supporting people, chatting about what they were about to do, and offering them choices. For example do you want to wear this or that, what drink would you like, hot or cold.

Some people's family members had Power of Attorney with regards to both welfare and finance. This was written in their support plans but staff did not have original copies of the documentation. This was an area for improvement. The registered manager told us that he had asked for this information and was going to request it again at people's reviews.

People's needs in relation to support with helping to prepare food had been assessed and recorded. People were able to eat and drink what they wanted. Some people planned their meals weekly with staff and went shopping for the items needed. One relative said, "My relative has to be lead a little but he chooses his food and is involved in cooking." One person did not plan their meals weekly as they found it too stressful to plan that far ahead. They decided daily what they wanted to eat and put this on their visual timetable. Staff supported them to go out and buy extra ingredients if they needed them.

Details about what people liked and disliked to eat were included in their support plans so staff knew what to offer people if they required prompting or help to choose between different items. One person was at risk of choking and there was detailed guidance in their support plan on how to assist them with eating and drinking, by cutting food into small, bite size pieces. Staff confirmed that they did this when assisting this person.

People were supported to live healthy and full lives. Staff assisted people to attend a variety of healthcare appointments and check-ups. One person told us, "Staff help me to go about my eyes, they make the appointment with me." When people were unwell staff supported them to get the help they needed. One person's mental health had been affected following the death of a family member and staff had encouraged them to see a doctor to help them deal with their loss.

People were supported to remain as healthy as possible. People told us that staff knew them well and supported them to go to the doctor when they did not feel well. People were also supported to attend outpatient appointments to the optician, dentist or chiropodist. Results of all health care visits were updated in the support plans. Some people had plans in place to ensure they were supported by staff to do their exercises recommended by the physiotherapist. There was information to accompany people to hospital should they need to receive medical treatment

Staff told us how they encouraged a varied and healthy diet. Where people were at risk of poor nutrition or hydration they were monitored closely and staff were aware of what the recommended daily fluid intakes were for individuals. Professionals had been involved in assessments and advice and guidance was followed through into practice.

Is the service caring?

Our findings

People told us they liked all the staff. They said the staff were good, kind and caring. They spoke positively about the kind and caring nature of staff. People said, "They take care of me. They support me to have a bath." "They're nice." "I like it here, staff take time to sit with me and they listen." A relative told us, "I find that everyone here is very good and we don't have any problems."

During our visits to people's homes, staff made sure people were happy to speak with us. They ensured people were at ease and felt comfortable and confident to tell us about the service. They reassured people and stayed with them when they were asked to.

Staff told us that they were a motivated team and staff morale was high. One staff member said: "I love my job; I would not change it for the world". People showed their affection for staff through positive interaction. They were relaxed in the company of the staff. Each person had a relationship map in their care plan showing friends and relations and who was important to them.

Staff knew people well and how to communicate with them effectively. One person could not speak but staff told us that they knew if they looked up that meant yes. Staff spoke to people in a light hearted and jovial manner, talking about past holidays they had been on and the things that people liked to do. Staff helped one person to show us pictures of recent trips they had been on to Wembley Stadium and on a canal boat, using the person's iPad. Staff said, "They use the iPad to communicate with us a lot, he can't speak but we know exactly what he wants to say."

Some people used picture boards which were personalised to them to express their needs. Care plans were written and enhanced with pictures and photographs. This meant that people knew what their plans said, and were able to participate in writing them. They contained information about people's communication needs, and indicated if people needed to use their boards, iPad or symbols and pictures to help them understand.

Information was presented to people in different ways to help them understand and make choices. One person had a pictorial timetable on their wall which told them what was happening that day. Staff and the person's relative told us that the person liked to do the same things each week, as routine was important to them. Staff said even though they knew this they always double checked that the person was happy with what was happening when they helped them put the timetable up and offered them an alternative activity. They showed the person different pictures when doing so. This made sure that the person was able to decide each day what they would prefer to do.

People knew what they were doing day to day and who was supporting them. One person received their weekly timetable by email so they were able to make changes on their personal iPad as and when they wanted. The registered manager told us that someone else had recently got an iPad and they were going to ask if they wanted to receive their timetable by email too.

The service demonstrated a strong person centred culture and used innovative ways to help people express their views and develop their communication. Two people who liked to use computers had been supported to produce powerpoint presentations so they could lead their reviews themselves. The registered manager told us this was particularly good because it gave them control and meant they could move the conversation along by clicking to the next slide if they did not want to discuss something anymore.

Staff treated people with kindness and compassion and people said they enjoyed living at the service. One relative told us, "I would know if [the person] was unhappy, and whilst I know he is happy I want him to stay here." Staff spoke to people in a kind and affectionate manner. One person was going horse riding that afternoon and staff joked with them, saying they would be going on the horse instead. The person found this funny and smiled. People were visibly relaxed in the company of staff and enjoyed their company.

People were encouraged to be as independent as possible. People's support plans told staff what they were able to do, such as, "can sometimes wash his own face" and "should be encouraged to wash his thighs and stomach." Staff said, "I saw one person walk the other day when the physio was here, it's my favourite thing ever to see them walk, because it's nice that they are not always dependent on their wheelchair." "The staff were dedicated to promoting people's independence. They said, "Our philosophy is striving for independence to help them lead a good quality of life".

People talked about their family and friends and how they visited each other's flats and enjoyed a social life. One person said: "My neighbour comes to see me every day, they are a good friend to me".

People had access to advocacy services if they wanted them. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us they did not think people at the service knew enough about advocacy. They were currently working with one person to produce a newsletter about important issues relevant to people at the service. The person was going to the manager's office in Dover to write the newsletter and advocacy was going to be included as a topic in the first newsletter.

During visits to people's homes people told us that staff respected their privacy and dignity. The staff talked about people in a caring and respectful manner. Staff asked one person if they could cut through a person's flat as it was quicker than walking all the way round the building. The person said no and staff respected their decision and said that was not a problem and they walked the long way round. Care and support plans showed if people had a preference of a male or female member of staff and this decision was respected.

Some of the staff team had worked at the service for some considerable time, enabling continuity and a consistent approach by staff to support people. Staff were very knowledgeable about people, their individual support needs and personal lives. They knew who was important to people and how to support them with friends and family. People told us how they telephoned their family regularly and kept in contact using face time/skype.

Staff talked about how people had developed their independence since being supported by the service. They said: "The whole staff team is good at developing people, recognising their potential to live their lives to a high standard". The registered manager told us how one person now needed less family support and was able to live more independently. They felt this was down to providing the right support where people became more confident to cope with daily living.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially. When we asked questions about people staff answered in a quiet

voice so not everyone was able to hear.

Is the service responsive?

Our findings

People told us they received the support they needed. Staff were responsive to people's needs. One relative told us, "They've rung me at 2 o'clock in the morning before because he's been unwell. If they're willing to do that you know they're doing what they're meant to be." During our visits to people's homes, staff were responsive to people and took time and patience to ensure that they had what they needed.

Staff told us that the service was responsive; they said there was always a manager around if they needed to respond to any changes or issues. They said communication was excellent and this helped to improve the service.

People were involved in the initial assessment of their needs and in planning their support. Full details of their support needs, wishes, preferences, aims and what is important to them was recorded. The registered manager told us that for most people it was important to have their own space and accommodation with support and this was what staff worked to achieve.

People were also involved in planning their care. Each part of a person's support plan contained a detailed description about how the person participated in writing it. One person's plan said, "This was read out to them and they agreed" another person's said, "The person was fully involved in writing this plan." One person said, "I know what's in there, it says about me and what I like," when we were looking at their support plan.

People received consistent, personalised care, treatment and support. Their plans were enhanced by the use of photographs to make them more meaningful to the individual. People's preferred morning and evening routines, were clearly recorded, with step by step guidance of how people liked to receive their personal care. Staff supported people to set goals and targets when they planned their care. The support plans covered all aspects of their care including communication, mobility, behaviours, finances, medicines, food and activities. This ensured that staff had full guidance to support people with everything they needed in a way they preferred. Staff told us they were flexible as people changed their minds and they would then review the plan to support them to achieve their new goal. People's care and support needs were reviewed regularly. One relative told us, "He's got a review coming up soon." Staff handovers, daily reports and team meetings were used to update staff regularly on people's changing needs.

People were at the centre of the service being provided. People told us that staff spent time chatting with them and recognised when they needed extra support if something went wrong and they needed extra support.

People were able to take part in activities and live their lives how they wanted. One person told us, "I get to go out, for a walk in the town and to the bank and I have my breakfast out. I like doing that." Some people had difficulty concentrating on tasks and staff had sought advice from an Occupational Therapist on how to engage them fully. Staff had been told to break tasks down into small bursts and ensure everything is ready so the person does not have to wait. This person told us, "I'm going out to buy a present." Staff told us that

the person had not decided what they were going to buy yet but they were going to decide when they were walking into town so they didn't have to wait, in line with the guidance.

Staff encouraged people to live full and active lives. The registered manager told us that one person did not want to do their daily exercises which helped with their mobility. The registered manager had come to the service in person and done them with the person to encourage them. The registered manager said they thought, "The novelty of me being down on the floor was enough to motivate her to do them!" Staff said it was helpful to remind the person that if they did their exercises the registered manager would come back and do them with them again.

People were supported to maintain relationships with the people who mattered to them. Relatives told us they could visit whenever they liked and were made to feel welcome. One person was supported to diarise and send cards to family members on important dates such as birthdays. Another person was supported to skype family who lived abroad so they were able to keep in touch with people who could not visit them regularly.

People took part in regular tenants meetings so they could feedback on their care and support. One person told us, "On a Friday we have a takeaway and a tenants meeting, they ask you about your flat or activities. They write down what you say you enjoy doing."

People were encouraged to raise any issues with the staff. One person told us they would speak to the registered manager or deputy managers if something was wrong and they were unhappy. Although they said they did not have any complaints. There was an easy read complaints procedure and information on support plans to indicate when people were happy such as 'this person will indicate they were happy by their tone and volume of their voice, or they would mumble if they were unhappy or something was wrong.'

The registered manager had properly investigated complaints and had made changes to the service as a result. At the service an easy read poster, that people could understand was clearly displayed. The poster told people what to do and who to speak to if they were unhappy. One person said if they had any concerns, "I'd speak to one of the staff."

Is the service well-led?

Our findings

People thought the service was well managed. One person said, "The manager, I think they're ok. That's the manager I think they're alright. He's been here. He wanted to see if he could try to help. He's got to know me." The registered manager regularly visited the service and knew people well.

There was an established registered manager in post who was based at the location office in Dover. They were being supported by two deputy managers.

The registered manager had developed and sustained a positive open culture in the service encouraging staff and people to raise issues of concerns to improve the service. Staff told us that the management team acted on their concerns and there was always a manager available for guidance and support. They said they were supportive and offered help and guidance when they needed it. Staff said: "The registered manager is a good mentor." "He's always on the end of the phone, I know he'll help with any problems and not add to them." "The registered manager is approachable, very supportive and takes actions promptly when any issues are raised". "This organisation is all about looking after people well and developing staff".

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were currently studying for a level 5 diploma in leadership and management in social care and told us that they had done a module on continuing professional development as part of this.

Staff were flexible, changing their rotas and shift planners to ensure people received support from the people who knew them best. People regularly went to events with other Voyage services and said that it was nice meet other people being supported in a similar way.

The vision and values were owned by the staff and underpinned their practice. They were motivated and passionate about providing personalised care, upholding people's rights and choices and improving people's lives.

Checks were carried out on the service provided by undertaking regular audits. The audits followed the Care Quality Commission (CQC's) key lines of enquiry to ensure compliance with the regulations. Every three months the registered manager carried out observations within the service to make sure that people were being cared for in a caring and compassionate manner. They sampled five support plans and checked that they contained all of the necessary support guidelines and risk assessments and checked staff training and supervisions were up to date. The registered manager also checked paperwork such as medication records and activity plans to check they were being completed accurately. Any issues identified were placed into an action plan with appropriate timescales to achieve the improvements.

The registered manager showed us that the last audit had shown a number of medication errors and that activity plans were not being completed fully. They had addressed these issues by introducing more training and discussing them in staff supervision. Senior managers from within the organisation carried out an

annual service review and checked what the registered manager was doing.

Detailed records about people's care and support were kept at the service and at the office. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

The registered manager regularly asked for feedback from a variety of stakeholders. Relatives were surveyed and asked for their opinions on the service. Several relatives had commented that they thought there should be more permanent members of staff and the registered manager said they feedback that they were currently recruiting. A separate easy read survey had been produced so people could feedback their thoughts independently. All of the service user surveys contained positive feedback about the staff and service. One person said, "I am going on more outings than I used to."

Regular staff meetings were held at the service. Staff had the opportunity to discuss any issues or concerns they had and the registered manager was able to share any updates or information with everyone. Staff said they felt very well supported, they felt valued, listened to and enjoyed working for the provider. They spoke about the good team work and how they could rely on other team members for support.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. This included working with the Tizard Centre in Canterbury and in conjunction with them produced training materials for staff. The registered manager told us that a leading academic group also came in and did sampling for research purposes. They were member's of recognised bodies including the Housing and Support Alliance, working in partnership in setting up supported living services, the Institute of Fundraising and the Driving Up Quality Code. The registered manager told us that they had plans to attend the Challenging Behaviour Network recruitment/retention of staff workshops in June with a view to setting up a focus group to network and share ideas.

The registered manager received consistent support from the registered provider and the resources required to drive improvement were available. There was a strong emphasis on continually striving to improve.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.