

# Voyage 1 Limited

# Falcon Lodge

## 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Falcon Lodge is a residential care home providing personal care to five people at the time of the inspection. The service can support up to five people who have learning disabilities and/or autism. Accommodation consisted of individual bedrooms with en-suite facilities, a shared lounge, dining room, small lounge and a large, accessible garden.

The service was designed according to the best practice guidance and the principles and values of Registering the Right Support. The service was accommodated in a large, domestic style house in a residential development and was not immediately recognisable as a care home.

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

The service was safe and people were supported by staff who were well versed in safeguarding. Risks were assessed and wherever possible actions were taken to minimise risks and enable people to lead fulfilling lives. If an accident or incident occurred, this was reviewed and learning taken from it to reduce the likelihood of future occurrences.

The premises were well maintained and all necessary checks and servicing of equipment were completed. Staff were safely recruited and all pre-employment checks were completed prior to them commencing in post. Medicines were safely managed and staff were checked for competency in handling medicines before supporting people.

Staff told us they felt they were well trained and well supported by the registered manager. Regular supervisions took place and the training package for staff both at induction and throughout their employment was extensive.

Assessments and care plans were holistic and well suited to the people living at Falcon Lodge who had autism. Considerations were given to sensory impact on people and the environment as well as identifying and meeting needs. Support was person-centred and, for example, the GP or nurse would attend the service rather than people going to the surgery as this was better suited to them.

People were supported to cook meals or had meals prepared for them, always to their taste and prepared so the whole house could eat together as a family would. People were supported with weight management whether to gain or lose.

The premises were well suited to the people; necessary adaptations were in place, however, the service looked like the other residential properties on the street and had no outward signs of being a specialist provider of care and support.

People were supported 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a homely atmosphere in the service and staff had very positive relationships with people living in the home. We received positive feedback from relatives about the care people received in the service and the service was likened to a family home.

People had needs that changed and the service responded well to this. People had in depth autism profiles and sensory assessments. These would signpost to other assessments and professionals as needed and the provider ensured that all necessary support was sought to enhance people's life experiences.

Staff were aware of the most effective ways to communicate with people and these were on record in people's care plans. These were updated as necessary with any new learning.

Activities were person-centred and people accessed the community both individually with one-to-one support and in small groups. Activities were offered in the house for some people and some people's activity plans showed that their time was well planned to ensure their need to feel secure in their routines was met. Family events such as teas and barbeques were also arranged and relatives enjoyed these as they were able to meet and get to know each other.

There was an easy read complaints procedure available to people, however, relatives told us they had not needed to raise any concerns about the service.

When we inspected, people living in the home averaged 30 years of age and end of life care plans were not relevant to them. The provider had appropriate policies and procedures and would revisit these when more relevant.

We received positive feedback about the registered manager and there was a positive, person-centred culture in the service. There was a strong vision and staff were committed to enabling people to develop their independence and provide them with opportunities to lead happy and fulfilled lives. The registered manager fulfilled their responsibilities as a registered person and ensured that notifications to CQC were submitted and understood their responsibilities under the duty of candour.

The service had achieved accredited status from the National Autistic Society, a significant achievement and the result of hard work by the whole team.

People, relatives and staff were asked for feedback about the service through a quality assurance questionnaire. Action points were taken from the responses and addressed through service improvements. Generally people and their relatives were very happy with the support received at Falcon Lodge.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 16 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Falcon Lodge

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Falcon Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced; however, we telephoned an hour before attending to ensure there were no risks associated with Coronavirus within the service.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed notifications received from the service. Notifications are sent by the provider to CQC to tell us about significant events that happen in the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. We spoke with six members of staff including the registered manager, area manager, senior care workers, and care workers.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received all information requested from the provider and sought feedback from two relatives by email.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a robust safeguarding procedure and staff were knowledgeable about the signs and symptoms of potential abuse.
- A staff member told us, "I have received online training on safeguarding, which requires renewal every year. It goes into great detail about signs and symptoms to look out for that indicate someone might be getting abused, whether its financial, sexual, emotional, physical or neglect. These include things like: Being withdrawn, being secretive, unexplained injuries, bed sores etc. If I were to see any of these signs or symptoms, I would feel confident recognising they could be signs of abuse and to report them accordingly."
- A second staff member said, "Personally I feel as though Voyage Care provide us with a good level of training around safeguarding. I can identify the different types of abuse, what signs to look out for and how to report this when needed. For example, if a person we support belongings started disappearing, or if they had money missing without receipts to back this up this could mean that they are being financially abused by a staff member, I would report this as a safeguarding."
- A relative told us, "I do believe that the service at Falcon Lodge is very safe and [person] is looked after very safely. They put the safety first."

Assessing risk, safety monitoring and management

- Risks associated with people's needs and environment were thoroughly assessed and measures put in place to minimise residual risks.
- The provider was proactive in supporting people to take positive risks. For example, people now travelled on public transport which, though risky, enabled them to access community-based activities which enhanced their quality of life.
- The registered manager ensured that health and safety checks of the premises and equipment were completed regularly as required. We saw records that evidenced good practice in monitoring fire safety equipment and water hygiene for example.

Staffing and recruitment

- Sufficient staff were deployed to support people to meet their needs and wishes. People living in the service had allocated one-to-one hours and the provider had agreed additional one-to-one hours at times when people needed more support due to health or behaviours.
- Staff were safely recruited, and all necessary pre-employment checks were completed before staff commenced in post.
- A relative told us, "There are always enough staff there for residents. They give the best support to all residents."



### Using medicines safely

- Medicines were safely managed. There was a medicines cabinet in each person's bedroom and medicine administration records, (MAR), were in place for each person's medicines.
- Daily checks of medicines ensured that stocks were correct, and that people had received the right medicines at the right time. A weekly audit was also completed.
- Sufficient stocks of medicines and other prescribed products such as tooth paste were in place and careful ordering ensured that there were minimal returned medicines and wastage.
- Staff were trained in administering medicines and completed a competency check before being able to administer medicines. Training was updated annually or as required.

### Preventing and controlling infection

- The premises were very clean, throughout our inspection there were staff attending to day-to-day cleaning tasks and ensuring that all areas were well maintained.
- On arrival, before signing in, we were asked to use a cloakroom next to the front door to thoroughly wash our hands and to use some anti-bacterial alcohol gel. We inspected the service two weeks before the 'lock-down' due to Coronavirus and the registered manager and provider had already implemented robust, increased infection control measures.
- In two of the bathrooms there was flooring lifting at the side of the room, this presents difficult to clean areas and a risk to preventing the spread of bacteria. We feedback our concerns and were reassured that they would be acted on by the registered manager.
- The kitchen was worn and had some doors missing. Though very clean, the old and damaged units and surfaces could pose an infection control risk, however, the kitchen was being refurbished shortly after our inspection.

### Learning lessons when things go wrong

- Accidents and incidents were carefully analysed, and risk assessments and care plans were reviewed as a result of new learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had developed an extensive assessment system which provided detailed information on the person. Before moving to the service, an assessment was completed and people were supported to transition into the home.
- Assessments were holistic and were regularly reviewed to ensure information was current and new learning about people was recorded. Good practice guidance was used to inform assessment and care planning processes.
- Staff were knowledgeable about how people preferred their care to be delivered and wanted their rooms to be arranged. A staff member spoke about how people liked their bed to have minimal covers and in an en-suite, how the person liked their shower cubicle to be kept closed.

Staff support: induction, training, skills and experience

- Staff completed an induction when commencing in post. This involved becoming familiar with people's care plans, completing mandatory training courses and working shadowing shifts with experienced staff. A staff member told us, "My induction involved reading all the care plans, perimeter checks, fire checks, first aid facilities, food and drink arrangements, communication arrangements, communications book, handling a complaint. I did not complete the Care Certificate, however, since being here I have completed my NVQ Level 3."
- Staff new to caring would complete the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff. It's made up of 15 minimum standards and is part of a robust induction programme.
- Staff told us they were happy with the training provided. One staff member said, "Yes I have found the training very good and it has prepared me well for my day to day duties." Another staff member told us, "All training provided by Voyage Care is relevant and suitable for our job roles and helps to prepare us for our day to day duties. There is such a wide range of courses both online and face to face that we have to complete. There are also a lot more available if we wish to complete them for example, recently I asked my senior within a supervision if I could do the first aid course, this is in the process of being organised for me."
- Staff participated in regular supervision with their line managers, either the registered manager or a senior support worker. Staff were positive about the support they received, "I usually have my supervisions every one to two months with one of my seniors, however, if I would like it to be done with my manager this would be arranged for me. I like having my supervisions as they are good for expressing any concerns or just a general catch up. Our manager has an open-door policy and is always there to listen to us." Another staff member told us, "Yes I receive a one-to-one supervision with my manager [registered managers name] every two months. I find this time very useful to have discussions about how I am doing in my job and to raise any

concerns I might have."

Supporting people to eat and drink enough to maintain a balanced diet

- Menu plans were completed weekly by people with staff and displayed so everyone knew what was being served that day. For people who were not able to choose their meals, staff used their knowledge of the persons likes and dislikes to support them.
- Staff cooked meals for people and, at times had to cook an individual choice for each person. They managed to arrange all the different meals to be ready at the same time so that people could eat together and enjoy the social element of a meal.
- A staff member told us, "Yes at Falcon the staff and the people we support will all sit down and eat their meals together. Every person we support will have a member of staff sitting at the table supporting them, while eating at the same time. I have received nutrition e-learning training, however, we do not have any specific dietary requirements or people with diabetes, so this training is not something I've had to apply to my job role yet."
- Staff tried to broaden people's food choices, one person ate a very limited diet which was not very healthy so they tried to introduce new foods which they tolerated due to having a second plate to put food items they tried and did not like on.
- Meals were nutritionally balanced, varied and could be changed should someone prefer something else.
- People were regularly weighed and their malnutrition universal screening tool, (MUST), score calculated. MUST scores are used to ensure people are not at risk of malnutrition. One person had a MUST score which fluctuated. This was due to them constantly being active. Staff were aware they maintained a low weight and ensured they rested more frequently and ate sufficient to maintain their weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access relevant healthcare professionals. These included GPs, dentists, learning disability nurses and specialist health checks. A practice nurse attended the service when people needed GP appointments, flu vaccinations and health reviews to minimise the distress caused to them.
- There were positive working relationships between the provider and local social care professionals and commissioners.
- Relatives were confident that their family members health was maintained. One relative told us, "[Person] doesn't take any medication but if there was something wrong and [they] needed medication I am kept informed."

Adapting service, design, decoration to meet people's needs

- The service was housed in a residential property. There was a sign to show the name of the house but no outward indications that the property was a specialist service provider.
- The home was comfortably furnished and there was plenty of space in both the communal areas and bedrooms for people to socialise or take time out.
- A kitchen refurbishment was planned and had been scheduled for a time when some people would be spending time away from the service to minimise disruption and possibly upsetting them.
- Small adaptations had been made such as the addition of isolator valves on a shower so the person wasn't able to leave the taps constantly running and the addition of a small sensory area in the 'snug' where lights and music could be used to stimulate or relax people.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were appropriate mental capacity assessments and best interest decisions being made on behalf of people living at the service.
- DoLS authorisations had been applied for and assessments made to support them. The authorisations had yet to be agreed, however, appropriate records of actions to date were in place.
- The provider was working within the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives gave only positive feedback about staff members. One relative told us, "They are the kindest staff and the home has got a happy atmosphere. The staff treat people as equals and if there is anything wrong, they will say. As a parent if there was something wrong, I would want to know."
- Staff knew people well. There had been a consistent, long-term team of support workers for almost two years and many staff had worked in the service for more than five years. A staff member said, "Yes all the people we support have very in-depth care and support plans that have all their likes and dislikes in them in great detail. I have also been supporting them all for a long time now and feel like I know them very well and have a good rapport with them all."
- A relative added, "The service provides the best care. Residents are so happy they're always smiling. Falcon Lodge has brought the best out of [Person]. [Person] used to be in another residential house and they were so unhappy. When they moved to Falcon Lodge it was like a new [Person], always smiling they can't wait to get back to Falcon Lodge and they have come out of their shell... Nothing is too much trouble there. I say Falcon Lodge delivers the best care ever."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us, "People should feel included and part of the conversation. [Reviews are] not just staff meetings, we sit with them to decide what they want to do today and get a thumbs up."
- Staff supported people to be involved in day to day decisions about their care. A staff member said, "I feel as though over the past eight years I have worked alongside the people we support. I have gotten to know them really well and have built a good rapport with each of them. Reading and following the care plans and having good relationships with each of the parents also helps with this."
- Staff recommended the service and told us, "I would be happy for a family member to receive care in Voyage Care if the house was anything like Falcon Lodge as I know they would be supported in a way that is person centred, safe and caring."

Respecting and promoting people's privacy, dignity and independence

- Staff were passionate about enabling people to have fulfilling lives and supporting people in a safe, respectful and effective way. They told us, "Each staff member promotes every one of these daily [privacy, dignity, independence, respect]. This is done through promoting their privacy by knocking on their bedroom doors and waiting for them to open the door before we enter. We promote independence daily by supporting and promoting them to do as much for themselves as possible and working towards set goals. An example of when we promote their dignity is during personal care. We ensure that it is done in a private

area they are comfortable with, and with the door and curtains shut. We promote respect by offering the people we support choices all the time and respecting their decisions."

- A second staff member told us, "I will ensure the care I provide for people promotes dignity, respect, privacy and independence by doing things like knocking on a person we support's bedroom door before I enter. Closing their door once I am in their bedroom and making sure blinds or curtains are closed before starting personal care. Asking them if they are happy for me to complete their personal care, always calling them by the name they prefer and supporting them in the ways they like to be supported. I encourage and empower them to do things for themselves instead of doing everything for them."

- Another staff member echoed the sentiment and told us, "We promote dignity through doing things such as carrying out personal care in a private and comfortable place for the person we support and ensuring that curtains and doors are shut. We respect the people we support by talking to them directly, not talking about them in front of them. We respect their privacy by knocking on their doors and waiting for them to answer before we enter. We promote their independence by getting them to do as much for themselves as possible."

- We saw constant appropriate and respectful interactions between staff and people and without exception, staff reflected on people with fondness. A relative likened the service to a family and staff views supported this.

- Staff frequently mentioned they had built a good rapport with people and this was evident. They knew people well and used this knowledge to provide the most appropriate care for them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The registered manager had worked with the staff team to achieve a National Autism Society accreditation for the service. This meant that records, planning and support for people had been evaluated and deemed to be of high quality and appropriate for the people receiving support.
- Particular strengths noted were the relationships between people and the staff team and how well they worked together to create a homely environment for people. We saw staff interacting in a friendly and professional way and the service was homely.
- Care plans included an autism profile which detailed people's preferences from what they liked to be called to their routines and any challenges. A sensory assessment was a valuable tool facilitating an understanding of how best to support people. The assessment covered all aspects of sensory experience including whether people preferred tight clothing, if they were sensitive to sounds, felt heat or pain and their reaction in different light settings.
- Assessments identified areas that may need additional input from professionals such as speech and language therapists, occupational therapists and other health and social care practitioners.
- Care plans were person centred as was the care provided. A staff member told us, "Person-centred care is care that puts the individual at heart. It will be care given in ways they would like it to be given. We always encourage the people we support at Falcon [Lodge] to have a say in the care they receive, and the activities they do every day. We have developed their care plans in ways we know they would like them to be written and have involved them and their families in the process."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's care record contained a detailed 'effective communication guideline' document. This was a record of identified communication needs such as being unable to convey feelings or that a person is in pain. An outcome of effective communication was aimed for.
- Plans were in place for each person to promote effective communication including the use of sign language such as Makaton, if this wasn't effective, using just key words, not sentences. Pictures could be utilised and the best time for communication and decision making was recorded to ensure the best possible outcome was achieved for people. Picture exchange communication systems, (PECS), were also in use

where this was appropriate for the persons level of understanding and willingness to engage in interactions.

- Information was provided to people in the most appropriate format and staff approached people differently according to their needs and preferences.
- The service was meeting the requirements of the AIS.

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

- The registered manager strived to ensure that people could take an active role in their community and achieve fulfilling lives. Each person had taken holidays away from the home in the past year, either going to a UK destination or for two people flying to Spain for a week's break. The holidays had been great successes and people had enjoyed new experiences.
- There were regular activities in place for people, some run by staff in the home, others were community or day service based.
- People had intensive and regular activity timetables which suited their need to have routine and familiarity. All activities were programmed in advance and most of the time, unless the person wanted to change, people were supported with care at scheduled times and meals were at set times.
- One person's activity programme included short home-based activities such as arts and crafts alongside activities such as bowling, swimming, aqua fit, forest walks and trips to the pub. Additional sensory activities of the person's choice and sensory baths were programmed as were informal activities such as in-house games and regular personal care and meals were also added. The person's programme covered the whole of their day. They had constant one-to-one support, sometimes close support, sometimes at more of a distance, and ensured that there was room for the person to make choices whilst having a programmed day to maintain their feeling of being secure.
- Other activity programmes enabled different flexibilities and opportunities. One person would travel as much as possible on public transport. Before moving to the service, they would not have been able to manage travelling on a bus, but staff members had supported them to overcome this difficulty which enabled them to participate in their community.

The provider ensured that people's families were welcomed into the home and held regular events for them to attend. One relative told us, "There are lots of activities for them to do. It's like a happy household all the time. ... They have barbecues and tea parties for the families of residents so you get to know the other [people's] families."

Improving care quality in response to complaints or concerns

- The provider had an easy read version of their complaints procedures which was available to people should they wish to see it.
- The registered manager was constantly seeking to improve the service for people living there and would, if a complaint was made, act upon it and ensure that learning was taken and used for improvements both in Falcon Lodge and throughout the wider organisation.
- A relative told us, "I have not complained about Falcon Lodge as they are doing everything right, have got the best staff and nothing is too much trouble."

End of life care and support

- The service was providing care to young people who were around 30 years of age who were not yet at a stage when they would consider what they would need towards the end of their life.
- The provider had a policy on end of life care which detailed what was expected in an end of life care plan whilst recognising this would not necessarily be something that everyone wished to have.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was very well-led by the registered manager, senior care staff and area management. There was a strong vision in the provider's organisation to provide people with person-centred, quality support enabling them to have fulfilling lives.
- During the inspection, the registered manager gave a short presentation with accompanying PowerPoint slides. The presentation introduced the service and gave a brief overview of information such as the values of the organisation, how they supported people and why they were an exceptional service. The presentation gave a good introduction to the service and staff and relatives echoed the positive aspects in their comments to us.
- A staff member told us, "Voyage Care's Values are: Empowering, Together, Honest, Outstanding and Supportive. Our values are embedded throughout our organisation; and have a role to play in care planning and review, recruitment, internal quality audits, learning and development, appraisals and reward and recognition."
- A second staff member said, "The vision for us at Falcon Lodge is that the people we support will slowly become more independent, we set individual goals that we work towards. We ensure that each of our individuals are given regular opportunities to go out within the community to gain a good community presence. We are always looking for new activities and events to offer to the people we support, with the aim to help them lead a happy and fulfilled life."
- The service had achieved accreditation status from the National Autistic Society and people's support was designed using best practice and current research. A well-known provider of person-centred training and resources was in use to ensure their person-centred planning was effective and training was regularly updated to ensure staff skills were in line with best practice.
- The provider was committed to developing staff skills and knowledge and provided opportunities for them to participate in training and experiences that would enable them to progress into more senior roles should they wish to.
- A support worker at Falcon Lodge was a finalist in the Support Worker of the Year awards in 2019 due to their commitment and going over and above the call of duty.

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 was welcoming and forthcoming with information for our inspection and was open and honest about all aspects of the service.

- In the event that there was a concern about a person's wellbeing, the registered manager or support staff would be in contact with relevant relatives and health and social care professionals.
- If there was an accident or incident, relevant people were kept informed. A relative told us, "The staff treat people as equals and if anything went wrong, they will say. As a parent, if there was something wrong, I would want to know."
- The provider had a policy and procedure on the duty of candour and the registered manager understood their responsibilities and acted on them.
- Accidents and incidents were reviewed and relevant professionals involved for advice as needed. All learning from reviews was shared and significant learning shared across the provider's organisation.

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

- The registered manager was supported by a senior support worker and an area manager. There were regular meetings of managers from the provider's services which were beneficial as new learning and good practice could be shared.
- We received positive feedback about the registered manager and senior staff. A staff member told us, "I do feel supported as my seniors and [registered] manager work very closely with us and are always available for regular chats and catch ups which is nice to know and makes it easier and a more comfortable work environment." Another staff member said, "Yes I would be very comfortable raising anything with [registered manager]. I think they are a brilliant manager and have been so supportive and empowering to me. I trust that anything they did would be fair and know I can always approach them with anything."
- The registered manager submitted notifications to CQC as required. A notification informs CQC of significant events that have happened in the service.
- An audit system was in place which gave the registered manager and provider clear oversight of the service provision. For example, medicines were counted daily and audited weekly.
- There was a clear structure to the staff team and strong leadership from the registered manager and senior support workers. Staff worked as one-to-one support workers at all times and would support each other in these roles. The National Autistic Society, when assessing the service for accreditation wrote, "Each person is supported on a one to one but the staff are able to seamlessly swap in and out with each other whilst providing consistent support."
- An annual quality assurance questionnaire was sent to people, their relatives and staff and of 25 questionnaires sent out, 21 had been returned. People and their relatives were mostly positive in their responses, happy with the care and support, how their relatives are supported to make decisions and the cleanliness and safety of the home.

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

- The registered manager and support staff had worked hard to enable people living at Falcon Lodge to have a community presence. They accessed community facilities such as swimming pools, cinemas and bowling alleys and had meals out in local pubs and restaurants.
- There were positive relationships with immediate neighbours in the locality of the service and people would greet neighbours as they walked locally.
- The registered manager was committed to strengthening the engagement of people in the community, however, this was to be at their pace and would consider their needs at all times.

Continuous learning and improving care

- The provider had a wide range of training opportunities for staff and if additional training was needed it would be sourced and made available.
- Learning opportunities were part of daily life at Falcon Lodge. Following accidents, incidents and issues

involving people's behaviour in different situations there were evaluations and reviews and learning was shared among the staff team along with guidelines as to how to minimise future incidents.

- The provider was innovative in its approach to autism. The service was accredited with the National Autism Society and continually strived to improve the support they provided to people in order for them to have fulfilling life experiences.

#### Working in partnership with others

- People living at Falcon Lodge had autism and needed input from a range of health and social care professionals. Appropriate support was sought for people as and when needed. The provider had extensive in-house professionals to support with people's needs and the registered manager had positive working relationships with local health and social care professionals which facilitated good access for people.