

Voyage 1 Limited

Voyage (DCA) London East

Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Voyage (DCA) London East is a domiciliary care agency supporting people with a learning disability and autistic people with personal care. People lived in supported living accommodation and in the community. At the time of our inspection 11 people were being supported.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support

The service was exceptionally well-led. The provider's ethos and values were respected and followed by staff. This was evidenced by the person-centred support people received.

People received outstanding care and support by highly motivated, compassionate, and dedicated staff. Staff fully understood people's aspirations and encouraged them to achieve their goals. Staff knew people extremely well and supported them to promote and improve their independence to live a meaningful and varied life. People were supported by a stable staff team which provided a consistently high standard of care and support.

People had personalised and tailored positive behaviour support (PBS) which met their needs. PBS plans provided staff with detailed guidance to promote a positive quality of life for people and identified when they need to intervene to prevent or reduce the likelihood of an episode of distressed behaviour.

People were empowered to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people lacked mental capacity to make decisions, staff were following the principles of best interests for people and restrictions were kept to a minimum.

Right Care

People received highly personalised support from staff who were passionate about achieving the best outcomes for people. Staff worked with health and social care professionals to deliver a service which empowered people to achieve their goals and aspirations.

Staff respected people's abilities and strengths and went the extra mile to ensure people's achievements were celebrated. For example, staff attended people's graduation ceremonies. The service had enough well trained and skilled staff to meet people's needs and keep them safe.

People's support plans were exceptionally detailed and clearly reflected their needs and preferences on how they wished to be supported. People and staff communicated well with each other because staff supported them consistently and understood their individual communication needs.

Right Culture

The service was positive and inclusive; people were at the heart of everything they did. People lived empowering lives and were supported to take part in activities which were meaningful to them, when they wanted. The service ensured an open culture to speak up, so people received support based on transparency and openness. When people provided feedback about the staff or service, their comments were listened to and acted upon.

Staff supported people well to achieve their aspirations to lead a fulfilling life as they wished. People and those important to them, were involved in planning their support and worked with staff to identify and reduce risks.

The staff team were extremely focused on providing person-centred support which was responsive to people's needs. There was a strong emphasis from the management team on continuous improvement to the service to support people to receive the highest standard of care.

Staff were highly valued by the provider and registered manager, and they were recognised for their achievements. Staff were extremely complimentary about the support they received from the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Voyage (DCA) London East on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Voyage (DCA) London East

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides care and support to people living in 6 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 April 2023 and ended on 13 April 2023. We visited the location's office on 5 April 2023 and services on 6 April 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 4 people in their homes and 2 people whilst attending a planned trip out. We spoke with 4 relatives of people who use the service about their experience of the support provided to their loved ones. We sought feedback from 7 health and social care professionals who regularly visits the service and 7 members of staff including the registered manager, members of the management team, team leaders, field care supervisors and support workers.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities how and when they wanted. Staff arrived at people's homes on time and stayed for the right amount time, they were flexible and adapted their days to be available to support people when they wished to go out. One staff member told us, "Every day is a bit different; we get different challenges and different joys every day."
- Staff were recruited safely. Applications forms were completed, employment histories and gaps in employment were explored. Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Candidates assessment of character was conducted through a value based interview process and recommendations from current staff. People were involved in the recruitment process by giving feedback on new staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and those who matter to them had safeguarding information in a form they could use and knew how and when to raise a safeguarding concern. Staff and management listened to people and acted on any concerns raised. One relative told us, "[Person] knows the staff well and staff protect them."
- People we spoke with told us they felt safe, one person commented, "Any problems I would speak to [members of the management team]. They would sort things out for me. I feel safe because I can talk to them." We observed people were comfortable around staff and management and were able to express their opinions. For people who did not use words to communicate, staff told us they would watch for any changes of moods or presentation and report any concerns they may have.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "If I was concerned, I would report to my line manager unless they were involved, then we have the whistle-blowing line."
- The registered manager understood their responsibility to report safeguarding concerns to external bodies where appropriate. Records showed referrals had been completed appropriately with actions to protect people. A log of safeguarding referrals was kept for the registered manager to identify any trends or patterns of concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. People lived safely and free from unnecessary restrictions because the service assessed, monitored and managed safety well. People had positive behaviour support (PBS) plans personalised to them, staff continually reviewed people's plans based on the

effectiveness. A relative commented, "Whilst I know there have been some incidences regarding [person's] challenging behaviour the staff including the management team have been very supportive to [person] and myself."

- Staff assessed people's sensory needs and considered whether households were appropriate before people moved in. For example, where people required quieter household, this was part of the assessment process. People had the opportunity to meet others and to decide whether the environment was suitable for them. A relative told us, "[Person] seems to really enjoy being at the service, when they told me there were (people of differing age ranges), I wasn't sure it would suit [person] but they are really comfortable." A person commented, "I met the others before I moved in, [staff members] were here too."
- People's health risks were assessed, and support plans were detailed to advise staff of actions to take. For example, a person lived with epilepsy; staff were fully informed of what to do if the person experienced a seizure and what medicines were available in an emergency.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. People were supported to take risks, for example, one person was empowered to use public transport following coaching by staff which built their confidence. Some people smoked cigarettes and had clear risk assessments and guidance for staff on the support they may need.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager ensured any restrictions to people were minimal and included on their DoLS applications.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. For example, one person had a door chime on their door. This allowed them to have private time but alerted staff when they required support.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. Where required, people were supported by staff when they wished to go out or had a risk assessment to enable them to do so safely on their own. For example, a person became upset if they were assisted to scan their bus ticket. Staff understood the person could do this themselves and made sure no other person attempted to help them. As a result of staff's understanding the person's support reduced from 2 staff to 1 staff member when going out.

Using medicines safely

- Medicines were managed safely. People received support from staff to make their own decisions about medicines wherever possible.
- People were supported to administer their own medicines if they wished, and risk assessments were completed for them to safely do so. Where concerns arose, staff would speak with people to agree safer options, for example, a person liked to sign their own medication administration record (MAR).
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a

learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. People were supported to keep their homes clean. Staff supported them to change their bedding, do their laundry and wash up after mealtimes.
- Staff used personal protective equipment (PPE) effectively and safely. The registered manager ensured sufficient stocks of PPE and that there was enough for staff in each person's home.
- The provider's infection prevention and control policy was up to date. Staff received training in infection prevention and control and practiced what they had learned.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. People received safe care because staff learned from safety alerts and incidents. The registered manager had a good oversight of all incidents and put measures in place to mitigate reoccurrence.
- Where needed, professional input was sought to help staff support people if things were to go wrong. One social care professional told us, "There was an issue and I have spoken with [registered manager]. They were clear and professional in processes. I generally deal with [staff member], we have an open dialogue about the best way to support [person]."
- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, a medicine error had been made, the staff member was open with the registered manager who arranged reflective learning, further training, and a competency assessment. Ongoing supervisions were held for the staff member and lessons were cascaded to other staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were well supported to maintain and forge relationships both within and outside of their homes. Staff worked hard to create harmonious atmospheres for people living in shared houses; people followed their own pursuits and interests as well as joining others for social outings. One shared house had some incidents of people not getting along, staff worked with them and found common interests. We observed a social activity to a museum, where they were supported by staff, people were clearly comfortable with each other's company. One person who had an interest in photography wanted to take a picture of the group and said, "Let's have a family photo."
- Staff demonstrated exceptional interpersonal skills and involved people when planning activities and events, staff used their communication skills to ensure people were given full opportunities to express what they wished to do. Each person had programmes of activities personal to them, however, staff displayed flexibility when people wished to change their schedule. Where household events had taken place, staff created photographic story boards to remind people of fun times they had spent with one another. This helped to instil the calm atmosphere in the household and a reduction of incidents was evident.
- People's views, goals and hopes were considered when planning activities and staff went the extra mile. For example, one person loved refuse collection trucks. Staff arranged for them to spend the day at the depot. The person was animated in telling us how much they enjoyed the day and showed us their keep sake videos. The person had an assortment of models in their bedroom and liked to wave at passing trucks. Another person was being supported to seek employment within the catering industry, following their last placement, they developed a culinary passion and cooked for the house on a regular basis.
- People participated in their chosen social and leisure interests on a regular basis. One person expressed an interest in cycling, the registered manager was persistent in sourcing a cycling club for them to attend. Staff worked with the person to engage with the new activity, recognising they needed time to process this. The registered manager told us they tried to match people's interests with staff to ensure people had the best time possible, where staff lacked an interest, the registered manager would take people themselves. When describing taking a person to various theme parks, they told us, "As long as we're achieving for them (people). I'll put myself out for it, I want to see them achieving their goals."
- People were well supported by staff to try new things and to develop their skills. One person who communicated using words was supported to learn Makaton so they could effectively communicate with their peers. The registered manager and staff regularly spoke with people about what they wished to do and how they could achieve it. We observed discussions about where people wanted to go on holiday and whether they would take a boat or aeroplane. The registered manager gave examples of how people were assisted to obtain passport and travel visas to go abroad on holiday.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received outstanding person-centred care; empowering people was at the heart of the service's values. Support focused on people's quality of life outcomes which were regularly monitored and adapted as a person went through their life. People's support plans were exceptionally detailed, with clear guidance on how they wanted to be supported, written in a positive way and recognising people's goals. One person was supported to swim to reduce their anxieties. Staff positively assessed the person's risks and abilities to take part in activities of their choice. Staff adapted their ways of working to ensure the person had an enjoyable and fulfilled life, they were able to swim frequently, when they wished. This had greatly reduced incidents of expressed emotions for the person.
- Staff were extremely responsive to people's health and wellbeing needs. Staff understood people so well that they could identify the slightest change of mood and respond in a timely way. Person-centred planning tools and approaches were used to discuss and plan with people how to reduce anxieties. PBS plans were highly detailed to guide staff on what may distress people and how to avoid this. PBS and support plans were produced in formats for people to understand, contribute to and track their own progress. One person had a substantial number of incidents; staff built a trusting relationship with them to determine the causes of their anxieties. Incidents had greatly reduced following staff's actions which provided an extremely positive impact for the person and their peers. A relative told us, "They have got to know [person] well, [person] reacts well with older staff, most of the carers are older but able to support and talk to [person] in a supportive way. They have gained [person's] confidence and trust, they don't talk down to them, but diffuse the situation a lot more."
- Staff provided effective teaching skills to people as they were tailored to individual needs. People were empowered to try new things including everyday activities and tasks. One person found it difficult to get up in the morning to go to college. Staff worked with them to promote a restful sleep and played their favourite song in the morning which motivated them to get up. A relative said, "They are getting [person] out in the community more, they are able to manage behaviours and allowing [person] to access everything as before. [Person] leads a normal life as possible but staff are also pushing them to try things they wouldn't have done before."
- People were celebrated as individuals and their achievements were honoured by staff and management. One person graduated from college, the whole staffing team attended their graduation and continued their celebration with them. One relative told us, "From what I have seen, [registered manager's] leadership skills are brilliant, when [person] graduated from college, [registered manager] was there with their team, they all turned up, it was really supportive." There were photo boards in people's homes to reinforce what they had accomplished; this also helped them plan further goals and aspirations.
- People had control over their everyday lives, staff assisted people to budget for holidays and higher priced items. One person previously experienced distress when they could not afford the trucks they wanted. Overtime, staff helped them understand the benefits of saving money, the person no longer became upset when they could not buy trucks and told staff they needed to save. The person enjoyed shredding paper and once they had finished at the 'shredding station' they put a pound in their jar. The person had so many trucks, they have since donated their old ones to charity and were pleased to help others. People managed menu planning and shopping with some assistance from staff. A staff member told us how they helped a person make positive changes to their diet and they planned together to buy foods which were healthy but enjoyed.
- Staff ensured people were given all opportunities to make informed decisions. People were registered to vote; staff obtained election documentation in a format to suit people, for example, an easy read document. People were able to go to the local polling station with the support of staff. Day to day tasks were carried out by people, such as, gardening, housework, and cooking. The registered manager told us, "It's their house at the end of the day, and it's more empowering for them to know they have kept it nice and clean. We do it

with them, rather than for them."

- People's wishes and goals were considered, and staff did all that was possible to meet them holistically including person-centred therapy sessions, such as, aromatherapy, dance and drama groups to build confidence. One person loved anything to do with trains, they experienced regular train and tram rides, staff also played train sounds to aid relaxation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff had an excellent understanding of AIS and what this meant for people. Staff had the skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff were trained to meet people's preferred communication, when speaking about a person, a staff member said, "We read body language, we use [technology], sometimes use Makaton, simple Makaton, [person] is receptive and I have found they understand a lot."
- There were 'see something, say something' leaflets freely available so people could voice their opinions. One person told us of an incident they had reported to the registered manager and told us how easy it was to communicate their concerns over. Some people struggled to communicate with others they did not know. Staff asked people who they wished to support them with appointments and meetings to empower them to fully understand and communicate their wishes, this further alleviated people's anxieties allowing them to make decisions.
- Staff and management focussed on how to involve people in and overcame communication barriers to do so. One person felt most comfortable when using pictures to communicate. Staff took photographs of the person's home, college, and places they enjoyed being to ensure choices were given and effective decisions were made. A relative commented, "I can see they (staff) are well trained, if they don't know something or don't understand, they will seek out to find out information, they don't ignore what is going on."
- Information was available in accessible formats, for example, easy read and pictorial formats. There were visual structures, including assertive technology, photographs, gestures and Makaton which helped people know what was due to happen in the day and who would be supporting them. Staff helped people create social stories using a picture exchange communication system (PECS). Staff told us how the use of PECS helped reduce anxieties for a person and how building social stories with them helped reduce their worries when routines changed.

Improving care quality in response to complaints or concerns

- The registered manager took all complaints seriously and thought creatively to address them. For example, there was a complaint about a person making loud noises and playing their music at high volume. Discussions were held with the person and stakeholders. Staff worked with the person to build trust, the person's property was sound proofed and there had been a reduction of noise complaints as a result. A staff member told us, "The reduction in behaviours was staff sharing, (about themselves). We had to be more proactive and more present in [person's] flat."
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints policy was written in formats people could use. People told us they were confident they would be listened to. One person said, "They always ask if I'm alright, I say yes or no. If I say no, they find out why and help."

- The service investigated complaints and shared lessons with the whole team and the wider service. Complaints and concerns were addressed in a timely way to the complainants satisfaction. A relative commented, "I have never needed complain, if I needed to it would be to staff and if not resolved to [registered manager]. I have a good rapport with the staff and I'm always in contact with them. I am confident staff would deal with problems."

End of life care and support

- The service was not supporting anyone at the end of their lives at the time of inspection. The registered manager confirmed if someone was nearing the end of their life, it would be sensitively discussed with people and documented.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil an exceptional culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Managers worked with people and staff to overcome barriers when things did not go to plan. People were involved in debriefing sessions after an incident to discuss what could be done differently. A social care professional commented, "This hard work has meant that [person] has been able to successfully engage in health appointments after a longstanding history of refusing to do so. The fact they were successfully able to give blood is such an achievement and testament to the support [person] has been receiving."
- Management was highly visible, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. People's homes spanned over a large geographical area; however, the registered manager demonstrated an in-depth knowledge of every person they supported. They told us about people's individual communication needs and said, "I programme my head to respond to people in certain ways." We observed people to be truly comfortable in the management's presence, they shared appropriate 'in jokes' and people were clearly at ease.
- Staff felt highly respected, supported, and valued by senior staff which supported a positive and improvement-driven culture. Staff knew people incredibly well and came forward with ideas and suggestions to improve their lives. One staff member gave examples of how their suggestions had positively enhanced people's lives and said, "Almost every suggestion I have had a green light, [registered manager] is pleased with what we are doing at [address of house]."
- Management and staff put people's needs and wishes at the heart of everything they did. The service was run by people, for people. One person told us, "They don't just come in ticking the boxes and go. They show they really care. They have gone above and beyond since I have moved in, I am very pleased." Another person said, "They help me when I ask, we go through the plan, and they check I am happy with it. We can say what we want, I make a shopping list and tell them what I want to do for the week. I can say what I want, and they do it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager displayed remarkable skills, knowledge, and experience to perform their role and had a clear oversight of the service they managed. Staff and people felt part of the success of the organisation because there was open communication and clear and transparent guidelines and boundaries. Quality assurance processes were completed by staff and the management team. The registered manager

had a thorough understanding of the service and carefully analysed any incident, complaint, or safeguarding concern. We saw timely actions taken based on any concerns, for example, engagement with professionals or reviews of support offered to people.

- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The provider's ethos of 'empowering, together, honesty, outstanding, supportive' were evident in their practices. The registered manager spoke with people to ensure staff were abiding by these values. Staff took ownership of their roles and responsibilities. Staff worked especially hard to forge relationships and build trust with people. One person told us, "I like it, the staff are kind. They always find a way to make you smile and laugh, they are funny." A social care professional commented, "The staff team have worked really hard to get to know [person], build positive relationships with them and in turn this has evidently made [person] feel 'held' and well supported. It's encouraging to hear how they enjoy working with [person] and [person] evidently enjoys working with them!"
- Governance processes were effective and helped to hold staff to account, keep people safe, protect their rights and provide good quality support. The provider promoted a positive culture where staff and people could thrive and reach their full potential. Two staff members had received the 'Voyage excellence award for support worker of the year.' A new staff member received the 'Voyage excellence award for new entrance of the year' and 2 households received the 'Voyage excellence award for community of the year.' Voyage is a large national provider, and the recognition was born from people, their relatives, and staff feedback.
- The registered manager's outstanding leadership had been further recognised. They had won the 'Regional winner branch manager of the year' award. The registered manager gave people their telephone number to freely contact them to discuss anything. We observed people calling and texting the registered manager who replied immediately regardless of the reason.
- Without exception, people and staff spoke extremely highly of the registered manager. One person told us, "From the minute I walked in and when I met the manager, I knew I would be looked after." A staff member told us, "[Registered manager] is so nice and always ready irrespective of the hour to give a listening ear, they are always ready to pick up the call. [Registered manager] will have the full time to listen and always acts immediately."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were greatly involved and empowered to be engaged in the running of the service. The registered manager visited people's homes regularly. People were able to feedback on the service on a regular basis. Surveys were available in different formats, for example, pictorial. There was a high percentage of results where people said they were 'very happy' or 'happy'; where people had feedback 'ok' staff went to lengths to find out why and implemented plans based on their findings. House meetings took place, people and staff discussed areas of improvements and planned futures depending on the shared goals and ideas of people.
- People's strengths and individualities were respected and celebrated. One person who used the service had a keen interest in quality assurance. Their enthusiasm was valued; they were empowered to help review the standards of the service. The registered manager told us, "This person is one of the quality auditors for Voyage Care. They have done some audits with the operations manager and is part of the team of auditors." This ensured the person knew they were an integral part of the service.
- There were listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. Feedback was taken seriously and actioned. For example, suggestions of activities and meal planning. Staff had regular meetings to discuss the service and how they could continually improve people's experiences. When speaking about a recent meeting, the registered manager told us, "Staff were more open and bounced off each other. There can be some negatives, so we make sure we still have one to one meetings with staff off the back of group meetings. We use a flip chart of 'what's working and what's not working'. I've had some good responses."

- Voyage Care had begun supporting people in 2 additional houses within the past year. People and the staff who worked under the previous provider told us they were kept well informed of the changes, many described this as positive. A relative told us, "It changed management last September 2022. We were kept informed of the change. I think there is more of management presence these days."

Continuous learning and improving care

- The provider highly invested in the services provided, embracing change and delivering improvements. Thorough audits were completed by the management team and where areas were identified as needing development, these were added to the consolidated action plan. The consolidated action plan was comprehensive and showed a clear pathway of ongoing improvements, priorities, expected completion dates and responsibilities.
- The registered manager continually learned from others and ensured they were kept current and up to date. They attended forums and seminars and told us, "Last time, there were people who were being supported who discussed their preferred terminology to use and how they are being referred to. For example, they did not like the term 'service user' and 'residents.'" This had evidently been cascaded by staff as they did not refer to people using these terms and spoke of them with the utmost respect using their preferred names.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Management and staff stayed current with appropriate training and learning to ensure people were being supported with a person-centred approach, in line with or exceeding standards for people with a learning disability and autistic people.

Working in partnership with others

- The provider was involved in provider engagement groups organised by local authorities which aimed to help improve care services in the local area. Due to the services spanning over a large geographical area, the registered manager ensured they kept up to date with each specific local authority. They told us this was helpful to learn and develop from a wealth of knowledge and they also belonged to various registered managers' forums.
- The registered manager was particularly well supported by the provider's senior management team, including the operations manager and regional support manager. The registered manager told us how further support was leant by their own team. Management meetings were held for registered managers where good practices and lessons learnt could be discussed.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system. The registered manager told us they had attended a recent seminar where speakers presented on CQC's Right support, right care, right culture guidance. The registered manager used this to benchmark the service and ensure people were receiving the highest standard of support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a full understanding of the duty of candour. The service apologised to people, and those important to them, when things went wrong. They fully investigated incidents and were honest with people and their family members providing appropriate apologies.
- When discussing the duty of candour, the registered manager said, "We have the duty to inform people if things go wrong, be open and honest, explain what happened, why it happened and what we will do to prevent it happening in the future."