

Voyage 1 Limited

The Acorns

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

Voyage 1 Ltd is a large registered provider, having 291 registered locations across the country. The Acorns is registered to accommodate up to four people in an all female service. The service provides support to people living with learning disabilities or other complex needs who need support with personal care. At the time of our inspection there were four people living at the service, which is set in a modern detached house in a residential area of Crawley.

This inspection took place on 27 September 2017. The service was given short notice of our visit. This was to ensure people would be available to support us with the inspection.

We had previously inspected the service on 3 July 2015, when the service was rated as good in all areas. We found this good practice had been sustained.

The service has a registered manager. 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. The registered manager was on leave at the time of our inspection so a regional manager attended the service to assist us with the inspection.

People benefitted because the service had a well understood, positive and open culture, with a clear set of values, ethos and clear lines of management. Regular audits and assessments of the service showed they were performing well and any areas needing attention or improvement were swiftly acted upon. Staff spoke highly of the manager and organisation. There were regular staff meetings and staff received regular supervision and appraisal.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. People were encouraged to speak out if they were worried about anything and staff had access to people at all levels within the organisation to refer any concerns to. The service had a clear focus on the people they were supporting, their rights and the opportunities to help them reach their potential maximise independence and choices.

Risks to people were identified and plans were put in place to minimise these risks. For example, where people had health conditions that could present risks there were clear and well understood protocols in place to assist staff. Systems were in place to ensure any complaints or concerns were responded to and managed, including easy read documentation to support people's understanding; however for some people staff understood the need to interpret people's behaviour or facial expression in order to understand they were unhappy about something.

People received their medicines safely as prescribed. Medicines were stored safely in each person's room, and records completed when people received their medicines.

People were supported by sufficient numbers of well trained and supported staff to meet their needs. Staff were very positive about the service and the people they supported. They told us "It's a really nice place to work. It's not like work really. It's like spending time with friends" and another staff member told us a person living at the home "is more like a friend than a person I support. I just love working here." Staff recruitment systems were robust, and helped to ensure that people were not supported by staff who may be unsuitable to work with people.

The Acorns provided a comfortable and homely environment in a residential area on the outskirts of Crawley. People had their own bedroom with en-suite facilities to match their needs. People had access to a pleasant garden with a decked seating area, and comfortable communal spaces.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation. Where people lacked capacity to make an informed decision, staff acted in their best interests, and this was recorded. People's relatives told us they were involved in supporting positive decision making for their relation when needed. Applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) where necessary.

People's healthcare needs were identified and the service had good links with local GP services. People were encouraged to be active; one person had joined a gym and another went for a walk with staff each day to assist with maintaining their mobility and weight management. People were supported to have enough to eat and drink to maintain their health. Mealtimes were social experiences and people were involved in the planning, cooking and choosing of their meals where they were able to do this. People told us they also enjoyed regularly going out for meals.

The service had a happy, positive and welcoming atmosphere. We saw staff were supportive, compassionate and caring in their relationships with people. People were valued for their contributions to the life of the service and their individual qualities. People's communication needs were understood and supported, and this included helping people make sense of what was happening that day through the use of objects of reference that the person understood. For example, for one person wearing a particular back pack indicated to them they were attending a local centre that day.

Staff understood people's needs, and ensured their support plans were followed through. These included daily activity planners which one person told us they reviewed each month with their key worker. People and their relatives had been involved in drawing up their support plans and participated in their reviews. People were enabled to follow full and active lives that met their choices and preferences. The service harnessed staff skills and talents to help offer additional opportunities for people living at the home such as some craft and engagement items staff had made.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law.

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.

The Acorns provided a safe environment where risks to people had been assessed and where action was consistently taken to reduce risks.

Risks to people's health or well-being were robustly assessed and managed.

Incidents were analysed to identify trends and prevent re-occurrences. Learning was shared with other services to promote good practice.

There were sufficient staff on duty, and staff were recruited safely.

People received their medicines safely.

Is the service effective?

Good 

The service was effective.

Staff had the skills and support they needed to ensure people's individual care needs were met.

People received the healthcare support they needed.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation.

Where people lacked capacity to make an informed decision, staff acted in their best interests. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink, and regularly ate meals out. People were involved in the planning, and choosing of their meals.

The premises offered people a homely and comfortable

environment in a residential area. People were supported to take care of the service, and personalise their own space, learning new life skills where this was possible.

Is the service caring?

Good ●

The service was caring.

Staff were positive role models. They had clear affection for the people they supported and had built positive relationships with people and their families.

People's communication was understood, and staff worked hard to develop this further.

People were valued for their contributions to the life of the service and their strengths and personalities, whatever the limits of their disabilities. The service had a happy, positive and welcoming atmosphere.

People were treated with dignity and respect for their individuality and their need for privacy and 'quiet time' was understood.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs, were thoughtful and reflective about the care they gave people and ensured their care plans including personal aspirations were met.

Staff were creative in developing ways to engage with people, developing craft items to help stimulate and support people to engage with their environment.

People benefitted from personalised activities that met their choices and interests. People were active in the local community, using local shops, leisure facilities and clubs.

Systems were in place to ensure complaints were responded to and managed.

Is the service well-led?

Good ●

The service was well-led.

The Acorns benefitted from strong positive leadership from the registered manager and the wider organisation.

The provider and registered manager had clear and well organised systems in place to ensure people received high quality, safe care and support.

The provider and registered manager sought feedback from people, relatives, staff and healthcare professionals in order to improve the service.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law.

The Acorns

Detailed findings

Background to this inspection

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

This inspection took place on 27 September 2017 and was announced. The service were given short notice of the inspection (24 Hours) This was to ensure someone was available to support us with the inspection.

The inspection was carried out by one adult social care inspector. People at the service were living with complex needs, and for some people this meant they did not communicate verbally. For this reason we were not always directly speak with everyone about their experiences, but spent time with them observing relationships and contact they had, as well as some basic discussions. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the service. We spent time with each person individually or with staff.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make.

During the inspection we looked at the support plans for all the people living at the service. We spoke with or spent time with all the people living at the service, three members of care support staff and the regional manager who attended the service to support us with the inspection. Following the inspection we also spoke with the registered manager by telephone. We looked at records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and two staffing files, and looked around the building and grounds.

Following the inspection we also spoke with two family members of people living at the home. One person told us they did not want us to speak with their family which we respected.

Is the service safe?

Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. A person living at the home told us they felt safe, and one person's relative told us "we have no concerns about her being there." Relatives told us they were kept in touch with their relations needs and of any concerns or changes being made. Staff had received training in safeguarding people, and told us they would feel confident in raising any concerns as they knew they would be addressed.

Information about external agencies to contact in case of a safeguarding concern was available in the service for staff reference. Staff had a good understanding of how people might express any unhappiness through changes in their behaviour. For example one staff member told us about how a person they had supported to go on holiday had expressed they had not enjoyed certain aspects. The service had made changes so the person would have shorter days out instead of a longer holiday next time. Some information was available to people in a pictorial format, for example about bullying and what to do about it.

There had been two safeguarding incidents at the service since the last inspection. One had been quickly resolved regarding post-operative care of a person following surgery. Another had arisen as a result of staff raising concerns about guidelines not always being followed. The service had taken appropriate and robust action to protect people and there had been reflection afterwards and 'lessons learned' from the experience. Staff told us they were aware of how potentially vulnerable people were and how they understood their role in ensuring they received positive, safe life experiences and support.

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. For example, people living at The Acorns had a range of learning and physical disabilities or needs for psychological support. One person had a long term health condition which could lead to them having seizures. There were clear protocols for staff to follow in case of a seizure, including when staff would need to summon emergency medical assistance. We spoke with a staff member about this. They had received appropriate training and understood how the person's condition affected them. Another person had been experiencing regular skin infections. The service had taken action to ensure the person had regular soothing baths and time free from wearing aids that may have exacerbated the condition. The person's skin was improving as a result.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person. For example, one person had been assessed as being at increased potential risk of choking due to a long term health condition. The service had reduced these risks by ensuring the person had been assessed by a healthcare professional with regard to the risks, providing a softened diet and supporting the person to continue to eat independently but at a slower pace. Specialised cutlery and crockery had been purchased to help the person retain this independence.

Other assessments of risk included bed rails, vehicle mounted passenger lifts, personal hygiene, gas, hot water, control and management of infections. Actions had been taken where risks were identified for example all radiators had low surface temperatures to reduce the risks of people coming into contact with a

hot surface. Risk assessments and action plans covered all areas of the running of the home, identifying how often the lint filter on the tumble dryer needed cleaning (daily), to the weekly wheelchair checks. We saw these had been completed. Any incidents of accidents were assessed and analysed to ensure any learning was taken to prevent a re-occurrence. Significant incidents or issues were escalated throughout the organisation for senior review.

Assessments were made of any risks to others from the person for example as a result of them becoming anxious, distressed or becoming lost in the community and plans for how this should be supported safely. For example in one person's file we saw photographs of the person and information about what they would be likely to do if they became separated from staff.

The house was well maintained and in good decorative order. Each person living at The Acorns had their own bedroom and bathroom, which had been subject to risk assessment. On the day of the inspection the maintenance person attended the service to review any repairs needed and information was available for staff about what to do in an emergency. Regular fire precaution checks were undertaken, including evacuation procedures, the last being on 20 September 2017. Staff were proud that a full evacuation had been completed of the house in under 53 seconds. Staff had access to emergency contact numbers, and told us they were aware of regular fire practices and knew how to respond in an emergency. Each person had a personal evacuation plan.

There were enough staff to support people. People living at The Acorns had an individual staffing assessment, including the need for one to one staffing during the day. We were told some of this had been reduced recently by commissioning services, so staff were needing to be creative to ensure people received one to one support when they needed and wanted this. Each person had an activity programme which identified the staff time they would need to achieve this. People also had 1:1 time for example to support them with activities of daily living such as doing housework or shopping. Some people enjoyed cooking and participated in this with staff support and oversight. There were sufficient staff available to support people on the day of our visit to ensure people could follow their chosen day activities. People were also involved in choosing staff to support them with particular activities and people had designated key workers who they had been involved in choosing where their preferences could be known.

The service had only one waking member of staff on at night. The provider did not have an organisational risk assessment in place for this. However the regional manager agreed to address this immediately. We did not identify that people had been placed at risk of harm because of this staffing level, however the failure to have an assessment meant the service had not recorded their considerations in relation to supporting people.

Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at two staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks having been undertaken. Recruitment was in line with good equality practice and staff were supported with regular assessments of known risks for example to the health of night care workers. Staff signed an annual declaration to confirm they had not been convicted of any offences in the preceding year.

People received their medicines safely and as prescribed. One person showed us how their medicines were stored and kept safely in their room. We discussed the management of medicines with a staff member. Each person had a secure locked box in their room which contained their medicines. Each cupboard had an individual temperature probe to ensure they did not get too hot. Records were also kept near these. This meant medicines could be given to the person while they were getting up. Records showed people had

received their medicines as prescribed to promote their health. Clear protocols were available for 'as required' medicines for example to help people manage any pain. This included how the person might express pain if they did not communicate verbally. Staff had received training in medicines administration and could tell us when people received their medicines and what they were for. Policies were in place for home remedies or over the counter products such as paracetamol or cough linctus.

The systems for the administration of medicines were audited regularly to ensure they were safe.

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. Throughout the inspection we saw staff interacting well with people, supporting them to engage with activities and their environment. We saw staff communicating effectively with people, and respecting their wishes.

Discussions with staff indicated they understood the support people needed, their communication needs and any lifestyle choices they had made or needs regarding their healthcare. Staff received regular training as a part of their role, including training specific to the needs of people living at The Acorns, such as person centred care, and epilepsy. The regional manager provided us with a training matrix following the inspection, which demonstrated a wide variety of training, including new training courses that had been added that week in Autism awareness, duty of care and lone working. IT systems alerted staff to when training was due or needed refreshing. Training and learning was consolidated at supervisions and in staff meetings.

Staff received the support they needed to carry out their role. Staff told us they worked well as a team and we saw this in practice, with staff changing support around to meet people's changing wishes throughout the day. Staff were positive and told us they loved working at the service and with the people they supported. Supervision and appraisal systems were recorded in their individual files. We saw this had been carried out regularly and any issues needing improvement were carried forward to the next supervision. Supervisions also challenged staff with their personal development goals. For example one supervision document showed the staff member had been challenged to chair a staff meeting and to be more involved in new staff induction to help develop their confidence and skills.

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.

Staff had a good understanding of the MCA in practice and had received training in the principles of the Act, although we saw some of this was due to be updated according to the training matrix. We found people were involved in making decisions about their day to day lives. Staff showed us how they used some communication tools such as photographs and signs in support plans and around the home to help people's understanding and to make choices. For example one person did not express themselves verbally. The service used objects of reference to help them understand what was going on, such as ensuring they were given a particular back pack when they were going to their day centre. The person had associated the particular back pack with the activity and understood that was where they were going. Where people lacked capacity to make a specific decision staff were aware of the need to make a 'best interests decision' and of how they would need to record this. We saw some best interest decisions recorded in people's files, such as for the management of one person's finances. This had involved members of the person's family.

Another assessment had been made in respect of a decision regarding dental surgery where the person was not able to consent to this. Plans associated with best interest decisions had clear information and guidance for staff. For example one person sometimes needed physical prompts to support them to understand what was needed. This non-restrictive physical intervention might include holding the person's hand to encourage them to move from one area of the service to another. This was kept under regular review.

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. We saw that appropriate applications had been made to local authorities to deprive people of their liberty, and that one authorisation had been granted and a renewal applied for after this had expired.

People were involved in making decisions over the meals and some people also chose to participate in shopping and cooking for the food for the service. People were assessed for the risks of malnutrition and weighed regularly. Information about meals was decided at regular house meetings. We saw one person in the kitchen with a staff member cooking the evening meal together. We also saw people self-selecting their breakfast food items and preparing these and drinks independently.

People received good healthcare support, and the service worked well with other agencies. During the inspection the service was visited by a community healthcare professional to support one person with a regular injection. We heard from staff there were positive relationships with local health services such as GPs. On the day of the inspection one person was being taken out by staff for a private podiatry appointment and information was available from this service on the correct fitting of an ankle brace, including photographs. Each person had a healthcare passport in their file giving support information about the person in case of an admission to hospital. Files also contained copies of Health Action plans for each person, and recording their annual health check information. Files also contained evidence of dental or optical care appointments. Annual health checks included specialist tools aimed at supporting people with learning disabilities and non-verbal communication be understood and participate in reviews wherever possible.

The Acorns is a modern detached property set in a residential area of Crawley. The premises provided a comfortable, homely living experience where people had opportunities to lead an active life, set within a local community. The building had a raised deck and gardens to the rear where there was a trampoline. We saw people planting tubs and baskets to make the decking area attractive during the inspection. People had chosen the décor for their own rooms which were personalised and attractive. One person's room had a sensory theme including lights and moving objects which staff told us the person enjoyed spending time in each night. Each bedroom had en-suite facilities, including for some people wet room facilities. All areas we saw were clean warm and comfortable.

Is the service caring?

Our findings

The Acorns had a positive and welcoming atmosphere. People were busy and engaged throughout the day, but were interested in the inspection process and one person was happy and confident enough to show us their room and talk about the service to us.

Staff were positive about the service and respectful towards the people living there. A member of staff told us about the service and working with a person they were key worker to. They said "It's a really nice place to work. It's not like work really. It's like spending time with friends" and another staff member told us a person living at the home "is more like a friend than a person I support. I just love working here". We heard staff speaking positively about the people they were supporting and their achievements.

Staff told us they were always trying to find something new for people to take part in that might interest them. We saw staff worked hard to develop people's communication and engage people who were not able to do so verbally. For example staff showed us craft items they had been creative in making to support people to engage with their environment and receive sensory stimulation. We saw people engaging with these with staff and laughing happily. Another member of staff suggested a family member might be able to repair a broken item used to support the person with noises. We sat on the floor with this person and watched them engage with this item which clearly gave them great pleasure. Staff also discussed ways in which they might help increase one person's motivation to enable them to develop a richer life experience.

Staff were respectful that this was people's own home. We saw them respecting people's property and privacy, and all personal care was delivered in private in people's rooms. A person who lived at the home was involved in writing the "What's happening today" board in the kitchen each evening, which helped everyone see 'who was doing what' the next day. This helped ensure staff and people could get things such as meals or clothing ready well in advance. Some information in the service was available in an easy read or pictorial format. This included for example some policies or care documents such as the health action plans. Other objects of reference were used to help people understand their environment or activities better. For example one person would move to the dining room if they were shown a clothes protector they used while having their meal. One person's care plan stated "When I am going out in the car tell me and hand me the car keys. I will carry them to the car". We saw this happened when the person went out. People's care plans contained photographs and interpretation to help staff identify their facial expressions or vocalisation.

Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. They understood how people liked to engage with others. For example, one person liked to engage with people by having the inside of their hand tapped by another person's finger. We sat with the person and did this and they laughed and smiled at us. The person's relatives told us the person had "progressed hugely" since being at the service. They said it was "only little things" but for the person they were of huge significance and that each time they saw them there was some change for the positive. They told us they were delighted with the care and support their relation received.

People were treated with respect, and were spoken to and about in a respectful manner. Records were

written in ways that demonstrated respect for the person. Staff involved people in conversations, and people were involved in gentle teasing of staff at the staff expense which they found funny. We saw people being appropriately physically affectionate with staff and each other at times. People also had good relationships between themselves and despite considerable differences in their needs people were positive about each other and how they valued the person's friendship and company. One said "she's my best friend" when describing a person living at the service and told us about how they were going on holiday together with staff.

We heard staff asking for their opinions and encouraging them to make choices. People were encouraged to retain contact with friends and relatives, and to participate in activities, classes and social events of their choosing. One person told us they went to their parents house each week and enjoyed this very much, but also liked coming 'home'. A relative told us how they paid for their relation to attend an out of area club as they valued the importance to the person of their pre-existing friendships, but was also glad they had built positive relationships through living at The Acorns. People living at the home were involved in regular house meetings where decisions were made for example about menu planning.

Is the service responsive?

Our findings

The service recognised the individuality of each person regardless of their level of disability or the support they needed. People received individualised and well thought out support, based on an assessment and knowledge of their needs and wishes. This was then included in a plan of their care. People or their supporters had been involved where they wished to be in drawing up their support plans, and had signed them to show they agreed with them where possible.

The four people who lived in the service had a variety of needs and required varying levels of support relating to their physical health, their learning disabilities, communication and wellbeing. People's individual needs and wishes had been thoroughly assessed with input from people themselves where possible and their relatives. From these assessments, care plans had been created for each person. Each person's care plan was regularly reviewed and care review meetings took place. People and their relatives were fully involved in these meetings alongside staff and specialist healthcare professionals. Each aspect of their care was reviewed and their opinions, views and ideas were sought where possible. For example we heard from a relative about how one person had been challenging to the local authority at their recent review about things they wanted to do. This had been a positive, assertive and confident action from the person in self advocating for their rights.

People's needs assessments were regularly reviewed and where changes took place staff had responded to these. People's care plans and risk assessments had been updated to reflect these changes. Plans contained information about maximising the person's well-being, for example through encouraging healthy eating choices and included people's own goals where known. Plans contained information such as what a 'good day' looked like for the person. Staff told us they did "everything they could do" to make people happy, confident and independent.

People's care plans contained detailed information about their specific needs, personal preferences, preferred routines, personalities, abilities, and how staff should minimise any risks while still allowing people to lead full and active lives. The philosophy of care was based on principles of positive behavioural support, and developing people's potential and confidence. Guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important for those people who lived in the service who had communication challenges.

People were encouraged to take part in activities of their choice. A Halloween party was being planned for the coming weeks and there were some other events planned by the organisation but mainly people followed their individual choices. One person told us they sat with their key worker each month and reviewed their activity planner, making decisions on any changes they wanted made. People were encouraged to develop life skills such as doing their own laundry and cookery. For example one person's plan showed they had time allocated each week with their key worker for looking after their room, changing the bed and doing their own laundry. People also took part in social activities, and activities to support their health. One person had organised to go to the gym regularly to improve their fitness but was struggling with

motivation. Other people took part in crafts, shopping, going out for meals, music groups and 'pampering sessions'.

The home had received no complaints since the last inspection. An easy read complaints process was available for people to use but staff told us they were confident some people would feel able to raise anything they were not happy about. For other people staff were reliant on being able to interpret the person's behaviour to identify if they were unhappy about something.

Is the service well-led?

Our findings

We found The Acorns was well led. The service had well-structured management and clear processes for quality assurance and management. Any issues requiring attention were immediately addressed.

The organisation's website indicated their values had recently been reviewed through a process involving people supported and the staff group. The organisational standards that resulted had been based on the key value statements of Empowering, Together, Honest, Outstanding and Supportive. We saw these principles being operated in practice. We saw the service had an open and supportive culture, learned from any incidents to improve their practice and had the needs of the people very much at their heart. Each day revolved around the needs and wishes of the people living there. In their PIR the registered manager told us "This is a small service, but people are very busy, and the people we support are involved in all aspects."

There was a clear management structure which staff understood. People told us the registered manager was integral to the quality of The Acorns, and gave good leadership and direction to the service. A staff member told us they were the "best manager I have ever worked with. She'll always help out if we need to change a shift, even if it means she has to do it herself". Although the registered manager was not present at the inspection we saw they were well organised and efficient. It was easy to locate up to date records of anything we requested.

Staff were enthusiastic and positive about the home and the people living there. They took pride in the home and how people were supported and the opportunities they experienced. One staff member told us "I have had jobs I didn't enjoy before, but I love this" and another said "I just love working here". Relatives told us "fantastic home- fantastic leader" and "The manager and staff are really top rate." One told us they would "recommend it to anyone, although I had best not say that as I want it to stay small and homely."

The organisation recognised the importance of recognising staff and the service's commitment and performance through the Voyage Excellence Awards. The staff team at the service had been nominated for Care Team of the year in August 2017, and a member of the care team had previously won care staff member of the year in their national awards.

Systems to monitor quality and safety were up to date and thorough. The service had regular audits and spot checks carried out by the registered manager, including for medicines administration, health and safety, the environment and care planning. Where improvements were needed clear and timely action plans were put in place to address these. For example we looked at the environmental review carried out in December 2016. This showed all areas of the home that would benefit from redecoration or improvement, including photographs, descriptions of the repair, approximate costings if external contractors involved and authorisation details. We saw all areas had been approved. An internal Quality and Compliance audit was carried out by the provider organisation based on the Care Quality Commission standards. This had last been carried out in April 2017, and showed the service was performing well.

Although Voyage 1 Limited had 291 registered locations, there were clear structures and links between the

senior management board and services working directly with people. This helped ensure accountability at board level. Where safety issues or incidents had occurred at the service there were clear organisational structures that ensured senior management were made aware of any issues. High or very high level risks or incidents were copied straight to directors. There was a quarterly organisational risk meeting, and information or lessons learned was cascaded to teams for their action. We were told the chief Executive of the organisation had spent a week working as a support worker in a care home so they were aware of the issues and challenges staff faced. Staff had access to the Chief Executive's email address and could raise any issues directly with them. This helped ensure board members were in touch with the registered services.

People received a high quality service and were encouraged to give their views about how well the service was working and what could be improved. People were also involved in regular "Growing together" meetings within the organisation. One person from the Acorns was to attend the next event which was on recruitment. This helped ensure people's voice was heard at all levels within the organisation. Families, people, staff, and others such as visiting professionals were able to give their views about the operation of the service, through questionnaires sent out each year or at care reviews. The registered manager sent us the analysis of this year's annual service review. This contained clear information on what was working well and what areas could be improved. Where improvements were identified there was a clear action plan indicating dates for completion. These and any actions from the regular audit programme were recorded on a consolidated action plan for the service. This gave an overall view of all of the areas being worked on, and helped ensure those most urgent were prioritised. Updates on good practice were received from the internal organisational quality team, and direct support given to the registered manager by the regional manager. Portfolio meetings were held for registered managers where examples of good practice and 'lessons learned' were shared.

Records were well maintained, clear and detailed. Records were maintained in hard copy and on computer, which were password protected to maintain confidentiality. Hard copy records were maintained securely in the service's office and could be destroyed when no longer needed.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.