

# Voyage 1 Limited

# Broadview

## 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

Broadview is a care home that is registered to provide accommodation and personal care for up to six people and predominantly supports people living with a learning disability and autism. The home consisted of three separate accommodations, a main house and two one-bedroom flats that supported people who were more independent. At the time of the inspection there were six people living at the service. The care provider is a national care organisation with locations of care homes across England.

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

The registered manager and staff demonstrated a real commitment to providing person centred support to people. There was an extremely responsive culture that focussed on providing many opportunities for learning and development for the people living there.

People told us they were very happy living at Broadview, and it was clear that it was their home, where they were listened to and supported by a dedicated staff team. One person said, "I love it here, we all get on, it's very good."

People were protected from abuse. Staff knew people well and encouraged and supported them to express any concerns. Staff had received training in safeguarding and understood their responsibilities. People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff were recruited safely, and sufficient numbers were employed to ensure people had person-centred care that included individual support to meet their social needs.

Staff had received appropriate training and support to enable them to carry out their role safely. People received support to manage their health needs when required and the registered manager and staff had developed positive partnerships with external health and social care professionals.

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.

People were treated with care and kindness by staff who had built positive relationships with them. There was a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could. Equipment had been purchased that had considered all aspects of people's life and how independence could be actively promoted.

People were supported by staff who were determined to ensure people could make their own choices. Staff assisted people to make their wishes a reality. Staff worked in partnership with people and their relatives to develop and review their support plans and these reflected people's aspirations and goals.

People were a part of their local community and were supported to access a wealth of activities and opportunities. People took part in social, cultural, religious and recreational pursuits and continual learning and development was embedded into the culture of the service.

Staff supported people and showed a good understanding of equality and diversity and people were treated with dignity, and their privacy was respected.

The registered manager had ensured the service was a home for people that was inclusive and recognised their individual needs and wishes. There was a stable and committed staff team that enabled people to build positive, caring relationships.

The registered manager worked with external agencies to ensure the quality of the service was monitored and continuous improvement was embedded, through best practice guidance. They ensured people and staff were involved in the development of the service and used a range of methods to gather feedback.

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

#### Rating at last inspection

The last rating for this service was good (published 01 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

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.

# Broadview

## **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 conducted by two inspectors.

### Service and service type

Broadview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with

five members of staff including the provider's representative, registered manager, deputy manager, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records, were reviewed.

After the inspection

We looked at two staff files in relation to recruitment and staff supervision. We sought further clarification from the registered manager and reviewed records relating to residents' meetings and care plan records. We spoke with four relatives of people and sought feedback from external professionals who regularly visit the service.

# 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

- Staff knew how to protect people from abuse. They knew each person very well and could recognise how they expressed if they were distressed or unhappy about something. This meant they closely monitored changes in people's behaviour and provided the right support at the right time for each person.
- Staff had received training in safeguarding, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistleblower procedures. One staff member told us, "We know what to do [about safeguarding] and the management would act on any concerns."
- People and their relatives told us they thought the service was safe and we observed positive relationships between staff and people, which demonstrated people trusted the staff. One person said, "Yes, the staff are very good, and we can tell them if we are worried about anything." A relative said, "I know they [person] are safe, I have no worries."
- Safeguarding was embedded into the culture of the service and regularly discussed at staff supervisions and team meetings.
- The provider had robust processes and policies in place for investigating and reporting safeguarding incidents. Although there had been no recent concerns, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- People's risks had been assessed, managed and were regularly reviewed. Staff supported people in line with the risk assessments in their care plans. For example, where people had sensory impairments, actions had been taken to minimise risks, whilst promoting independence.
- The registered manager and staff team enabled positive risk taking and supported people to understand and recognise potential risks to themselves. For example, one person had been supported over time to increase their independence when accessing the community. They had been involved in deciding the safety measures they needed to enable them to do this. This meant they were developing meaningful ways to live their life to the full, whilst managing any potential risks.
- The premises and equipment was safely managed and maintained to a high standard. Health and safety audits identified when maintenance work was required, and the provider ensured that work was completed in a timely way.
- Fire safety risks had been assessed. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during

crisis situations.

### Staffing and recruitment

- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People living at the service were fully involved in the recruitment of new staff. For example, they met prospective new staff, were involved in showing them around their home and were asked their views on the suitability of staff prior to any job offers. This meant people were given an active role in deciding who supported them in their own home.
- Staffing levels were based on the needs of the people living at the service and there were enough staff to safely meet people's needs and provided individual support. We observed staff had time to sit and talk to people and support them to engage in activities of daily living. A relative told us, "There are always enough staff."

### Using medicines safely

- People received their medicines safely. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.
- Staff were trained to administer medicines and their competency to do so was reviewed as and when needed, with a minimum occurrence of yearly.
- Each person had a detailed medicines care plan and were supported to manage their own medicines, where possible.
- The provider was actively implementing a national project endorsed by the NHS for 'stopping over medication of people with a learning disability, autism or both' (STOMP). This identified where people might be over prescribed psychotropic medicines, which act as a sedative and impact on people fully engaging and experiencing life to the full. People had been supported to have their prescribed medicines reviewed by their GP and where applicable, these were being reduced. The registered manager told us they had seen a positive effect on people since they had been implementing this policy.
- Protocols were in place for medicines prescribed to be administered on an 'as required'(PRN) basis. PRN medicines were regularly reviewed to monitor how much of the medicine was being administered and to ensure they were being taken appropriately.
- Safe systems were in place for people who had been prescribed topical creams.

### Preventing and controlling infection

- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons were available.
- The provider had an infection control policy, and the registered manager reviewed the systems in place and updated guidance for staff when there were changes to legislation and best practice.
- People were safely supported by staff to be involved in cleaning tasks where possible, as part of the providers 'active support' programme.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored on an electronic system by the registered manager. The provider's representative had oversight of this, and any themes or patterns were identified. Where action was needed to address any issues, these were carried out promptly.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed



during handovers between shifts and at staff meetings.

# 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

- People's needs were assessed and discussed with them prior to them using the service. Assessments were used to develop support plans in partnership with people. These gave staff clear guidance in how to meet their needs in line with current guidance and standards.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. There was a holistic approach towards ensuring person-centred care was delivered.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included people's needs in relation to their culture, religion, diet and gender preferences for staff support.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which followed the provider's induction programme. They worked alongside more experienced staff until they felt confident and were assessed by the registered manager, before they could work directly with people.
- Staff received regular and appropriate training and were able to demonstrate they were highly knowledgeable and skilled. Training staff had completed included; mental capacity awareness; medicines management, safeguarding, equality and diversity and moving and handling. Additional training specific to people's needs was also available and arranged with external providers when needed. One staff member said, "Training is good. We get extra training available if we want it."
- Staff were extremely skilled in providing care that was appropriate to people. Staff were especially skilled in supporting people with a diagnosis of autism and the registered manager had recently been accredited to train staff in autism awareness by the National Autism Society. Staff told us what a difference it made to people's quality of life and how all staff were fully committed to adapting the way they supported people with autism.
- Staff received regular supervision and an annual appraisal, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities. One staff member told us, "We get regular supervisions and appraisals, it helps to express yourself."

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

- People were truly involved in deciding what they wanted to eat, going out and shopping for food and preparing it, with the support of the staff team. Staff supported people to understand the nutritional impact of different food types and this led to them making healthy choices where possible.
- People were encouraged to learn about different food types and how this impacted on their health. For

example, one person had been supported to follow a weight loss programme, part of which was learning about the nutritional values of food. As a result, the person had lost weight which had led to significant health benefits, including being far more mobile and not needing to use a wheelchair when out in the community.

- People ate their meals together as a social opportunity. The menu for each week was decided together at a weekly residents meeting. As a group they had recently decided to undertake 'meat free Mondays,' as part of environmental awareness work they were all doing together. One person told us, "I look on the menu and choose, if you don't like it you can change and have something else."

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

- The service had developed strong links and worked with local healthcare professionals including a GP surgery, community learning disability nurses, occupational health workers, and speech and language therapists.
- People's health care needs were kept under review and were documented in health care plans. People were supported to understand their health needs and to attend external health care appointments when needed.
- People were supported to have good oral hygiene and the service had supported people to understand what this looked like. The staff team had achieved this by buying everyone a set of fake teeth and supporting them using talks and training, on how to brush teeth for good oral care.
- Staff understood people's health needs well, which meant they could quickly recognise when support from external healthcare professionals was required.
- Information about people's personal and health needs was readily available to go with the person to hospital, if required. This meant their needs could be consistently met.

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

- The service was clearly a family home and we saw people had their own spaces and shared communal areas as a group. Decoration throughout the home had been considered to reflect people's needs and provide a calm and relaxed home environment. For example, we were told that the old summer house in the garden had been removed and a new one was being installed. This was being turned into an 'arts and craft' space and a sensory room for people to use.
- The decoration of people's rooms had been thought out and fully involved each person to reflect their preferences. For example, one person loved Disney princesses' and had their room decorated to reflect this, including mermaid tiles in their ensuite bathroom. Another person loved New York city and so had wallpaper with images of it, all over one wall. This meant that people were truly involved and had environments that suited their individual personalities.
- The home had been adapted to meet people's needs. For example, one person's needs meant they needed additional handrails on the stairs, and this had been done to enable them to continue to be as independent as possible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

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

- Staff had a good knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Where people could make decisions, they were fully involved and supported to understand information. Staff recognised people's individual communication needs and adapted how decisions were presented, using pictures or objects, to aid understanding if needed.
- Staff recognised and respected people's decisions to promote their consent. They spent time explaining things to people and supported them learn new things in order to make a decision. For example, staff had given people information about healthy eating, so they could make informed choices about weight loss and the associated benefits.
- Decisions were made in people's best interests, and any meetings and outcomes were recorded.
- Appropriate applications had been made in respect of deprivation of liberty safeguards and the registered manager kept these under review and liaised with the local authority when needed.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. 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

- Staff provided a friendly and caring environment for the people living at the service. The ethos of the home was that it was people's home and not a place of work for staff. A staff member said, "I love it here, it's amazing, so rewarding." A relative told us, "They [staff] genuinely are brilliant, they clearly love the residents [people] and it shows."
- People were treated with respect and proactively involved in decisions about their home and how they wanted to live. The registered manager told us, "We are coming into their [people's] home and here to support them to live the best lives they can."
- Relatives told us they thought the staff were very caring and it felt like a home that they were always welcome in. One person had family that lived further who could not visit easily. Their relative told us how the registered manager had arranged and supported them to surprise the person on Christmas eve, so they could spend special family time together. The staff had made them a special Christmas meal and gave them privacy to eat together as a family. The registered manager told us, "It was so brilliant [person's name] did not know they [relative] was coming and it was so special to see them that happy."
- Throughout our visits we observed staff and people engaging with each other in a very positive way. It was clear that supportive and proactive relationships had developed, and people trusted the staff who supported them. One person said, "I would definitely say that they [staff] care about the residents [people] who live in the house." A relative told us, "Staff have a great deal of warmth and empathy for [person's name]."
- Staff understood the importance of developing a meaningful relationship with people and their families that ensured they felt valued and appreciated. One member of staff said, "We know the guys [people] really well and that means we can support them in the way that is right for each person."
- The provider and management team were passionate about the values that had been embedded into the home's culture. Staff spoke positively about their job and the people they supported. One staff member said, "We are here to support people in their own home, we are only here because of them, so it's important we listen to what they want."
- Staff supported people to maximise their potential by working together in a supportive way and engaging them in positive actions. This enabled people to work towards the attainment of their goals and aspirations. For example, people were being supported to develop skills of independent living in readiness for moving on to a supportive living environment.
- People were supported to explore their own feelings and interests in different cultures and religions by staff who were trained in equality and diversity. Where people expressed an interest, staff members supported people to learn about different cultures or religions. For example, people had the opportunity to

taste foods from different cultures and visit religious buildings to learn about the importance of other people's beliefs. This demonstrated there was an open culture in the service, where staff supported people to be naturally curious, without judgement.

Respecting and promoting people's privacy, dignity and independence

- People's individuality, and diversity was celebrated, respected and recognised by staff. Staff worked with enthusiasm and commitment to provide people with the skills and opportunities to maximise their potential and independence.
- The providers values were clearly embraced by the management team and staff. People were actively engaged in their lives, their independence was promoted and there was an inclusive culture, where everyone was valued as an individual and listened to.
- The registered manager and staff team were proactive in supporting all people to develop skills of independent living. For example, the provider had an 'active support' model, that encouraged people to participate in tasks of daily living.
- People's privacy and dignity was respected. We observed staff knocking on doors before entering and that people's rooms were their own private spaces and could be locked, if they chose to do so.

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

- People truly were partners in their care and support. The management team and staff had daily informal conversations with people as well as formal reviews about their care and support. This enabled and empowered people to make choices about how they wanted to live their lives.
- We observed staff speaking to people with respect and giving time for them to process information. This meant people were able to make decisions with the right support from staff, if needed.
- People were involved in the development and review of their support plans, which included the setting of goals. Staff worked with people to fully explore their potential by accessing external resources and developing links within the local community.
- People's relatives told us they felt involved in care decisions and were informed when changes had occurred. One relative said, "They [staff] always let me know if there a problem."
- People were fully involved in regular meetings to discuss their views on what should happen in their home, daily living tasks and any activities they may like to explore. For example, discussions were had about what was on at the local cinema, visiting national leisure attractions and supporting each other by doing a fair share of household tasks.

# 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

- People received exceptionally personalised support that was unique to and inclusive for them. Staff knew people well and understood what was important to each person including what interested them, what may cause them upset, how they enjoyed spending their time, and how people communicated. This created a truly person-centred environment. A relative told us, "The first day I visited I knew it was place for [person's name] straight away."
- People's care plans were person centred and focused on maximising their individual potential, encouraging independence and leading as full a life as possible, through gaining new experiences. People, their families and external professionals, where relevant, were involved in developing them. Care plans were reviewed on a regular basis and reflective of people's current needs. A relative said, "Yeah we get invited to reviews and are really involved."
- 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. This was achieved through staff implementing the providers 'active support' model with people. This 'active support' approach was positively embraced by the staff team which meant they supported people to engage in all aspects of daily living. People were actively involved in cleaning their home with staff support, shopping for food and preparing meals. A board with examples of tasks that were needed in the home, was displayed on the wall. This included tasks, such as cleaning out the home's chickens, doing laundry and sweeping the floors. The registered manager told us, they had considered people's differing needs and ensured there were tasks that everyone could participate in if they wanted to. One person showed us the task board and were clearly very proud to be able to tick off the activities they had completed that day. A staff member said, "It really gets people motivated, and they are really proud when they have done it." A relative told us, "They really help [person's name] to be independent, it so good. I am completely pro-Broadview."
- In addition, equipment had been purchased to support people to increase their independence, such as tools to assist in pulling up zips and socks, grape cutters, one handed chopping boards, and a gadget to assist people to self-medicate by popping their medicines out of packets. This demonstrated that the registered manager and staff team continually engaged people in their lives and were committed to supporting them to learn and develop skills. As a result, one person was being supported over time to prepare and develop skills, so they could eventually move on into supported living accommodation.
- There were many examples of the positive impact the person-centred support people received, had on their lives enabling them to gain new skills and become more independent. For example, the registered manager had involved everyone living at the home in deciding if they wanted to rescue some retired battery chickens. We were told how everyone had been enthusiastic to do this and each person had their own

chicken, that they were responsible for caring for. People were clearly proud of their chickens and had been supported to learn how to care for them by dedicated and passionate staff. One person proudly showed us their chicken and told us its name. They were smiling and laughing, and we observed a positive relationship, where the chicken made noises and the person stroked and petted it. This demonstrated that the registered manager and staff team supported people to learn about care and responsibility and this was reflected in the care they all showed for each other.

- People were encouraged to engage with the world around them by being supported to learn and understand about the environment. This was implemented through meaningful activities around recycling waste and learning about the impact of food production on the environment. For example, people had all agreed to using environmentally friendly cleaning products within the home and were supported to understand the impact of doing this.
- All people living at the home had chosen to learn about recycling waste materials. On one wall in the home there was information which identified in picture format and words, which different bins waste products needed to put in to be recycled. People were clearly enthused and excited about participating in learning and understanding about the importance of recycling. For example, each week one person was rewarded the title of 'eco-warrior' for the work they had done in recycling and this was displayed on the wall. In addition, one staff member who was in a music band, had supported all people living at the home to write and record a song about recycling together. We were played this song during the inspection and it clearly demonstrated the passion kindness and enthusiasm between staff and people, when engaging in this activity together.
- The provider supported people living in their services to access work opportunities and enabled volunteering roles in their own organisation. One person living at the home had been supported participate in the volunteering role, which involved visiting other services to carry out checks, including asking people if they felt they received person centred care. In addition, they had been asked to talk about the role and the value and pride they felt in doing it, at a conference for the local authority, with the support of the registered manager. The person told us, how proud they were of the work they did and the achievement they felt at standing up in front of strangers to talk about it. Their relative told us, "[person's name] did so well, they were really nervous and are usually shy, but they managed to stand up and talk to all those people, it was brilliant."

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

- There was an embedded culture of person-centred care. Staff recognised that by delivering emotionally led care and connecting with people, they built up positive relationships that supported a sense of inclusion, identity and occupation. A relative told us, "The staff really know the people, it matters and makes such a difference."
- People were supported to maintain relationships and friendships. Visitors were welcome at the home and people went out with their relatives regularly and also visited them in their homes. One relative said, "[Person's name] comes to visit with me every week, its good but I am always welcome in the home too."
- People's support focused on them having as many opportunities as possible to gain new skills and enjoy experiences in life, like other adults. The registered manager and staff had spent time with people exploring what was available in their local community and developing plans to access more activities. One person had an interest in basketball and now played in a team that met each week. Another person, played pool at a local club and people regularly accessed their community to go swimming, to do archery, participate in 'off road' driving experiences and go to shops, cafes and pubs.
- The provider was very proactive and arranged regular parties and social occasions for people to participate in. For example, they had arranged a big Christmas party for all their services in the local area, where they hired a hall and provided entertainment and food. We were told that the provider had recently



arranged a summer ball like a 'prom', where people were supported to get dressed up in party clothes, that were colour co-ordinated to a theme and have their hair and nails done. They had a 'prom king and queen' award, which were voted for by senior managers for the provider. One person from Broadview had been crowned 'prom king' as recognition of the hard work they had put into learning about healthy nutrition and losing weight, which had significantly impacted on their confidence and wellbeing.

- People were actively supported to access education and learn new things to aid their independence. For example, two people had completed courses in life saving and all people had access to the provider's on-line training, if they wished to. Another person had identified they were interested in developing their skills in computers, so they could get employment in the future. As a result, staff had arranged for them to attend a computer component course with a local company. There was also a person who wanted to learn about cooking, so went to a locally run community cookery class. Nothing was out of bounds to people and it was clear that the staff team supported people's aspirations and looked for ways to help them achieve their goals as much as possible.

#### Meeting 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.

- People's communication needs were explored with them, and staff could easily tell us how individual people's needs were met through the use of differing communication methods. For example, one person had sensory needs, and staff verbally described things to them to aid their understanding.
- The registered manager had completed training with the autism society, in order to improve understanding of people's communication and support needs. As a result, they had reviewed and considered how information was discussed and shared with those people who had autism. For example, the staff recognised that people needed information to be given in short simple sentences, so they could process each bit of information, before being given another option.
- The approach used by the registered manager and staff team met the principles of the Accessible Information Standards.

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

- The provider had a complaints policy and procedure in place. There had been no complaints since the last inspection.
- People and relatives understood how to make a complaint and were confident action would be taken to resolve any issues. One relative told us, "I have no complaints but if I have a niggle I can talk to [the registered manager] straight away and she sorts it."

#### End of life care and support

- At the time of our inspection no one was receiving end of life support.
- Discussions about people's end of life plans and wishes were being implemented where people wished to do so, including spiritual and cultural needs. The provider had end of life care plans available, for when people shared information about their wishes.
- The registered manager told us that they would work closely with external healthcare professionals to provide people with the care they required at the end of their life.

# 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 now improved to outstanding. This meant people's needs were met through good organisation and delivery.

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

- The service was exceptionally well led. The management team and staff put people at the heart of the service, and they were involved in everything that happened in their home.
- The provider had clear visions and values that embodied person centred care and which were embedded into the culture of the service. These included; putting people first, encouraging people to reach their full potential and respecting people's choices. Our observations demonstrated that these values were embraced and positively promoted by the registered manager and staff team.
- These values were demonstrated in the 'Active Support' by everyone in the service. Staff and people using the service were really involved at each step by exchanging ideas about support that could be delivered to enable people to achieve their goals. For example one person had a goal of moving on to be more independent in supported living. Staff worked with them one step at a time as they became more independent in each aspect of daily living. Managing their finances was the hardest step, however positive risk taking in agreement with the person, their family and staff has led them to be able to manage their own money, paying their bills without missing one payment. The process included the person at each step and has left them feeling independent and empowered.
- Staff told us they felt they were part of an amazing team, who supported people with excellent care but also supported each other. One staff member told us, " We really are a good team, and all pull together, we are like a big family." Another said, "I love it [here], it is amazing and so rewarding." Staff meetings to discuss people's progress encouraged and enabled staff to share ideas all of which fed into and led the Active Support programme.
- Staff fully embraced and understood their role to provide a safe and supportive environment. This had included the delivery of ongoing support and encouragement to enable people to progress and enhance their independent living skills. Staff told us that previously people had become de skilled and reliant on staff for day to day tasks that had element of risk. The manager had worked to reintroduce forgotten skills which had led to people regaining and learning new skills such as making hot drinks, cooking, showering and cleaning. In addition they had also expanded their choices and independence, while regaining and learning the skill of decision making. This truly reflected the ethos of registering the right support.
- The registered manager knew people and the staff well as they had worked at the service for a long time. This was evident in their commitment and how they worked collaboratively with others, to ensure positive outcomes were achieved, for example the work placements sought were chosen to assist each person to achieve a long term goal.
- People's relatives told us felt the service was 'a home' and not just a place of work for staff. One relative said, "Broadview is my [relative's] home, the staff are really good at making sure [relative] is involved and

makes decisions about their own home and what happens there." Another said, "Things are much better there now, and the staff have a lot of warmth and empathy."

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

- There was a clear structure consisting of the provider, the provider's area manager, the registered manager, a deputy manager and the staff team. Everyone was clear about their role and those of others. The registered manager told us they felt very supported by the provider's area manager, who had regular contact and involvement with the service.
- Effective quality assurance systems and processes were in place using an electronic records system that the provider had oversight of. Audits were consistently completed and if any areas for development and improvement were identified, these were promptly addressed through action plans.
- In addition to audits completed by the provider, audits were completed across the provider's local services by people who use the service. One person told us how pleased they were to have the job of being a Voyage Auditor which involved going to check on the other services in the area, to make sure things were right and people were happy. This meant that the service had not only considered their own view of how the service was performing but truly considered the views of the people using the service which had been collected by a peer.
- The provider had recognised the positive impact the registered manager had on the service and the improvements they had made. For example, in the provider's audit records we saw that the level of compliance had jumped from 65% when the registered manager was appointed, to the current result of 100%. This demonstrated the registered managers commitment to ensuring the service was compliant with regulatory requirements, which consequently had a positive impact for people living at the service.
- The Registered manager had reviewed the whole service to enable them to create a prioritised improvement plan which had clearly been implemented. Clear communication through meetings, clear direction and listening to staff had ensured the whole staff team were on board with the progress required.
- The registered manager and provider had high expectations about standards of care the service provided and people, relatives and staff confirmed this was achieved. We found staff were motivated and committed to providing a person focused service.
- The provider had effective policies and procedures in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and recruitment.
- Staff told us they enjoyed working at the service and could seek support from the registered manager, deputy or provider's area manager. One staff member said, "We all get on well with each other. The support from management is good." Support was provided to further staff learning with a number of staff having been supported to complete or in the process of completing diplomas. Two staff had also been supported to learn Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. It supports the development of essential communication skills such as attention and listening, comprehension, memory, recall and organisation of language and expression.

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

- People's views were regular sought by the registered manager and staff team. There were regular resident's meetings, where people could express the goals they wanted to achieve. This had led to the chickens being agreed and the development of new links with the local community and activities such as wheelchair basketball being implemented. People had shown an interest in learning about other cultures and religions. As a result, a visit to a local place of worship had been arranged and a celebration day was being organised. In addition, people were being supported to learn about different foods connected to a

particular culture or faith and learn about traditions and ceremonies.

- People were supported to have the same opportunities as others and encouraged to pursue their dreams, such as relationships and increasing financial independence. At times this involved positive risk taking, however the person and where appropriate their family were involved in the decisions. Staff were supported to enable each person to achieve despite it being challenging at times.
- People were also able to access the provider's training and staff actively looked for ways to assist people to improve their skills and independence, in line with their identified goals and wishes.
- The provider sought feedback from people, their families and representatives, external professionals and staff through an annual quality assurance process. Feedback was analysed, and any wishes or suggestions reviewed and considered by the registered manager.
- Staff told us they felt listened to and this in turn had led to positive team working. The registered manager held regular team meetings and gained feedback from staff, to ensure ideas and good practice examples were shared.

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

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when incidents or accidents occurred. The registered manager understood their responsibilities to notify CQC about incidents, safeguarding concerns and events that were required.
- The registered manager and staff team were open with us and committed to ongoing service development for the benefit of people living there.
- The previous performance rating was prominently displayed in the home.

Continuous learning and improving care

- We observed that people and staff were comfortable approaching the registered manager and provider's area manager. Conversations were friendly and wishes were listened to and acted upon. This meant the service had a positive culture of continual development.
- The registered manager was committed and energised about ensuring they were up to date with best practice and had completed training relevant to their role. The service has achieved National Autism Accreditation. Autism Accreditation is an autism-specific quality assurance programme of support and development for all those providing services to autistic people.
- The registered manager shared their ideas, good practice and results both internally and externally. They had been involved in and presented to the Hampshire County Council Least Restrictive Practice Concordat to share the ideas and methods being explored and utilised by Voyage across the county.
- The dedication shown by the registered manager and staff team at Broadview in implementing the 'active support' model with people, had been recognised by the provider as an example of success. This programme had been successful in identifying the individual abilities, aims and goals of each person living at Broadview and had supported them to achieve. This has required everyone to be innovative and creative such as sourcing gadgets and tools and thinking about different solutions to challenges. As a result, the registered manager was part of a working group that would support the registered managers of the providers' other services to role the model out across all Voyage services. This involved explaining and promoting the 'active support' model and describing and teaching them how to embed this approach in a positive way, with the people living in their other services.
- The registered manager and provider used their quality assurance processes to review safeguarding concerns, accidents and incidents. Information was analysed on an electronic data management system and action taken where needed.

- The provider supported the registered manager by sharing any changes to best practice, legislation, policies or training updates. In addition, the registered manager had signed up to email alerts from nationally recognised organisations, such as the Autism Society, National Institute of Care Excellence (NICE) and CQC.
- The provider had arrangements in place to support the registered manager in their professional development. For example, regular managers meetings were held with managers from the providers other services and the provider's area manager provided regular telephone and face to face support.

#### Working in partnership with others

- The staff team worked well with external professionals to meet the needs of people living at the service. Support from external health and social care professionals was promptly sought when needed. The registered manager told us, "We have really good GP surgery and we can talk through concerns and have good relationship with them."
- The registered manager and staff team worked closely with other professionals to achieve improved outcomes for people. They described how one person had never had a blood test as they had a significant fear. However, through positive partnership working and relationship building, the person had now been able to trust the external professionals and had a blood test. Another person had previously never seen a dentist, but through close working partnerships with external healthcare professionals, they have now supported them to access regular dental care.