Voyage 1 Limited

Voyage (DCA) (North West)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 18 and 19 October 2016. The inspection was announced which meant that we gave 48 hours' notice of our visit. This was because the location was a domiciliary care service and we needed to be sure that someone would be available to assist with our inspection.

Voyage (DCA) (North West) is a domiciliary care service registered to provide personal care to people in their own home. At the time of our visit the service was providing support to three people who each lived in one of the six neighbouring properties owned by the service. The remaining three properties were vacant. The people using the service were adults who required a varying degree of support dependent on their individual needs.

The service had a registered manager in place. 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.

Peoples and their relatives told us they felt that care was delivered safely.

The service had an up to date safeguarding policy and whistle blowing procedure. Staff were aware of the action they should take if they suspected abuse was taking place and felt confident to report any concerns without fear of recrimination.

There were systems and processes in place to protect people from the risk of harm. People's level of risk was assessed and where an elevated risk was identified a plan was put in place to provide care in a way that mitigated the risk.

Some people were being supported with their medicines and we saw that the service was storing these safely and recording them accurately. We also saw evidence of people being supported to manage their own medicine administration.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work.

Staff received appropriate training and had the skills and knowledge to provide support to the people they cared for. This included specialist training specific to the needs of the people using this service. New staff underwent induction training which included shadowing a more experienced colleague.

Staff received regular supervision and annual appraisals to monitor their performance. We saw evidence that these meetings had taken place and staff told us they found this support helpful.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Staff worked alongside people to ensure they enjoyed a suitable, healthy diet and maintained a good level of nutrition and hydration. Menus were reviewed each week and produced following discussion with people.

Staff were very knowledgeable about the people they supported. They knew their likes and dislikes, encouraged independence and respected people's privacy and dignity. We saw positive interactions between staff and people who used the service.

Staff were happy in their work and spoke positively about the care provided by the service. Relatives we spoke with felt that the staff delivered a good standard of care.

Care plans contained very detailed information about people's individual needs and preferences. This meant that people received support tailored to them. People were involved in care planning and reviews and had regular meetings with staff to ensure care was continuously delivered in a way that best suited their needs.

People were supported to engage in a wide range of activities that were important to them and reviews of what was working well were regularly undertaken. We saw that the activities were specific to the individual's interests.

The service had an up to date complaints policy in place and a clear, effective procedure for following these up. Staff were aware of how to support a person to make a complaint I they wished to.

Relatives told us they felt comfortable contacting the service with any issues and that they received a good level of communication from the service.

Staff felt supported by the registered manager. They found them to be approachable and felt able to voice their opinions or concerns. Staff meetings were held regularly and staff had access to minutes from those meetings they were not able to attend.

There were systems in place to monitor and improve the quality of the service provided. The management team carried out thorough comprehensive audits of the service every quarter. Other checks were carried out on a daily, weekly or monthly basis. An action plan was monitored by the registered manager and regularly reviewed by the operations manager. This ensured good management oversight of the service.

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.

An effective system was in place to monitor risk and produce risk assessments where necessary.

Staff had received safeguarding training, understood the signs of abuse and felt confident raising any concerns they had.

Appropriate pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff received regular training, including specialist training specific to the needs of the people using the service.

Staff understood the principles of the Mental Capacity Act 2005.

Staff received regular supervision and appraisal and told us they felt supported.

Is the service caring?

Good

The service was caring.

The service supported and encouraged people to maintain their independence.

Staff respected people's privacy and dignity.

People and their relatives were happy with the standard of care being delivered. Staff demonstrated a very good knowledge of the people they supported.

Is the service responsive?

Good

The service was responsive.

Care plans were very detailed and person centred. They were

reviewed regularly to ensure they met people's current needs.

People were supported to access a variety of activities that were meaningful to them.

The service had a clear complaints policy and staff were aware of the procedures to follow if a complaint was received.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the support they received from management. Relatives felt that communication was good.

Staff meetings were held regularly and staff found these useful.

The registered manager carried out regular quality assurance of the service via a comprehensive programme of audits.

Voyage (DCA) (North West)

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 18 and 19 October 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are details of changes, events or incidents that the provider is legally obliged to send us within a specified timescale.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, area manager and seven members of staff. We received feedback from a community nurse and a social worker who worked with people who used the service. We also spoke with three people who used the service and one of their relatives.

We reviewed the care records of three people that used the service, looked at six staff files, including recruitment information and checked records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt staff cared for them safely. A relative we spoke with told us they felt their family member was safe from abuse or harm. They said, "It has been a really positive experience. I am happy that [they're] safe. [Staff] always inform me of any issues."

The service had an up to date safeguarding policy in place. This was kept in the office and was also available to staff online.

Staff demonstrated a working knowledge of safeguarding procedure. They were able to describe types of abuse, the signs to look for and the correct action to take. One member of staff told us, "I would inform the manager, record and report it to the team leader or senior." Staff had all undergone safeguarding training and this was monitored by the registered manager on a training matrix to ensure staff had regular refresher sessions. There had been no safeguarding incidents in the twelve months prior to our inspection but the registered manager was able to explain the correct procedure for reporting to the local authority and notifying CQC. This meant that the service safely managed the risk of abuse of people.

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff were aware of the whistle blowing policy and felt able to report concerns without the fear of recrimination. One member of staff told us, "It's my duty of care to report if I'm concerned about something. [Registered manager's] door is always open and you don't have to worry about going to [registered manager] with anything." Other members of staff said, "There's nothing I'm afraid to go and raise" and "We were told in our safeguarding training about the whistleblowing procedure, I know what to do and I know I can go to the CQC too if I need to."

Regular health and safety checks were carried out at each of the properties and we saw evidence of environmental risk assessments being undertaken. This type of assessment was undertaken to ensure that staff and people using the service were in a safe environment. The programme of checks included areas such as the fire alarm panels that were checked daily, hot water temperatures were checked weekly and fire extinguishers and first aid kits were checked every month.

A fire safety risk assessment was completed for each property and fire drills were conducted every six months. We saw records that showed all staff and people using the service were involved in the fire drills. After every fire drill the fire safety risk assessments were reviewed and any necessary changes implemented.

Each aspect of a person's care plan was assessed for level of risk. Risk levels were rated red, amber or green (RAG) and these corresponded to the instruction stop, think and go. Any risk identified as red (stop) or amber (think) triggered the production of a risk consideration record. These documents advised staff how to encourage positive risk taking whilst mitigating the risk of harm to the individuals involved. This meant that the service effectively monitored risks to people and took appropriate steps to minimise them.

The service recorded and monitored accidents and incidents. The accidents and incidents file contained a

simple flow chart for staff to follow that guided them step by step through the reporting procedure. Accidents and incidents were logged on to an online case management system which prompted the registered manager through each stage of the process, for example whether a safeguarding or RIDDOR referral was necessary and whether a CQC notification should be sent. The registered provider's quality officers and operations managers were all able to access this log and it was analysed by the quality team daily to look for patterns or trends and take appropriate action if any were identified. This meant there was an effective monitoring system in place to keep people safe from the risk of accidents.

We looked at the way medicines were managed. Two people were receiving support with their medicines at the time of our visit. We saw that medicines were stored safely and in a locked cabinet. There was a separate area for each person's medicines to be stored and the cabinet was tidy and well ordered. The temperature of the room where the medicine was stored was taken daily and the records showed that it was maintained within the recommended limits at all times. We completed a stock checks on medicines and found that records accurately reflected the medicines held for each person. Medicine administration records (MAR) were in place for each person and had been correctly completed by staff.

Protocols were in place for PRN medicines that were to be taken as required. These explained to staff what signs may indicate people needed these medicines and were reviewed on a monthly basis.

One person self-administered their medicines. They told us they were happy to do this and explained they kept their medicine in a kitchen cupboard and how and when they took them. We saw a risk assessment had been undertaken to ensure that it would be safe for them to be responsible for managing their medicine before the arrangement was put in place.

Medicine audits were done monthly and the registered manager delegated this task to senior staff. One medicines error had been identified in February 2016 and we saw that this had been correctly reported and followed up. The member of staff involved had received refresher training and observation and there had not been any further incidents. Staff also had medicines competency checks done on an annual basis. The first competency check consists of three separate observations by senior staff and then one observation at subsequent checks unless there is any problems then up to three observations are undertaken with further action taken if necessary, for example extra training.

This meant that systems were in place to ensure that the medicines had been stored, administered, audited and reviewed appropriately.

We looked at the recruitment records of six staff. Comprehensive pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed and we found there to be no unexplained gaps in employment. There were photographs and identification on all of the staff files we looked at along with suitable references. Disclosure and Barring Service (DBS) checks had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. If a DBS disclosure identified any issues then a risk assessment was done before deciding whether to go ahead with the recruitment, we saw records providing evidence of this in practice.

We were told that the service was fully staffed for the number of people currently using the service. The staff we spoke with felt there were sufficient staff to cover all shifts, they were happy to cover for one another during holidays or sickness and the service also had two bank staff available to them. A relative we spoke with told us that their family member received care from a regular team of staff. They said, "Turnover of staff

has been a problem in the past. There was a spell about a year ago where there was a lot of new staff but things seem to have settled down recently."

The service had a business contingency plan in place that contained information on how to deal with emergency situations such as adverse weather, no access to the service, loss of heating, flu pandemic or utility failure. A list of emergency contact numbers was also on display on the staff notice board for easy access. This meant that people would receive appropriate support in emergency situations because the business had made plans to maintain service.

Staff told us that there was a plentiful supply of personal protective equipment such as disposable aprons and gloves. This meant that people were protected from the risks of infection and cross contamination.

Good

Is the service effective?

Our findings

People told us how they were supported to maintain a healthy diet. One person told us, "I get involved in doing the menu every week." Another person told us they were involved in weekly menu planning and also went to a group that promoted healthy eating. They told us they were happy to be making healthier choices and showed us the certificates they had been awarded.

People were supported to maintain a balanced diet. Staff prepared weekly menus with people and supported them to shop for their groceries. Food intake was recorded in daily activity records and further discussions around meals took place at monthly house meetings.

Staff received mandatory training in areas such as allergen awareness, equality and diversity, fire safety and safeguarding. Mandatory training is training that the provider thinks is necessary to support people safely. Staff also received training in specialist areas, such as Management of Actual or Potential Aggression (MAPA) and Asperger's awareness training. The registered manager monitored staff training on a training matrix. They were able to explain how they monitored the spreadsheet to see what training was due for renewal. Courses were then booked and staff alerted. We saw from the certificates held on staff files and evidence within the online training records that staff were up to date with training.

Staff we spoke with were happy with the training they received. One member of staff told us, "Training is always available. I'm happy to do the training and I'd love to do more courses as I think it helps me deliver good care. Even the refresher training is good as it highlights things that you may have forgotten." Another member of staff said, "There has been a lot to get my head around as this is my first job in care but the training and the staff team have been great. [Registered manager] has really supported me."

New staff underwent a two week induction process that included online and face to face training. Areas covered included basic life support and safeguarding training along with an introduction to policies and procedures. As part of their induction staff also shadowed more experienced colleagues before being included on the rota. The two week programme was flexible and the registered manager explained the importance of getting to know the people who used the service and their support needs during this time.

Staff who had never worked in care previously completed the Care Certificate as part of their induction and those staff who did have experience elsewhere were assessed to determine whether they would also benefit from completing it. The Care Certificate is industry standard training that was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

New staff had a review meeting every two months for the first six months of their employment and a probationary appraisal at the end of their first six months. After this initial probation period staff had four supervision sessions a year and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager told us that although it was not in the registered provider's policy that bank staff received supervision they did offer this as they believed

it was best practice to do so.

We saw records from staff supervision that showed they were taking place as often as six times a year and were fully documented. Discussions covered topics such as shift patterns, training and the support staff required. Staff we spoke with told us they felt supported. One member of staff told us, "I'd bend over backwards for what they've done for me. I can't fault the place." Another member of staff said, "Supervision is a good opportunity to talk about anything I'm concerned about."

This demonstrated that new and existing staff were given the correct training and support to undertake their role safely and efficiently.

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.

Staff had received training on MCA and demonstrated a good understanding of its principles. One staff member told us, "It's designed to empower and protect individuals who lack capacity to make their own decisions." Another member of staff said, "I feel like the training we had was really good. It's important to understand when it's safe for people to make decisions for themselves." We saw that consent to care was obtained from people using the service and where people lacked capacity, decisions that were deemed to be in the best interest of the individual were made in conjunction with care staff, family members and other relevant health professionals.

Staff told us how they obtained consent from people. One member of staff said, "It's important to ask them if they're ok with what's happening." Another member of staff said, "[Name] is able to communicate well so can give their consent but it's important to keep checking and make sure they understand."

The registered manager confirmed that one person's social worker was currently making an application to the court of protection as it was not safe for them to leave their house unsupervised. The court of protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made. This includes making decisions about when someone can be deprived of their liberty under the Mental Capacity Act. The doors were not locked although an alarm had been placed on the entrance so staff were alerted and could ensure the person's safety if they did choose to leave. This meant that the service was working within the principles of the MCA.

People were supported to maintain good health on a day to day basis, attending appointments with health professionals such as GPs, dentists and opticians. We saw appointments had been made for people and these were recorded in individual diaries. One person told us they had recently had a health check and had received a flu vaccination.

A record of people's daily activities was kept within the monthly recording workbooks. These documents contained very detailed information relating to the activities people had engaged in and personal care delivered as well as their food intake.

Staff completed a verbal handover at shift change. A communication book was completed by staff for those occasions where a verbal handover was not possible. A whiteboard in the office also highlighted to staff any urgent tasks that were to be completed on a particular shift. This meant that there was an effective method of communication between staff to ensure good continuity of care.

One relative we spoke with reported being happy with the information they received from the service and the standard of communication generally.

We saw that people's homes had been decorated in a way that reflected their personal preferences and included items that were meaningful to them.

Good

Is the service caring?

Our findings

Two of the people we spoke with told us they were happy with the care they received and liked the staff who supported them. One person told us, "The staff are good, they're a good laugh." Although the third person was not able to fully communicate with us verbally we saw they were relaxed and comfortable around staff and we observed positive interactions.

A relative we spoke with was happy with the care their family member was receiving. They told us, "[Name] has come a long way whilst they've been there. Staff always give [name of relative] time and [their] own space when [they] need it. [They are] really well supported and have come on really well with [their] independent living skills."

One person's social worker said, "I found the service to be really helpful, they have completed really useful work with [name of person who used service], and [they have] really improved in [their] social interaction with other staff. The care staff have also encouraged contact with [name]'s family and [they have] got back in touch with them after many years."

Through discussions with staff we were able to see that they knew the people they supported very well. Although people did have designated key workers all staff had a good level of knowledge. They knew people's likes and dislikes and also recognised that some people needed to stick closely to routines to make them more comfortable. Staff were able to describe to us in great detail how best to support each individual and we saw evidence of positive relationships between them and the people they supported. One member of staff told us, "My musical knowledge and tastes have expanded since I started working with [name]. We can chat for hours."

A community nurse told us, "I have found the staff to be caring and thoughtful."

Staff were happy in their jobs and had an enthusiastic, positive attitude about the care provided. One staff member told us, "I really enjoy my job. I have worked in a residential home previously but I find working here so rewarding." Another member of staff said, "I think we're a really good staff team. If we didn't get on it would impact on the people we support. They would feel it if there was an atmosphere."

Staff told us how they encouraged people to be independent. One member of staff told us, "I encourage and prompt individuals to carry out tasks for themselves but offer support where needed." Another member of staff said, "It's about letting them try to do tasks themselves but being there if you're needed." We saw on people's weekly activity planners that they were responsible for chores around their home including cleaning and laundry and they were supported to do their own shopping. People told us about their trips to the supermarket and how they had been given advice on laundering delicate items of clothing so they didn't shrink in the tumble dryer.

We saw that people were involved in decisions about their care. A house meeting was held every month, where possible, with the person and their key worker or other staff members. At these meetings a range of

topics was discussed, for example activities, health and safety issues, maintenance, meals and holidays. Actions from these meetings were documented in an easy read format and reviewed at the next meeting. This prompted further discussion around what was working and what was not. People we spoke with told us about these meetings and the type of things they discussed.

People were supported to maintain relationships with their family and friends. We saw guidance in one person's support plan that described how they made regular weekly phone calls to a friend and what was the best day and time for staff to facilitate this. One person we spoke with told us how they regularly visited family.

Staff were able to describe how they promoted people's privacy and dignity. One staff member told us, "I always knock on the door before entering their house or room. If I'm helping someone to get dressed I make sure the doors and curtains are closed." Another member of staff said, "I think we should strive to do things in a way that [people] feel is dignified."

One member of staff told us that they were very proud of the way people were supported when they were in the community. They told us, "One thing I will say is that the company is dignified when we're out and about. Staff deal with things really well if there are any difficult situations or behaviour. Staff are discreet and that protects people's dignity."

The registered manager told us that the service had access to advocacy services and provided examples of when they had appointed advocates to support people. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

People we spoke with told us about the different activities they took part in and how they were able to choose what activities they did each week. One person told us, "I do an activity plan every week. I like to go to the gym. I go out a lot and I went to Scotland on a plane."

A relative also told us how staff supported their relatives to engage in activities. They said, "The activities are what [name] wants to do. [Name] has a list of things and [they] decide what [they] want to do."

People's support plans were very comprehensive. They covered all aspects of daily care, contained an exceptionally good level of detail and were written in a very person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's goals and how they were to be achieved were clearly recorded. The support plans were reviewed regularly and wherever possible people actively participated in the production of their plan. One relative told us, "The plan is reviewed every year and [name] is completely involved."

The registered manager told us that they tried hard to build a complete picture of how best to care for people into their care plans. One person had limited verbal communication and when they had moved to the service very little information was received from their previous place of residence. The registered manager told us, "We have all worked very hard to build this level of detail into their care plan. It has had to be done over time and through observation due to communication difficulties. For example we initially began by regularly offering them a number of choices but we found that this could cause distress. We now know that if this happens then staff are to choose for them."

Staff told us that they found the care plans useful and easy to follow. One member of staff said, "I understand the care plans and follow them to provide the correct support. They are updated by the key workers and we are always informed if there are any changes we need to read." Another member of staff told us, "The care plans are updated whenever they need to be and they are checked regularly."

People were supported and encouraged to participate in a wide range of activities that were meaningful to them. These included things such as trips to watch football, horse riding, playing pool in a local pub, baking classes, bowling and arts and craft activities. We saw from meeting minutes that discussions took place around finding new activities for people to try. Staff were actively encouraged to be involved in this and one member of staff told us, "Whenever we think of something new we suggest it. We ask people first, they are our first point of call."

One person had their own pet cat. This had been discussed and agreed with their social worker and when we visited this person we saw that the cat gave them great pleasure. Although they had limited verbal communication when we discussed the pet with them they smiled and became far more animated. We also observed this person had other items within their home that reflected their interests as recorded in their care plan, for example jigsaw puzzles and word searches.

A social worker told us, "I have only positive comments to provide on the placement, care staff are fully aware of the needs of [name] and try and ensure that they match all their activities to the interests of [name]. For example they have arranged trips to watch the football and have been trying to arrange a trip to the aviation viewing park near Manchester Airport as [name] worked in the aircraft industry for many years."

Staff described how people were given choice in the day to day care they received. One member of staff told us, "It's important to talk to [people] to see what they want to do. We always give them choices." Another member of staff said, "Having choice is all part of independence so it is really important to give them a choice of what they want to do."

The service had an up to date complaints policy in place and the registered manager explained how complaints were logged on to the system and talked through the process for dealing with them. We saw that any complaints received were logged and responded to appropriately with results and outcomes also noted.
We saw freepost feedback cards that were available to people should they wish to raise concerns directly to the registered provider in confidence.

People told us they would talk to staff or the manager if they were not happy about anything to do with their care. One relative told us, "I have never made a formal complaint but if I have any issues I can go to them and they are always quick to respond."

Staff were aware of how to raise a complaint if necessary. One staff member told us, "I would know how (to raise a complaint) but have no reason to complain. I have no problems with the service. Some days it a tough but other days I think what a great job." Another member of staff said, "I would report any complaint to the senior or the manager, I know the forms to complete and the procedure to follow."

This meant the service had a procedure to explore and respond to any complaints received and arrangements were in place to enable people to share their experiences and raise any concerns or complaints.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager.

People knew who the registered manager was and gave us positive feedback about them. One person said "[Registered manager] is nice [they're] the big boss, they do all the paperwork."

Relatives told us they felt the registered manager and management team were approachable and supportive. One relative told us, "They are very approachable. [Registered manager] is really easy to talk to." We observed positive, relaxed interaction between the registered manager and people who used the service and they also demonstrated a very good knowledge of people using the service.

A community nurse told us, "[Leadership] is a particular strength of this service. I have worked closely with the manager [name]. I have always found [them] to be thorough, organised and professional. [They have] always fully supported the work I have done. I have observed [them] managing [their] care staff in a supportive positive manner."

Staff spoke very highly of the registered manager. They felt they were well supported and had a voice within the service. One member of staff told us, "[Registered manager] is awesome. They have given me so much advice. I can go to them about anything." Another member of staff said, "If there is ever a query I know I can go to [registered manager]."

Staff had regular meetings and the minutes from these were made available for those staff who had not been able to attend. The most recent meeting had discussed areas such as audits, training, new referrals for empty properties and a Christmas lunch outing with staff and people using the service. Staff told us they found the meetings useful.

The registered manager told us they worked with other managers within the registered provider's portfolio and they are all willing to help each other. They told us, "There is a really good peer support network. We cover other manager's absences so it is really important that we regularly share information."

Managers meetings were held every month and the minutes we saw included areas such as recruitment, audits, health and safety and safeguarding.

The registered manager felt well supported by the registered provider. They told us, "My support is very person centred; I have been asked how I can be best supported. I am open and honest with them. I don't know everything and I won't pretend to. [Operations Manager] is very knowledgeable and very responsive so I know they'll be there to help. They always help me look for ways to resolve any issue."

The registered manager told us they had a good working relationship with all of the local authorities they were involved with including social workers and contracts and commissioning teams. Local forum groups are held and the registered manager attended these regularly. They told us, "It is a good opportunity to liaise

and find out what is happening locally and nationally in social care." The service also has a named quality officer at the local authority and the registered manager told us, "We have a really positive relationship. Voyage has never had an issue asking for support or seeking information."

A comprehensive audit of the service was undertaken by the registered manager every three months. An action plan was then drawn up from the findings. Regular health and safety checks were undertaken on a daily weekly and monthly basis and any areas in need of remedial work were added to the rolling action plan. In the second month of the quarter the operations manager did a sample check of certain areas within the audit and all areas highlighted within the action plan had to be completed by the end of the third month. This was checked as part of the registered manager's supervision session.

An annual inspection was conducted by the registered provider's quality manager. A weekly service report was also completed on the registered provider's intranet and this was accessible to all relevant departments. This meant that an effective system of checks was in place to ensure good management oversight and quality assurance of the service.

The registered manager told us that the service had a number of links with the local community. People accessed a local Active Living project that encouraged people to become involved in sport and leisure activities. They worked closely with staff to assess people's needs. People had been involved in local fashion shows and community teas and one person attended a local Slimming World group. Some people also took part in activities held in the local High School, for example Zumba classes. Arts and craft events and barbeques were held by 'My Life' a local social enterprise and people had accessed these activities.

The registered manager understood their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC and had met their obligations.