

# Voyage 1 Limited

# Voyage (DCA) Norfolk

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Voyage care is registered as a domiciliary care agency who provide care and support to people who have a physical and or learning disability. People have their own tenancies. The range of support varies according to people's needs but some care packages are significant with 24 hours support in place, whilst others are just a few hours to support people in maintaining their independence. The agency also has a re-enablement service which provides intensive support for people who wish to live independently. The purpose of this service is to equip them with the skills they need to enable them to do so. The agency provided a service to many people but on the day of inspection 35 people were receiving a regulated activity.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

During our inspection we found people were happy and engaged well with staff supporting them. They talked eagerly about their plans for Christmas and their many trips out into the community. For those less able, staff ensured they were comfortable and provided them with excellent care, mental stimulation and support to do activities they enjoyed.

The agency carried out its role effectively with robust leadership and delegation. There were clear governance processes in place and the agency reviewed its performance against clear objectives. The agency had a clear business plan which identified areas for growth and improvement. This firmly established year on year improvements and reflected on people's experiences.

People's safety was given the highest priority and systems and processes helped to ensure that data was collated about any incidents or events affecting the safety and, or well-being of people using the service. Risk assessments were robust, and records showed clear actions taken to investigate the circumstances of an incident and consider what else could be put in place to lower the risk.

Safeguarding concerns were reported as appropriate and the agency operated in an open, transparent way, cooperating and sharing information with other health and social care agencies as appropriate.

Regular reviews of the care clearly established how the agency were operating effectively and in line with the necessary health and safety regulations. Audits viewed showed high compliance levels and the registered manager had oversight of all aspects of the service.

The agency delivered holistic care working in partnership with other services and health care professionals to ensure people's needs were met as fully as possible. The organisation was very diverse in terms of the people it supported, and they ensured their workforce could meet the needs of people through good employment processes and training and development of its staff. We met people with rare medical conditions and staff had received bespoke training to enable them to meet their needs and educate others about their needs.

Staff helped to enhance people's lives and give them confidence and opportunities to have useful, fulfilling lives. Clear care objectives were set and reviewed, showing how people were progressing and encouraged to be more independent, develop and maintain important relationships, life and work skills. Care and support plans were well written and gave an insightful view of the persons strengths and support needs. These were written and reviewed collaboratively.

People were supported to live healthy lives and access the services they needed to stay healthy. Staff regularly consulted health care professionals and reviewed medicines people were taking with the view of reducing or stopping medicines which were no longer necessary. There were robust systems in place to ensure people received their medicines as intended.

The agency had an individualised approach for each person they supported, and this included establishing people's last wishes should they become ill and require palliative care. People's needs were met sensitively, and people were supported to have a dignified death.

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.

The agency recognised people's capacity to live their own lives and encouraged people to make decisions about their care and support, providing, where necessary additional tools and support to do this.

Rating at last inspection was good (published 5 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Voyage, (DCA) Norfolk on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Voyage (DCA) Norfolk

## 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 was carried out by an inspector and an Expert by Experience. The inspector spent two days on site either in the office or visiting people in their own homes. The Expert by Experience spent a further two days contacting people by telephone to gather their views of the service they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The service provides domiciliary care within a supported living setting in which staff provide care and support to people living in housing tenancies. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

Before our inspection we reviewed all the information we already held about this service, spoke with local authority commissioners and telephoned seven people and seven relatives to ask them their view. We reviewed any notifications we received on events the service is required to tell us about. We also reviewed

other information including any other feedback received through our website, the previous inspection report and any safeguarding alerts. The provider completed a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with the operational manager, the registered manager, the training officer, four staff members and three people came to visit us at the office. We reviewed care and support plans, staff files and other records relating to the oversight and management of the service. We visited nine people, observed their care and spoke with six staff.

#### After the inspection –

We continued to seek clarification from the provider and ask for additional information in a timely way.

# 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

- People were protected from the risk of abuse because staff received robust training. They understood what constituted abuse and what actions they should take should they suspect someone to be at risk. Staff understood people's communication needs and said they would recognise if people were in distress which could be indicative of something wrong.
- People and relatives spoken with had confidence in the agency, relatives told us they were open and transparent and would notify them of anything untoward. People told us they knew how to raise concerns and were always asked if they had any concerns.
- Commissioners told us there had been a few concerns raised but they had been impressed by the agencies timely response and said they had been dealt with in an open and transparent way.
- The registered manager told us team meetings included safeguarding as a standard agenda item, and management when completing audits spoke with staff to ensure they had enough understanding of this area of practice and their knowledge was also discussed within their supervisions.

Assessing risk, safety monitoring and management

- Staff were well trained and equipped to deliver safe care in line with people's needs. Robust audits were in place which helped ensure people lived in a clean, safe environment and equipment was regularly checked and serviced.
- There were clear lines of accountability between the care provider and the various housing providers which meant areas of responsibility were clearly defined.
- People using the agency were encouraged to be independent and take their own decisions with minimal restriction unless formally agreed as part of a best interest decision. Risk assessments were in place showing how decisions had been agreed and what was in place to reduce the level of risk. Staff were trained and experienced in supporting people and helping them think the risks through and actions they could take to reduce risk.
- The agency used assistive technology to monitor seizures, continence, safety in and out of home, and to prevent falls wherever possible.
- The agency had an extensive computer operating system which was used to capture data. Staff had mobile phones they used to log in and out of shifts and report any changes in people's need or risk, so they could raise this effectively and immediately with management who might not be on site at the time, enabling them to take timely actions.

Staffing and recruitment

- There were clear, robust recruitment processes which helped ensure that people were supported by staff

who were appropriately vetted. Staff told us the recruitment processes were well managed and the recruitment process was robust and timely.

- People being supported were involved in staff recruitment in various ways. We saw evidence that a person supported was involved in interviewing and helped to choose a candidate.
- The service used one-page staff and people's profiles which they used to try and match people's preferences with staff they would like to be supported by. Once staff were shortlisted people had an opportunity to meet them and ask questions and show them round.
- A relative said, "Voyage look for people who genuinely care and for whom it's not just an easy job as it certainly isn't."

#### Using medicines safely

- Medicines were administered in line with people's needs. There were safe systems of storage with each person having a locked cupboard in their bedroom. Staff administered medicines in line with people's preferences and routines.
- Robust systems were in place to help ensure people received their medicines as intended and in line with their preferences. There was clear guidance and reporting procedures around medicine incidents, so these could be addressed. Trained staff had oversight for the safe storage, administration, recording and disposal of medicines.
- Daily handovers were effective in ensuring people had been given their medicines and any error could be identified quickly.
- Medicines were kept under review to ensure they were still necessary, effective and not overused. The service signed up to STOMP which stands for stopping over medication of people with a learning disability, autism or both. The service had a clear agenda of how they would actively reduce and monitor the reductions of medicines. They had produced easy read guidance to support people and staff about having conversations about a reduction in medicines and the potential benefits and side effects of this.

#### Preventing and controlling infection

- Staff were knowledgeable about infection control which helped minimise the risk of cross infection. Staff were provided with personal protective equipment and we observed staff using it appropriately.

#### Learning lessons when things go wrong

- There were good governance processes which meant the registered manager, and the operational manager had a good overview of all the individual packages of care and support. They collated data in relation to accidents, incidents and events affecting the wellbeing and, or safety of people using the service. Data was collated and analysed, and themes and trends were identified. The operational manager viewed data across the different homes in which people lived by way of comparison and identified any themes and trends including high and low incident reporting. This was followed up to ensure staff were taking all necessary action to reduce incidents and that all staff knew when and what to report.
- Weekly meetings took place with office staff and management to focus on anything that had occurred and plans for the week including any priorities or lessons learnt from incidents or safety briefings. We asked for examples of things recently discussed and actions agreed. The manager gave us an example of paraffin-based creams being changed to water-based creams because of the associated risk of harm from the inflammatory risk of these products.



# 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 agency had robust processes in place to help ensure people were supported when moving into their own home. People's needs were assessed and reviewed to ensure they were appropriately supported and encouraged to live as independently as possible. This sometimes involved moving homes when chosen from a group setting or to a transitional setting to independent living. This was all meticulously planned and supported over time to ensure the agency flexibly supported the person as their needs changed.
- The manager told us, the staff team attended health and social care events across the county. Feedback was then provided and shared across the wider staff team to raise awareness and improve best practice. Infection control champions' workshops were attended and information from these was cascaded to all staff to ensure they were working consistently.

Staff support: induction, training, skills and experience

- The agency supported staff development and growth. They provided value-based training such as roles and responsibilities and maintaining professional boundaries when providing personalised care and support. Staff completed the care certificate, a nationally recognised induction which provided a competency framework.
- The agency also supported emerging talent and recognised when staff had potential to progress and take a management role. The agency provided apprenticeships, leadership and management programmes to develop its workforce.
- A staff member told us they were regularly supported and said everyone was treated well, were approachable and were shadowed until they felt capable and able to work at their own pace. They said training was fun and designed around the individual needs of people they were supporting.
- New staff were allocated a mentor who supported them through their initial induction and beyond. Staff were introduced to all members of the team and welcomed to help them feel valued and recognise that all staff, regardless of their job title, were approachable.
- Staff were supported through robust training, review of performance both annually and as part of regular supervision. Staff had opportunities to identify their own training needs which were both person specific and service specific. For example, staff had received training from a leading specialist to meet the specific needs of one individual. The agency had staff champions in place to provide support for key areas of practice.
- Care staff's knowledge was tested at every opportunity to ensure staff understood their training and were embedding it in their practice. Training included staff experiencing how it might feel to be cared for to help them develop empathy for people being supported.
- Agency staff were used across the organisation, but they were regular, and the managers ensured that they

had the necessary skills and experience before deploying them to work with different people. They completed an induction and were supported by core teams of staff who worked with each person.

- People were supported in their home by support workers, seniors and field supervisors who were familiar with people's needs and each house was well organised in advance to ensure hours were covered and used flexibly to ensure people could do what they wanted to do and access the community regularly.

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

- Care plans detailed people's dietary needs and staff supported people to maintain their independence in terms of meal preparation and shopping. Staff had a good understanding of what people's needs were. A relative said, "They cook specialist meals for (my family member) -very soft and cut up small, it looks lovely. They have a wonderful diet."

- One person had a very rare condition and needed food specially selected and prepared and their health monitored regularly. Staff had become experts in meeting this person's needs and sourcing the foods they needed. When they went out they prepared food for them to take with them as opportunities to eat out were difficult. The person regularly went to the day services and staff prepared their meals in batches for them to take.

Staff working with other agencies to provide consistent, effective, timely care

- Joint working helped ensure people received seamless care around their individual needs. There was excellent recording showing that staff were identifying changes in need and utilising other services to ensure people had the best possible outcomes.

- The service regularly liaised with other professionals and commissioners to review and change people's support as appropriate.

Supporting people to live healthier lives, access healthcare services and support

- One person told us about the family history and said, "Healthy eating is important, I had the flu jab. I go to the dentist lots of time and the doctors." They told us about their life style and how staff encouraged them to stay active and eat well.

- People had a range of unique, diverse needs and conditions which impacted on their lives. Staff understood this and had clear care plans to follow to ensure their needs were met. We met one person who through advancing age had been unwell for a long period. Their records showed clearly how staff had identified quickly changes in their needs and had repeatedly taken the person to their GP and contacted other health care professionals. This ensured that their changing needs were addressed, and the person maintained the best quality of life they could.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The agency ensured people were supported in line with their individual needs and wishes and that consent was sought before providing care and support. People were presumed to have capacity unless

assessed otherwise but decisions about care and support were decision specific and kept under review. Staff got the necessary permissions and followed due processes to support people who lacked capacity. This ensured decisions were made in people's best interest and recorded as such.

- We spoke with one person who although living independently with support had a number of health issues and extreme phobia around dentists. The staff were able to demonstrate how they had supported them effectively in the least restrictive way to ensure they had the treatment considered necessary.
- We met one person who had limited communication, but staff recognised their nonverbal communication and used pictures and symbols, another person communicated using their eyes and staff understood this. These methods were used to gather consent as required.

# 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 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

- The agency promoted person centred care and had clear values they expected their staff to adhere to when supporting people. We observed positive staff practice which was inclusive.
- Staff were described as respectful and responsive to people's individual needs. One relative, told us, "The carers come morning and evening to give personal care. They are very friendly and very careful. It is the same team and they are very respectful. They get on very well with [my family member] and they really care. If she is unwell they try to make her laugh which she likes. If she is in hospital the carers are concerned and will find out how she is doing. They are loving and caring. They understand her and communicate with her with gestures."

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

- People's support and care was determined around their needs and wishes and there were frequent reviews to check with people that they were happy with their care. We observed staff offering people choices in ways which were meaningful to them and taking into account their communication needs.
- The service had introduced a role of 'quality checker,' These were people using the services who visited other houses to help ensure the premises were clean, well maintained and people received the support they needed. The role was voluntary, but people got support and recognition for undertaking their duties which included being able to influence the wider service delivery and vouchers they could spend as they wished. This role did not interfere with people seeking paid work or claiming benefits they were entitled to. People were empowered to take decisions about their lives and choose where they wanted to live, work and how they spend their time.
- Family and friends had a regular and positive role to play in the lives of people being supported. We were provided evidence of consistent care and communication in relation to people's needs. For example, staff had set up regular meetings with family members and called them weekly to let them know what the person had been doing and what was planned. Agreements like this were dependent on the persons wishes and relationships they wished to maintain.
- One person who had been poorly told staff they loved colouring and wanted a space to do this and requested a summer house, so they could look out on the view whilst colouring. This was achieved. The staff had a naming ceremony and the person cut the ribbon thanking staff who made it happen. Whenever people requested anything staff worked collectively to help the person achieve it and this was evidenced from the paperwork we saw.
- Newsletters helped people stay connected to others who received supported from the agency. People sent in photographs of what they had been doing and made recommendations, suggestions, shared good news

stories and took part in competitions and other joint ventures.

Respecting and promoting people's privacy, dignity and independence

- The service worked in line with people's preferences and had a clear frame of reference for supporting people. Clear objectives were agreed taking into account what people wanted to do. The agency told us they sat down with each person and identified what it was they would like to achieve and then helped them to take steps towards their goals. We were given examples of people attending voluntary work experiences, colleges and paid employment.
- For others having a home of their own was of the upmost importance which for some was a significant achievement given that some people had spent long periods of time in long stay hospitals for people with learning disabilities. For other people their priority was developing important life skills and having the opportunity to plan and go on trips and holidays which increased their life experiences.
- Advances in innovation and the use of technology had a role in supporting people's independence. We observed people had the equipment they needed including equipment to support their manual handling and sensory needs.

# 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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The agency treated each person as an individual and provided care and support according to their needs, wishes and preferences. The role of staff was to enable people to develop their skills and independence in the least restrictive way possible. Staff were observed actively supporting people with their self-care, running a home, budgeting and essential life skills like managing their own finance and road safety.

People were supported to plan their day in line with their wishes and take an active part in the community. Many people told us how they visited family and friends, completed household duties and engaged in both recreational and leisure facilities. Several people told us how they decided and planned holidays and all the skills this entailed.

- One relative told us, "Staff speak with her as an adult. They are very professional. I am impressed with the company. They review things every six weeks. They set targets and staff tell my (family member) this is a learning house you are here to learn and progress. This is good as she became deskilled at the previous place. She is chattier and more independent now. They do bus, budget, cooking skills. They encourage her to think independently and have told her to buy a diary. The staff are trained in special needs and understand her emotional needs. She goes out on her own and staff help her with transport." Another relative told us, "His life is completely person centred. He has two care staff support them and the team work together to help him. They talk and have meetings. I call reviews and there is also an annual review when all NHS professionals attend."

- A new re enablement service had been opened where people could have more intensive support to help them develop key skills which would enable them to eventually live independently with minimal support. Other people required lower levels of support which were provided by skilled staff who were able to adapt to working in very different ways according to individual need.

- One person told us about their job as a volunteer and another had enrolled on a construction course and learnt to do bricklaying and drive a tractor. Their goal was to have a full-time job, and this was helped by their volunteering experiences. People also shared their holiday experiences and the memories they had created. Another person was learning road safety and travelling to their place of work as a volunteer. In the next year they wanted to go to America and move somewhere where they could be more independent. Staff were helping them to achieve their goals, step by step. They shared a house with others, one of whom had very different goals and priorities and staff adapted their approach accordingly.

- Some people we met had previously lived in more restrictive settings and had not had the opportunity to determine for themselves what their priorities were and what they wanted to achieve. For example, we met one person who had been in and out of hospital because their health care needs could not be met safely in

their home environment. The agency had worked hard to upskill their staff, so the person could move into their own home and have a team of care staff who could provide the care they needed. Another person had expressed their wish to join a skydive to raise money for charity. Staff helped them to look at this and come up with ways to support them given their level of disability to ensure this was not a barrier.

- People had individual reviews, meetings and annual reviews which were designed to assess how their needs were met and the continued appropriateness of their support and how it was provided.
- Staff got to know people well and established important trusting relationships. These were essential when supporting people with cognitive issues and issues affecting their behaviour. People being supported had core staff teams who operated mostly, but not exclusively, but were the main point of contact for people which helped with consistency.
- Care and support plans were clear and concise, setting clear objectives and focused on the skills, strengths and preferences of people. They were collaboratively written and reviewed and clearly showed progress people were making and highlighted changing or unmet needs. For

#### 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.

- Communication plans were in place to help determine how staff should support people with their community and sensory needs.
- Staff were mindful of individual's needs, one person had a notice board showing which staff were on duty and who would support them, another person had sensory objects and lights in their room. We met them in the hall way as they liked to look out and see the lights outside.
- People's behaviour was understood, and staff recognised that when people had behaviour which impacted on them or others negatively, they could seek support to help change the behaviour to be more positive. Staff took a holistic view when supporting a person with their behaviour and were committed to reducing the use of medicines as a means of managing behaviour.
- People had detailed support plans, but also had accessible information in one-page profiles which summarised people's main needs and highlighted preferred means of communication. Staff also had one-page profiles which supported people in getting to know a little bit more about the staff supporting them and these were used to match staff with people in line with their needs.
- Some people had limited or no verbal communication. Their needs had been assessed and communication and sensory needs established. Staff told us how they used different communication tools such as symbols, signs, a widget programme and mood cards to help people match their emotion to the picture. This helped effective communication and promoted people's choice. We observed staff always seeking people consent and preference and being mindful of their individual needs when providing care.
- Services used 'virtual assistants' to support people to set up reminders for example a reminder to take their medicines. Apps on android and I-phones were used to set alarms to ensure people were out of bed to attend day centres, attend appointments and aid communication.
- Weather apps were used to try and encourage people to choose clothes appropriate for the weather. Web mapping services, ( apps) were used to help people navigate safely around as they could add home and favourite places to visited which aided their independence.

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

- When visiting people in their own homes we saw people getting ready for Christmas and being supported to buy presents, attend Christmas events and festivities and relax in their homes in line with their preferred

routines. One lady was having her hair done and was clearly delighted with how it looked, another asked to get into their pyjamas early and sat with a large hot chocolate. One person told us about their goals and how they were being supported with their mobility, so they could travel independently. They had a part time voluntary job which staff had supported them to apply for and they also attended a day service.

- Care plans considered people's circles of support, relationships and sexuality. They supported people to have relationships and recognised how people might be vulnerable in certain situations. Staff helped to set appropriate boundaries and support people to stay safe and not to share personal information. This included supporting people to use social media where they wished to. Whilst speaking with a person they shared personal information and showed poor awareness of their own safety and staff gently reminded them what they had discussed.

- In one instance staff had raised money for a couple who wished to get married and have a honeymoon. There were significant challenges for the two people wanting to marry and set up home together, but staff supported them to look at any difficulties and come up with practical solutions as well as ensuring they both had the opportunity to get any additional help they needed.

- Another person had lost contact with their family for many years and had minimal support. Staff had discovered more information about the person's family life/tree and reasons they had lost touch. With the person's consent they had helped to trace two members of their family and supported them to reunite. The person continues to meet with their family which staff told us had a positive impact on their life.

- Care plans identified people's needs in regard to their sexual orientation, cultural needs and religion. Staff supported people according to their preferences.

#### Improving care quality in response to complaints or concerns

- There were clear processes in place to raise concerns, and or give feedback across the service and wider organisation. The value attached to complaints and compliments was a crucial part of the service's internal quality assurance process and complaints were responded to in a timely, constructive way. This included duty of candour when things had gone wrong.

- We asked the registered manager for any example of how complaints had been used to change staff practice. They gave the example of a recent whistle-blower, one of the key lessons was around maintaining staff professional boundaries. As a result, all staff were reminded of their role and responsibilities and training which had already been provided was revisited with staff.

#### End of life care and support

- The agency provided staff with accredited training end of life care to help ensure they could enhance people's experiences and give them the best possible end of life care. The registered manager and another staff member had completed more detailed accredited end of life programme, so they could support staff as appropriate and monitor the standards of the end of life care provided. Some staff had attended training from the undertakers, so they could understand what happened post death.

- Staff told us they considered people's experiences and discussed their advanced wishes, should they become ill. They gave an example of a person who loved Christmas and in their final days the agency had bought lights and all things Christmas and decorated their room. Another person had chosen their favourite songs to be played at their funeral.

- At the right time staff discuss with people and families end of life plans and at the appropriate time work in partnership with palliative care nurses and a wider multi-disciplinary team.

- The registered manager told us, and staff confirmed they had received support and training from the hospice, Macmillan nurses and learning disability palliative care nurses. They told us that each person's experience of end of life was different and advice and training was sought by staff to help ensure they could address people's care needs as holistically as possible and gave us examples.

- The registered manager told us people were supported to say good bye to loved ones be it in person or by



using photo boards, communication boards and art. One person told us how they had been supported to go to a funeral.

- Staff went the extra mile, for example one person's health had deteriorated and their sister didn't drive so staff personally in their own time went and collected their sister and brought them to the hospital, so they could say their goodbyes.

## 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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The agency had clearly defined objectives and core values. They signed up to a quality code of practice which was evidence based and demonstrated how they were providing person centred care. This included sharing good practice, resources, information and learning
- The agency promoted a positive culture by creating a good place for staff to work and had a clear quality framework which defines achievable outcomes to ensure the agency was workplace fit for the future. One relative told us, "This company is tip top. [My family member] has been with them 12 years and they have been kind and visionary. They have a very good quality of life and dignity. I can go to management and things can be discussed and dealt with. I can't fault them. We have a good care package from Voyage formed by needs and not money."
- The agency had exceptional management drive and vision. It promoted a positive culture where staff and people could thrive and reach their full potential. The service had internal processes to recognise and reward positive staff practice.
- A staff member told us, "It's a good company to work for. Best job I have ever had. They help staff to understand their role better and to enhance people's lives. We are here for the individuals."
- The agency participated in The National Care Awards and was the runner up for the whole company. One staff won new learner of the year competing against 700 staff. They were awarded branch of year 2017 and highly commended by Norfolk care awards for 2019.
- Voyage superheroes awards relied on nominations for staff who were put forward for star of the month both at branch level and at organisation level and received praise, recognition, certificates and trophies. An example of a nomination was for a staff member who supported a person to find new accommodation and supported them to move in, change their address etc. Other staff were nominated for picking up extra shifts and volunteering for things in their own time.
- Growing together quarterly forums were held with representatives across the whole organisation and both staff and people were supported to attend. People set the agenda and actions from these meetings were taken forward. For example, last year they set up a competition to determine which service could keep their Christmas tree alive the longest. When we went to visit people one person told us proudly about this and how they had achieved it.
- The forum was used to reflect on learning and good practice. For example, for National autism day people put together an autism tree which showed the different branches of support and needs people with autism might have. Achievements throughout the agency were documented and circulated through a regular newsletter.

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

- Staff understood their accountability to provide safe, effective care within a regulated framework. The agency was transparent about shortfalls in the delivery of care, actions taken and had service improvement plans in place. Any short falls in the service delivery were clearly communicated, investigated and actions put in place to address the short fall to reduce the likelihood of a reoccurrence.

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

- The agency delivered outstanding care and support because it had effective leadership and the ethos and values of the service were clearly communicated to all staff. Staff felt part of the success of the organisation because there was open communication and clear and transparent guidelines and boundaries.
- The agency produced annual quality accounts. This gave an overview of the work from the quality safety and risk committee and their role in providing a safe working environment and safe accommodation in partnership with housing associations. The agency had expanded their use of quality checkers who were both senior members of staff, and people using the service.
- Standardised and regular audits helped promote the safety and care of people using the service.
- The agency recognised the role of management in ensuring services were well led and managed in line with the regulated activity. Once a manager was recruited every effort was taken to support, develop and retain them to help secure service success.
- Electronic monitoring of all key events across the service showed a downward trend of incidents despite an increase in the number of people using the service. Where an incident occurred, notifications were sent to the CQC and the local authority safeguarding team without delay. Notifications contained detailed information and any learning which had taken place to reduce the likelihood of a further incident. Inspection reports were made public and the agency acted on information provided by other regulators to improve the service provided.
- Behaviours which could challenge and were sometimes exhibited by people using the service were clearly monitored to help ensure staff had active support and training to de-escalate people's anxiety and manage behaviours in the least restrictive way possible.

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

- The agency was good at recognising its strengths and opportunities to improve and push through its quality agenda. Audits, risk assessment and reviews were thorough and helped ensure that people received an excellent service. This was achieved by asking people for their views and the views of wider stake holders through a series of questionnaires and regular monitoring of the care and support provided.
- The agency supported people living with a learning disability. Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. An example of this was staff supporting two people they supported to get married although there were considerable barriers to overcome. Staff also supported them to move to a home of their own.

Continuous learning and improving care

- The agency had clear plans to sustain and improve the service to ensure quality standards were not compromised.
- The agency recognised the importance of partnership working and being part of an integral health and social care system. They worked closely with people, their families, advocates, housing departments and health and social services. Annual reports helped to set out their priorities and be open and accountable to

those they served, identifying and celebrating success whilst recognising any shortfalls of service provision. Senior management regularly met with the local authority and ensured people's needs and support was regularly reviewed, and funding reflected the new or changing needs, so they could be properly supported. Reviews were requested and carefully prepared for with clear evidence provided from the agency to support any reduction or increases needed in line with people's needs.

- The agency was keen to embrace any innovative practice within health and social care which improved the quality of people's lives. For example, by developing staff champions in key areas of practice such as STOMP, providing proactive support for staff in promoting positive behaviours and the service had signed up to charters and regular bulletins including a review of mortality rates for people with a learning disability. This helped the service identify risk factors, gaps in provision and best practice.

- Accreditation from external organisations had been achieved to endorse best practice for example the service worked closely with Headways: Acquired brain injury centre and the National Autistic Society.

- The agency shared good practice across this service and across the wider organisation producing bulletins, reports and holding road shows to share good practice.

- Reviews showed year on year improvements in the way the overall service was delivered against measurable objectives, for example increased uptake of training and increase in staff up taking management training and developing managers of the future. Areas were identified where improvements were required, for example a further reduction in incidents across the service.

- Yearly quality reviews focused on policies and those requiring implementation and updates to reflect practice. Policies and annual accounts were in accessible formats, with easy computer access. Staff were also issued handbooks with all the key information they would need.

- Annual reviews and surveys were circulated, and action plans were developed showing trends and themes, so lessons could be learnt, and actions cascaded across the whole region. The plan was robustly reviewed every three months and feedback provided to everyone contributing to the survey. People were asked specifically about their care but also asked to regularly contribute and influence how the agency was run, such as being involved in plans and which staff were successful at interview. In a person's home we saw the outcome of meetings, showing actions staff were taking as a result of their feedback.

- Internal quality audits helped to identify themes and trends and share good practice across the agency. The audits helped managers measure standards of care over a period to ensure standards did not drop and compliance scores remained high. Audits were based on CQC key lines of enquiry and the requirement of legislation and commissioning contracts.

#### Working in partnership with others

- The agency had good working relationships with other health care agencies and commissioners and put people at the heart of all they did. People were involved in their care and support and clear objectives were set.

- The registered manager told us they asked people who they should consult about their care and support and they involved family, friends and advocates as requested. Family meetings had been set up with a set agenda so that communication was delivered through appropriate channels and concerns could be dealt with by management rather than the family with due consideration to anyone holding power of attorney and able to act on the person's behalf. They said this had proved successful as family feedback at our annual review demonstrated no concerns had been raised.