

Voyage 1 Limited

Chestnut Grange

Inspection report

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Date of inspection visit:
10 June 2016

Date of publication:
22 July 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10 June 2016 and was unannounced.

Chestnut Grange is situated in the village of Weston, between the market towns of Retford and Newark. The service provides care and support for up to ten people with a learning disability, and accompanying complex needs. At the time of inspection seven people were using the service.

At the time of our inspection, the registered manager had recently left and the provider was making arrangements for their replacement. The registered manager from another nearby service had been asked by the provider to oversee the service while these arrangements were made. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person referred to in this report as the manager is the person who has applied to CQC to become the registered manager for the service.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks in relation to people's daily life were assessed and planned for to protect them from harm. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely so that people had their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Staff received supervision of their work. People were enabled to make decisions and staff knew how to act if people did not have the capacity to make decisions. People spoke positively about the food and were supported to maintain a healthy diet. Staff monitored and responded to people's health conditions, with people having access to their GP and other health care professionals as and when they required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Where people showed signs of distress or discomfort, staff responded to them quickly. People were supported to access an independent advocate if they wanted to. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed.

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were able to access the activities and hobbies that interested them. A complaints procedure was in place and people felt comfortable in making a complaint.

People were involved in giving their views on how the service was run. There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. Robust auditing and quality monitoring processes were in place. The service continually strived to improve the quality of the service that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

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

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded to people quickly when they showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Is the service responsive?

Good 

The service was responsive.

People were involved in decisions about their care and were able to access activities they enjoyed.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good 

The service was not always well-led.

The provider was in the process of setting up new arrangements for the management of the service following the resignation of the previous registered manager.

There was a positive, friendly atmosphere at the home and there were good links with the local community.

People were supported by a team who had a clear understanding of their role.

There was a process in place to monitor and improve the quality of the service.

Chestnut Grange

Detailed findings

Background to this inspection

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

This inspection took place on 10 June 2016 and was unannounced. The inspection was completed by a single inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with four people who were using the service, four relatives, eight members of the staff team and the manager of the service. We also observed the way staff cared for people in the communal areas of the building.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm and people told us they felt safe living at Chestnut Grange. One person told us, "If I start to worry about anything I can talk to the staff and they will help me." Relatives also said they felt their family members were safe in the service. One relative told us, "[My family member] is happy and safe there." Another relative said, "[My family member] is looked after well, I've no worries about their safety."

Staff we spoke with were confident that people were protected from harm and abuse at Chestnut Grange and told us, "People are definitely safe here." Staff could describe the different types of abuse which may occur and every staff member was clear that they had a duty to report anything untoward that they saw or were told. One staff member said, "I would tell the manager if I was concerned that someone might be being abused. They would help to safeguard the person and make sure everything was investigated properly."

The atmosphere in the home was calm and relaxed and people were interacting confidently with one another and with staff. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. During our visit there were several situations where people began to become anxious. We saw that staff intervened quickly and provided reassurance to prevent their anxiety escalating. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

The manager told us in the PIR that all staff received information about safeguarding and whistleblowing on their first day at work. They were given time to read and were able to discuss these so that the manager could be sure that they understood them. Information about safeguarding was available in the home and a safeguarding adults' policy was in place. Where required, information had been shared with the local authority about incidents which had occurred in the home and staff had responded to any recommendations made.

People were protected and their freedom was supported and respected because risks were assessed and managed. We spoke with relatives who were confident that their family members were being protected and had their freedom supported and respected. This was because staff knew them well and ensured that people received their care and support in a way that had been assessed for them to receive this safely.

Staff explained to us how following set guidelines minimised the risks to people. One staff member told us how they had helped to write the risk assessment for a new possession that someone had bought the day before so that the person could be supported to begin using it when they wished without delay. Another staff member spoke to us using the example of how, if someone sustained a fall, they would contact the falls team to get advice and review the risk assessment to reduce the chances of them falling again.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff

following these during our inspection.

We spoke with the manager about the security of the site and potential for people to gain access to the building un-noticed, particularly on a warm day when doors were open so that people could access the garden. They agreed to review the security arrangements at the home to ensure that people's safety would be maintained. Shortly after our inspection visit the manager updated us with the actions they had taken and options being considered to ensure that risks to people's safety were reduced using the least restrictive means.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. The manager told us in the PIR that the staff team completed regular health and safety checks which enabled any deficiencies discovered to be remedied. Our observations of the equipment used within the home supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or electrical appliances were needed.

There were enough staff to ensure that people received the support they needed. One person we spoke with said, "Yes, there are enough staff, I can go out whenever I want to with staff to help me." A relative we spoke with told us, "There have always been enough staff whenever we have visited." Another relative recounted how there were always sufficient staff for them to be able to bring their family member back to Chestnut Grange after a home visit even if they need to return earlier than planned and at any time of the day or night.

The staff we spoke with told us they thought there were enough staff available to keep people safe at Chestnut Grange. One staff member told us, "We definitely have enough staff to keep people safe." Several staff described to us how changes in the staff team with colleagues leaving and new staff starting could be unsettling for people saying, "A change in staff can make people feel unsafe, but we have a full staff team now." During our visit we saw people being supported to use shops and the community facilities in nearby towns. Staff spoke with passion about supporting people to live active lives in their community and said that they always tried to accommodate people's wishes as soon as possible so that they did not have to wait too long if they wanted support to go out shopping or to visit somewhere in particular.

The registered manager told us they planned the duty rota based around the activities and events planned in people's diary so that there were always sufficient staff available. People's needs were regularly assessed to ensure that there were sufficient staff available. The registered manager told us that all shifts were covered by the staff team and no agency staff were used which ensured people received support from a consistent staffing team and reduced the risk to people's safety.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. The staff files we looked at had the appropriate records in place including, references, details of previous employment and proof of identity documents.

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

The people we spoke with affirmed that they received their medicines as prescribed and in a timely fashion. One person answered, "Yes," when asked if they were given their medicines on time. We saw another person ask staff for their medicine when they wanted it, and staff stopped what they were doing to provide support and ensure that the person could take their tablets. Relatives we spoke described some of the complex

medicines that their family members had prescribed for them and said that they had no concerns with the way people's medicines were managed and were confident that medicines were taken as prescribed.

Staff also told us that people received their medicines correctly. One staff member said, "I don't do the meds, but I observe the [senior staff] when they do and they make sure people have taken their tablets." Another staff member explained how they helped to count the medicines in to make sure that they had received everything that had been requested. We spoke with one of the senior staff about the medicines. They described to us how they were ordered, received, administered and, where needed, disposed of. This demonstrated that the correct processes were being used. As the manager had recorded on the PIR, we saw that medicines were stored securely in a locked room and kept at an appropriate temperature. We were also told about plans to move the storage arrangements to another room which would allow more space and privacy for people when they took their medicine.

We observed staff administer medicines in a safe way. Staff focussed on the single task of supporting the person to take their medicine. They explained to the person that they were taking their tablets and were patient, ensuring that people had the time they needed to take all of their medicines. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The staff go off on training." Another person answered, "Yes," when asked if they felt that the staff looked after them well. Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively and meet people's needs. One relative we spoke with told us about the specific needs that their family member has and how training for staff had been arranged to ensure that they understood how best to provide support.

The staff we spoke with said, "We definitely know what we are doing here," and told us about the range of training that was available at Chestnut Grange. They felt that this had contributed to the skills they needed to support people well. There were mixed views as to how effective the training delivered through e-learning was as this did not allow participants to ask questions or to explore how the subject matter might relate to those that they supported. However, everyone said that the face to face training that they received was excellent. This included specific training to support people when they became distressed.

New staff were provided with a comprehensive induction comprising of shadowing experienced colleagues and attending various training courses. Staff were also working towards attaining their Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We looked at the training matrix which showed that staff had received the training that they needed and that any training which needed updating had been refreshed in a timely fashion.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. In turn the manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

People were supported to make decisions on a day to day basis. We saw that people decided how and where they spent their time and made decisions about their care and support. The people we spoke with confirmed they had agreed to the content of their support plans and we saw that staff always asked for people's consent before providing care and support for them. We saw that each section of a person's support plan began with a statement as to how the person was involved in writing and agreeing that aspect of the support plan.

Staff we spoke with told us about the importance of supporting people to give consent and make their own decisions. One staff member told us, "It is not just about asking people what they want, but asking them in the right way and at the right time so that the person can make the best decision for themselves that they can." Records showed that people were supported with decision making and there was a decision making profile in place for each person which gave clear guidance for staff to follow.

Staff could also tell us about the Mental Capacity Act 2005 (MCA) and how this guided them when

supporting people to make decisions. Records also confirmed that the principles of the MCA had been considered when determining a person's ability to consent to decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements.

People were supported to eat and drink enough to keep them healthy. One person told us, "I like the food, steak is my favourite. We have curry tonight, with naan bread." Another person told us that they did not like curry, but were able to choose something else instead which they were going to help cook and were looking forward to. Relatives we spoke with said that their family members helped with the shopping and were able to choose what they ate and drank. They were confident that sufficient was provided for people to eat and drink.

We saw people check the menu that was on display to find out what they were having to eat which gave a good balance of different types of food. Staff we spoke with told us how the menu was set with each person choosing what they wanted to eat during the week at a 'Menu Meeting.' We heard how staff made suggestions at the meeting for different foods that people might want to try, reminding people about any festivals in the coming week that might have a traditional food, or suggesting theme nights to sample foods from different cultures.

At lunchtime, people were involved in preparing the food and in clearing away. Everyone ate together and there was a light and jovial atmosphere in the dining room. Between meals people were able to help themselves for drinks and snacks when they wished. On occasions the kitchen door was closed to maintain one person's safety. However, people's access was not restricted as they could ask staff when they wanted to go into the kitchen and the door was opened for them.

The manager told us in the PIR that people's nutritional needs were assessed regularly. We saw there was information in support plans detailing people's nutritional needs. One person was at risk of choking if left alone whilst they ate and there was a care plan in place detailing how staff should support this person at mealtimes. The staff we spoke with knew about this and described to us how they manage the risk.

People had access to the healthcare professionals they needed at the right time. One person told us that they had seen their doctor recently and told us about their appointment and the medicine that their GP had prescribed. We saw that this appointment had been recorded in the person's care records so that staff would be aware of the consultation and change to the person's medicine. Relatives told us how they were always informed if their family member had seen the doctor for any reason saying, "[My family member] gets the care that they need at the right time." Another relative confirmed, "They get all the care they need from their doctor and the like. I've no problems there."

The manager told us in the PIR that everyone living at Chestnut Grange attended regular health check-up

appointments to ensure that they received the best healthcare possible. Staff told us how they supported people to attend medical appointments saying, "We go along with people to support them and to help them explain to the doctor what they want to say and then remind them later what the doctor told them." Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary.

The care plans we looked at confirmed that people received input from healthcare professionals, such as their GP on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as a Speech and Language therapist for advice when needed, and we saw that the guidance that had been provided was implemented within people's care plans.

Is the service caring?

Our findings

People who used the service and relatives were very positive about the care and support staff gave and said they were kind and caring. We saw that they had formed positive relationships with them. One person said, "The staff are very good, they make sure I am not worrying about anything." Another person told us how the staff would help them with anything, "I only have to ask," they said. One relative told us, "The staff are fantastic - they really do care." Another relative told us how they felt that the staff were, "Attuned to the needs," of their family member.

One staff member told us, "This is a nice place to work, we care about each other and welcome new people." Another staff member said, "This is a happy place – it is people's home. If anyone is not happy we can speak to the manager and they will sort it out with us." We also heard from staff how important it was to recognise if someone was upset and provide the support and reassurance that they needed.

We observed there was a happy and relaxed atmosphere in the home and there was a lot of friendly banter between people who used the service. People spoke warmly about the staff supporting them and when we spoke with staff we found there was a mutual respect and understanding between them. Staff had an excellent knowledge of how people preferred to be supported and there were detailed communication profiles in place detailing how people communicated their wishes and how staff should respond.

During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. We observed staff respond quickly when people showed any signs of distress or discomfort. For example, staff were aware of the signs that someone may be becoming anxious and when they saw these signs they offered support and reassurance.

People were supported to make day to day choices such as where they went and what they did. One person told us how they had wanted to change what they did during the day as they were no longer enjoying what they were doing. We heard how staff had listened to them and new opportunities were being trialled to see which they might like. A relative spoke to us about the, "Great interactions," between their family member and the staff that supported them in making informed decisions about the care they received and how they spent their time.

Staff told us that it was important that Chestnut Grange felt home to those that lived there. They were supported to decorate their room to their taste and help out with household tasks. During our visit we saw people involved with many aspects of the day to day running of the home such as, shopping, cooking and cleaning. There was an emphasis on supporting people to become as independent as possible, "Even though it is often slower and takes more time," one staff member reflected. Staff we spoke with told us how important it was for people to be encouraged to be as independent as possible, and told us, "It is about asking people, reminding them, assisting them and giving reassurance and praise." Staff spoke about the

range of choices that they supported people to make and the different levels of information and support they might need to make a choice. They told us, "It is not just about choosing between a bath or a shower, things people know and understand. It is also choices about new things, like where do I want to go on holiday where we have to think a lot more about how we will help the person make their decision."

Several people were planning holidays. They told us about the holidays that they had enjoyed in previous years and described the sort of holidays they wanted to go on this year and which staff they would prefer to support them. We saw brochures and magazines were being used with different sorts of holidays and staff were talking about these with people. Staff who had supported people on holiday told us how they had supported people's independence while away, enabling them to order their own food and drinks at the bar, for example.

People had expressed an interest in holding a disco for residents of Chestnut Grange and for people who used other Voyage services. The manager had investigated this possibility and had hired a private function room for the disco to be held. This had been a huge success and there was now a weekly disco which had also adopted a local hospice as a charity to raise funds for. One of the people using the service told us they enjoyed the raffle each week and was looking forward to helping arrange it in forthcoming weeks. People told us about friendships and relationships which had been forged at the disco and showed an excitement for this regular event. They told us that they were encouraged to maintain relationships and develop new ones.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak

People were treated in a dignified and respectful manner by staff. People we spoke with told us that staff treated them with respect, with one person telling us, "I respect them and they respect me." People told us they were treated as individuals and knew about their rights to privacy. We observed people were treated as individuals and staff were mindful of people's preferred needs. The relatives we spoke with told us they felt their relations were treated with respect. One relative told us, "The carers treat people brilliantly; they are second to none."

Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and were given training in this area. We saw this was also threaded throughout the care planning for people who used the service to ensure people understood what to expect from staff

Chestnut Grange had two vehicles which people could use to get out and about when they wished. Staff spoke about the importance of these being clean and in good order so that they, "Look like any other car on the road." People told us that they liked to travel on the bus too, and said that they often chose to use the bus to go into a local town to do their shopping.

Personal details for people were kept in their files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us how they liked staff to help them to sort their clothes, while another person used a drawing board to recount experiences and interact with the staff around them. A relative told us that they felt the staff team had been well matched to those that they supported and had shared interest which helped people to live the sort of life that they wanted.

Staff told us how important it was for them to be vigilant and respond to people's needs quickly. Accordingly, we observed that staff were responsive to people's needs and requests for help. Staff were attentive and responded quickly to provide reassurance or distraction when someone began to show signs that they were unsure or anxious. They told us that the support plans were particularly helpful with this and the practice we saw from staff reflected that detailed in the care planning documents.

Information about people's care needs, their support needs and preferences were assessed and planned for and presented in care plans as well. We saw that care plans included what and who was important to each person and how they preferred to be supported. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People's care plans were regularly reviewed and updated when required. At the time of our inspection the care plans were in the process of being rewritten so that they were more comprehensive and gave a greater degree of information. By retaining the same format staff were able to locate information quickly, but the new folders were more detailed.

Each person was also able to choose what they did and how they spent their time. There were several communal areas within the home which people could move between as they wished. Plans were also in place to utilise some underused spaces within the home to provide opportunities for people to pursue hobbies and interests that had been identified, such as a small kitchen, a craft room and a sensory room. Work was also underway in the garden to make it more suitable to people's needs and wishes, for example by adding an area where people could use a football when they wished.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I'd talk to the staff if I was not happy." The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. One relative told us, "You only have to mention it if you are concerned, they will listen and deal with it, so never any need to worry." So that people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed in several places within the home.

Staff we spoke with were aware of the procedures and protocols to follow in the event that they wished to raise a concern, or if someone raised a concern with them. One staff member told us, "It is important to

make sure the manager is aware of any concerns that we have so that they can resolve them." Another staff member said, "Yes, we have a complaints procedure, but we would usually just speak to one of the senior staff who always sort it out".

The manager told us in the PIR that they had an 'open door policy' so that those living at Chestnut Grange could express any concerns to them whenever they wished. People could be assured complaints would be taken seriously and acted on. We reviewed the records of the complaints received since our last inspection. There had only been one which had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaint had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaint were well documented and this included any lessons that had been learned to improve future practice.

Is the service well-led?

Our findings

At the time of our inspection the service was between managers. The previous registered manager had left and new arrangements were being made by the provider for the management of the service. While everyone we spoke with told us that they had good support and knew who to speak to if there was a problem, some people felt that the lack of a permanent manager at service could occasionally present difficulties in agreeing or communicating key messages. This was fed back to the manager who was overseeing the service at the time of inspection at the end of our visit.

Staff commented that the manager visited the service several days each week, and was visible in all parts of the home when they were on duty. The manager was supported at the service by a team of senior staff, and also by the provider who made regular visits to monitor the service. Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. There was delegation of tasks with each of the senior staff knowing what was required of them, and staff knowing who was responsible for what. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way.

People lived in an enabling and inclusive service where links with the community were seen as a valuable part of people's lives. People spoke about the events organised in the community, such as the local disco where they were able to meet friends and develop new relationships. Links had also been made with a local hospice which benefited from any funds raised by the disco. A 'Faith Festival' was also being planned for the summer to explore cultures and faiths in the area.

People benefitted from the positive and open culture in the home. We saw people felt comfortable and confident to speak with the staff that were supporting them and the manager of the service. People who used the service and their relatives were complimentary about the leadership in the service. We saw that people were happy to approach the manager and make requests. A relative also told us, "They are very proactive, they always come to you first if there is something you need to know." Another relative told us, "They have set up a keyworker system so you know exactly who to talk to." They went on to tell us how the keyworker contacted them regularly to keep in touch and enabled the person to exchange news with their family.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff told us that they felt well supported by the manager and the team of seniors. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. We heard that staff felt there was strong teamwork and everyone pulled together to resolve problems.

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

The position of the office within the service meant that the leadership was visible and accessible to those using, visiting or working in the service. During our inspection, we saw that people were happy to visit the office to speak with the manager to make requests or just engage in conversation.

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

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

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

People's care planning records and other records relevant to the running of the service were well maintained and the manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed. Clear communication structures were in place within the service. There were regular staff meetings held to discuss pertinent issues within the service. This gave the manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.