

Voyage 1 Limited

Bracken Villa

Inspection report

6 Bracken Lane
Retford
Nottingham
Nottinghamshire
DN22 7EU

Tel: 01777719720
Website: www.voyagecare.com

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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

We inspected the service on 3 May 2016. The inspection was unannounced. Bracken Villa is registered to provide accommodation for up to 8 younger adults who have Learning disabilities or autistic spectrum disorder. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff monitored and responded to people's health conditions.

People were listened to and valued by staff. People were enabled to make choices and staff went the extra mile to support them to live a fulfilled life and cared for people in the way they preferred. People's potential was recognised and they were encouraged and supported to develop their skills and knowledge.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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 kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

People were listened to and valued by staff. People's choices were acted upon by staff who went the extra mile to support them to live a fulfilled life and cared for them in a way they preferred.

People's right to privacy and dignity were promoted and were central to how the service was run.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People

were supported to have a social life and to follow their interests.

People were supported to raise issues and there were systems in place to respond to concerns raised.

Is the service well-led?

Good ●

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Bracken Villa

Detailed findings

Background to this inspection

Start this section with the following sentence:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.'

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

We inspected the service on 3 May 2016. The inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. Before the inspection, 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.

During the visit we spoke with three people who used the service and the relatives of three people. We spoke with two members of support staff, the deputy manager and the registered manager. We looked at the care records of four people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm and people told us staff kept them safe. One person told us, "Yes I feel safe here. It is my home." Relatives also said they felt their relation was safe in the service. One relative told us, "[Relation] is very safe there. They look after [relation] very well. Another relative said, "[Relation] is definitely safe."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. The registered manager told us in the PIR that all staff were informed that if any abuse verbal or physical was witnessed they must report immediately to their line manager. They also told us staff were aware of the whistle blowing policy and had attended safeguarding training. We found this to be the case, staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise signs that a person may be at risk of harm. Staff knew how to escalate concerns to the registered manager, the Voyage safeguarding lead or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. We saw the manager had taken the appropriate action and shared information with the local authority when it was needed.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

During the course of our inspection we were made aware that the local authority was investigating some allegations made against staff working in the service. This was being investigated by the local authority safeguarding team and the investigation was not concluded at the time of our inspection.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example two people were at risk if they went out into the community and there was information in their care plans guiding staff on how to minimise the risk. We saw there were systems in place to assess the safety of the service such as fire risk and the risk of legionella. Staff had been trained in health and safety and how to respond if there was a fire in the service.

People received the care and support in a timely way. People we spoke with told us they felt there were sufficient numbers of staff to provide care and support. One person told us, "There are lots of staff." Another told us, "There are day staff and waking staff. I have a buzzer for night time if I need them." Relatives also felt there were enough staff, with one telling us, "There always seems plenty of staff around when I visit." Staff were readily available to support people when they needed or requested it and staff were also available to escort people in the community.

The registered manager told us that they were flexible with the number of staff on duty and that if more staff were needed they could increase the numbers. Staff we spoke with said they felt there were enough staff to

meet the needs of people who used the service.

People were given their medicines as prescribed by their doctor. People told us they were given their medicines when they should and relatives we spoke with told us that staff managed their relations medicines as they should. Two people were being supported to be more independent and one person told us, "I am having a box in my room so I can get them (medicines) myself. Another person said, "Staff help now but am having my own (medicines)."

We found the medicines systems were organised. People had their medicines reviewed regularly and there was guidance in place informing staff what they should do if people chose not to take their medicines. Staff were following safe protocols, for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being allowed to administer medicines. Staff were also assessed annually to make sure they were keeping up to date with good practice. Medicines audits were carried out weekly and monthly to ensure medicines were being managed safely and people were receiving their medicines as prescribed.

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. People who used the service and relatives we spoke with told us they felt staff had the right skills and knowledge to support people safely. One person told us, "They (staff) know what they are doing." Another person told us, "They (staff) are fantastic." A relative told us, "They (staff) are very well trained; excellent. We are more than happy with them."

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. One member of staff told us, "The training is really good." Staff told us they were encouraged to progress in the service and one member of staff was being given further training to support this progression. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, first aid and infection control.

People were supported by staff who were enabled to gain the skills and knowledge they needed when they first started working in the service. The registered manager told us in the PIR that specific training 'shadowing' shifts were allocated to new staff to give 'hands-on' experience of working within the service until they felt confident in their role. We spoke with a member of staff who had recently started working in the service, they told us they were completing an induction and that they shadowed a more experienced member of staff until they felt confident in the role. Some staff had completed the care certificate and other new staff were in the process of completing this. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who were well supported by the management team. Staff told us they had regular supervision from the registered manager. They received feedback from the management team on how well they were performing and were given the opportunity to discuss their development needs. We saw records which confirmed this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions on a day to day basis. We saw that people decided how and where they spent their time and made decisions about their care and support. People told us they made decisions about what they did such as choosing when to go to bed and when to get up. One person told us, "I choose where I want to go and staff support me."

Records showed that people were supported with decision making and there was a decision making profile in place for each person which gave clear guidance on how should support people to make decisions and what decisions they may need assistance with.

Staff we spoke with had an understanding of the MCA and their role in relation to this. We saw that where a person's capacity to make a certain decision was in question, the registered manager had completed an assessment to ascertain if the person had capacity and what decision needed to be made in their best interests. For example, one person did not have the capacity to make decisions about a certain area of their life and we saw a best interests meeting had been held with to ensure the person would receive support which was in their best interests.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to avoid this and to respond in a positive way. There were care plans in place informing staff of what may trigger the behaviour, how it would manifest and how staff should respond. Staff were given training in relation to responding to behaviour using least restrictive methods and the techniques which worked for each person were clearly recording in people's care plans.

People were supported to eat and drink enough. We spoke with people about food, they told us they had enough to eat and we observed people had access to the kitchen and to food when they wanted to eat. People told us they ate when they choose and one person told us, "I like cooking, especially chilli." Another person told us, "Staff cook for me because I can't use my hand very well." A relative we spoke with said they felt their relation was supported with their nutrition and said, "[Relation] goes shopping for food and staff help [relation] to cook."

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. People's care plans included their preferences and cultural needs. One person had preferences around what they ate, in relation to their culture and we saw there was a detailed care plan in place informing staff how to meet these preferences. Another person had a nutritional need in relation to their health condition and we saw there was information in their care plan informing staff how they should support the person with this. Another person was at risk of choking if left alone whilst they ate and staff we spoke with knew about this and knew how to manage the risk. There was a care plan in place detailing how staff should support this person at mealtimes.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked, one person was being supported to attend a health appointment on the day we visited. People told us they saw their GP when they needed to and a relative told us, "They (staff) sort all [relation's] appointments out and keep us informed about what is happening."

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved a psychiatrist for two people and one person was regularly supported to attend a clinic for their health condition. Staff made referrals to physical and mental health specialist teams when advice and support was needed and we saw the advice received was included in people's care plans and acted on.

Is the service caring?

Our findings

People who used the service and relatives were very positive about the care and support staff gave and said they were kind and caring. One person told us, "It is sweet here. just what I want." Another person said, "Staff are nice and kind." One relative told us, "If it wasn't for the staff [relation] wouldn't be where [relation] is today. They know [relation] very well, they are really pleasant and they care about the lads (people who use the service)." Another said, "We are more than happy with [relation's] care. There is always a relaxed atmosphere."

We observed there was a happy and relaxed atmosphere in the home and there was a lot of friendly banter between people who used the service. People spoke warmly about the staff supporting them and when we spoke with staff we found there was a mutual respect and understanding between them. From the registered manager down, there was a passion and dedication to supporting people to live a fulfilling life. The registered manager told us, "These guys (people who use the service) are addictive with their personalities. People get the 'Bracken bug' when they come here." One member of staff told us, "I come to work happy and go home happy." Another said, "It is a pleasure to work here." Staff had an excellent knowledge of how people preferred to be supported and there were detailed communication profiles in place detailing how people communicated their wishes and how staff should respond.

One person had recently moved out of Bracken Villa into a supported living service and the registered manager described the intensive support the person had been given to achieve this. She described how regular key working sessions, open conversations and engagement with external professionals had helped the person to achieve this. The person now lived independently and owned their own company.

The registered manager told us that three more people living at Bracken Villa had plans to live more independently. She told us how staff worked hard over time to support people to get to this stage by implementing an ethos of people having control over their life and slowly taking ownership of their own budgets, shopping, menu planning and cooking. One person was receiving training in how to manage their medicines safely and there were plans for staff to work with the person over time to enable them to take control over their own medicines. The person told us they had started to develop in this area.

People told us and we saw there was an emphasis on supporting people to become as independent as possible. Two people told us their independence had improved since they had moved into the service with one telling us, "I am more independent now and feel better living here" Another person told us, "I make my own doctor's appointments now." A relative told us, "I am really proud of [relation] who has come a long way with their support." Another relative told us, "There has been a massive change. I never thought I would see ([relation] as [relation] is now. We have seen big improvements, they have built [relation's] confidence." The registered manager told us in the PIR that regular individual meetings were held with the people who used the service so that staff could ascertain what people would like to achieve in the near future and how staff could support them to do this.

One person had needed significant support when they first moved into the service and over time, with

external professional and staff support, had been empowered to self-manage many aspects of their life, such as their finances. They had recently purchased a form of transport which would enable them to get around independently. The deputy manager had supported them to pass the first part of their driving test by researching road safety on the internet and plans were in place to support them to achieve a full driving licence. The registered manager told us, "[Person] has bloomed since coming here and we are supporting them to eventually move into supported living. [Person] has come a million miles."

We saw two people who used the service, along with a member of staff had built a large chicken coop and a garden swing for people to use. One of these people had always wanted pets but this had not been an option prior to them living at Bracken Villa. One of these people told us how they and the other person had built rabbit hutches with support from staff and they now had rabbits, which they cared for and were pleased that people from other Voyage services came to see the rabbits. They told us they were going to buy chickens for the new coop that day and we saw how excited this person was when they bought the chickens back to the service. They spent time trying to settle the chickens and we observed them lying down in the coop getting to know them. The person told us, "I am going to tame them." This was clearly a very positive experience for the person and the registered manager and staff all got involved in the excitement of welcoming the chickens to the service.

One person had also been supported to personalise the environment by making, for example, wooden signs for all of the doors in the service including name plates for people's bedrooms and signs to indicate communal areas such as the bathrooms. This person told us this had a positive impact on their life and said, "I feel better living here, I have more confidence. I am going into independent living soon." The registered manager told us this person had developed their skills in relation to joinery and had been supported in developing the environment. The registered manager told us, "[Person] can turn their hand to anything. We are looking for a qualification in joinery for [person] to register for."

People we spoke with were very positive in their feedback about how they felt about living at Bracken Villa. One person told us, "I love living here." A relative told us, "[Person] is very settled there. It is the best move we have ever made." Another told us, "[Person] is very happy there."

People's choices in shaping how the service was tailored around their wishes were listened to and acted on. People were supported to make decisions about the staff that worked in the service and attended the interviews to ask potential staff questions and then had the opportunity to give their views of who should be employed.

People had expressed an interest in holding a disco for people who lived at Bracken Villa and for people who used other Voyage services. The registered manager had investigated this possibility and had hired a private function room for the disco to be held. This had been a huge success and there was now a weekly disco. One of the people using the service told us they were the 'resident DJ' and clearly enjoyed this role.

One person had approached the registered manager with detailed written plans of a project they wanted to do which would enable them to own exotic reptiles. We saw the person had been supported to create a plan which assessed exactly how they would achieve this and what work would be needed to reach their goal. We saw this had been supported by the manager and the person now had their own exotic pets and had built them a specialist home. Another person was working with staff to develop a plan for a sensory garden which they could use. We saw the plans for this which incorporated the person's choices and wishes.

People's cultural and religious preferences were explored and their preferences were respected. One person had a religious representative from their preferred religious background who was an advocate for them and

they were supported to maintain contact. There was a detailed care plan in place informing staff of the person's preferences in relation to their religion including what food they did not eat, what they preferred to wear and how they wished to be supported. The person was being supported to attend religious festivals and to visit their chosen place of worship.

People we spoke with told us they made choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. We saw people decided where and when they ate their meals and how they spent their time. A member of staff confirmed that people decided how they spent their day and said, "They (people who use the service) tell us what they want to do and we do it."

People told us about friendships and relationships which had been forged at the disco and showed an excitement for this regular event. They told us that they were encouraged to maintain relationships and develop new ones. Relatives we spoke with told us they visited regularly and said they had seen friendships had been made at Bracken Villa. One relative told us, "They are all very happy living together." One person had not seen their relative for many years prior to moving into the service and had told the registered manager they had wanted to get back in touch with their relatives for a long time. The registered manager described how they had worked with the person to achieve this through regular sessions and boundaries put in place to support the person with communicating their wishes effectively. This had resulted in the person seeing their relation again. Another person had been socially isolated prior to moving into the service and had resisted any attempts staff made to encourage them with socialising. The registered manager told us how staff had worked with the person to gain their trust and build their confidence and the person now socialised with the other people who used the service.

People benefited from a culture where staff were empowered to achieve their potential and become experts in different areas of care and support. There were a range of 'champions' in the staff team in areas such as dignity, the MCA and diabetes. Staff had developed skills in these areas and their role was to give guidance and support to other staff on how to improve their skills. These 'champions' were also used across other Voyage services to share good practice.

The registered manager had implemented a dignity champion system and this member of staff was giving guidance and support to staff to ensure they knew the dignity values and how to work within them. The member of staff had been recognised as having exceptional skills in relation to this and was now visiting other Voyage services to guide and mentor other staff in dignity values.

The registered manager told us that one person was currently using an advocate and this had been put in place to support the person with decisions around making contact with a relative. We saw there was information about different advocacy options available displayed in the service, in a format people would understand. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have privacy and were treated with dignity. People we spoke with told us that staff treated them with respect. They told us they were treated as individuals and knew about their rights to privacy. We observed people were treated as individuals and staff were mindful of people's preferred needs. The relatives we spoke with told us they felt their relations were treated with respect. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and were given training in this area. We saw this was also threaded throughout the care planning for people who used the service to ensure people understood what to expect from staff.

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. The registered manager told us that people were invited to attend meetings to review their care and support. People we spoke with confirmed this to be the case and records were kept of these meetings and we saw that other people involved in people's support were also invited to attend, such as relatives and health care professionals. Staff were recording in people's care plan when they had discussed aspects of their care with people and there were regular meetings between staff and people who used the service to gain their views of what was working well for them. This showed people were being involved in the planning of their care and support.

People had their support needs and preferences assessed and planned for. People's preferences in relation to their care were recorded and discussions with staff showed they had a good understanding of what worked well for people. We saw that care plans included what and who was important to each person and how they preferred to be supported.

We saw that people's care plans also contained information about their physical and mental health needs and guided staff in how to support them. For example one person had epilepsy and we saw there was a clear detailed flow chart for staff to follow if the person had a seizure. This informed staff how to respond to any eventuality such as what to do if the seizure lasted for more than what was considered normal for that person.

Another person had a health condition which required monitoring and we saw there was detailed guidance in place informing staff how to monitor this and how to recognise if the health need was deteriorating. The plans we saw were regularly reviewed to ensure they contained appropriate guidance for staff on people's current needs.

People were supported to have a full and active social life and to follow their hobbies and interests. One person spoke of their love of music and told us, "I have started my own DJ business and do gigs for other people." Another person told us, "I like going to music festivals, doing wood work and looking after the animals." One person told us about their interests in the community and told us that staff supported them to follow these. We observed this happening on the day of our visit and when the person returned to the service they looked happy and proudly discussed what they had been doing.

People told us about holidays they had been on and holidays they had planned for this year. Relatives told us they felt their relations were supported to have a social life and to have regular holidays. One relative told us, "[Relation] belongs to a fishing club and chooses what [relation] wants to do."

Staff told us they felt people were given enough opportunity to socialise. One member of staff told us, "They (people who use the service) have a better social life than me." They told us that people let staff know where they would like to go and this was facilitated. They described trips to the Coast, barbeques in the garden, shopping in the town centre and eating out in pubs and restaurants.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to staff or the registered manager if they had a problem or concern. They told us they felt they would be listened to. One person told us, "I would tell [registered manager]. One relative told us, "Relation would let them know if [relation] was not happy." Another relative told us, "I have no complaints at all but would just ring [registered manager] if I had." There were weekly meetings held with people who used the service and a part of the meeting was to discuss any concerns people wished to raise.

People could be assured complaints would be taken seriously and acted on. We saw there had been two complaints raised since our last inspection and this had been recorded, acted on and resolved with the person raising the complaint. There was a complaints procedure on display, which was written in a format people would understand.

Is the service well-led?

Our findings

People were involved in shaping the service and felt there was an inclusive and open ethos. People told us they could talk to staff and the management team about anything and felt listened to. One person told us, "I talk to staff all the time, and we have meetings." Another person told us, "[Registered manager] always listens." The relatives we spoke with echoed this and said they felt they could approach the staff and management team at any time. One relative said, "I visit once a month and can talk to them about anything." Another told us, "I just ring up if I want to speak to someone."

We observed this to be the case on the day we visited. People who use the service regularly entered the registered manager's office and sat and spoke with her or made requests, which were quickly acted on. We saw one person who used their mobile phone to call the registered manager from the garden on a frequent basis and they were treated with patience and understanding each time they called.

People were supported to attend regular meetings held in the service called, 'Lads meetings' and they told us they discussed what activities they would like as well as suggestions for improvement. We looked at the minutes of a recent meeting and saw people were asked for their views and where people put forward ideas these were listened to and an action list was drawn up following the meeting. For example people had requested the registered manager's office be relocated to the ground floor and we saw this had been approved and there were plans in place to make this a reality. We saw there was a gym in the service for people to use and the registered manager told us this had been requested at a meeting held for people who used the service. The registered manager told us that any requests people made were listened to and acted on wherever possible.

There was an 'annual service review' carried out at the service each year and we saw the results of the last annual review undertaken in 2015. The review included the results of a satisfaction survey which people who used the service, their relatives, visiting professionals and staff were able to complete to give their views of the service. The results had been shared with people who used the service so they were aware of how the service was running and an action plan had been implemented to address suggestions made by people.

There was a registered manager in post and she was supported by a deputy manager who also took responsibility for the day to day running of the service when the registered manager was not there. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service. People who used the service and their relatives were complimentary about the leadership in the service. One person told us, "They are lovely they always listen to me." Another told us, "Fantastic, especially [registered manager]."

People lived in an enabling and inclusive service where links with the community were seen as a valuable part of people's lives. People spoke about the events organised in the community, such as the local disco where they were able to meet friends and develop new relationships. The registered manager described how through links with the community local businesses supported the service and donated goods support them.

Staff we spoke with told us they felt the service was well run and said that the registered manager and deputy manager worked with staff as a team and were approachable. They told us they enjoyed working in the service and felt it was rewarding. One member of staff told us, "Every day is different, it is rewarding. The managers are brilliant." Staff told us their work and home balance was good and that the management team were flexible and accommodating to ensure staff could maintain this. Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. Staff were also given the opportunity to have a say about the service during regular staff meetings and we saw the registered manager used the meetings to remind staff about their duty to raise any concerns they had about the service.

People could be confident that the service was monitored and any improvements identified were implemented. There were systems in place to provide specialist support to the registered manager and to oversee and analyse any incidents in the service. These included dedicated teams at Voyage, for example behaviour therapists and safeguarding experts who analysed incidents to see if action needed to be taken to learn from the incident and make changes to the way people were supported.

There were also robust monitoring systems used to audit the quality of the service provided. The registered manager told us in the PIR that quarterly audits around all outcomes for CQC were carried out by the manager and audited by the operations manager. The results of this along with information about accidents and incidents were inputted into an electronic audit tool which was submitted to the quality team within the company. We looked at the systems in place and saw these were focused on the five key questions asked by the CQC, is the service safe, effective, caring, responsive and well led. This involved audits which looked at every aspect of the service including care records, the environment, staffing and safety. This gave the provider an overview of the quality of the service. We saw the systems were effective in identifying where improvements were needed and the registered manager had action plans in place which were monitored by the provider to ensure the improvements were being made.

Additionally annual quality assurance visit undertaken by the provider and this was a comprehensive audit looking at all areas of the service. We saw the most recent visit undertaken and saw that the audit comprised of a range of methods of gathering evidence of how well the service was operating, including speaking with people who used the service, observing staff interactions with people, speaking with staff and looking at all aspects of the running of the service. Following the visit a report was given to the registered manager along with an action plan for improvement.