

Voyage 1 Limited

1 Sheringham Avenue

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

1 Sheringham Avenue is a residential care home providing personal care to five people living with autism and mental health conditions at the time of the inspection. The service can support up to five people.

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.

The service was set out in a large domestic style property. The service fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

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 using the service receive planned and co-ordinated person-centred support that was tailored to supporting people living with autism.

The service sought to offer people new experiences, through a wide range of individual activities which were meaningful to them. Staff actively supported people to gain independence and learn life skills. People were encouraged to identify and follow pursuits that interested them.

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.

People were valued and placed at the centre of the service. People were supported to be active in the running of the home.

Staff were well trained, skilled and motivated to deliver a high-quality level of care. Staff had received training tailored to people's individual care needs.

People were supported to maintain good health and had access to healthcare services. Staff worked with a range of health professionals to ensure they knew people's care needs. Medicines were managed safely.

Staffing levels were enough to ensure that people's needs were met. Staff were safely recruited.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 June 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.

1 Sheringham Avenue

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

1 Sheringham Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection

We reviewed information we had received about the service since the last inspection. 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 three people who used the service about their experience of the care provided. We spoke with three members of staff including the operations manager, registered manager and senior support worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from five relatives via telephone and email. We spoke with an additional four support workers by telephone and we received feedback from three professionals involved with the service.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at 1 Sheringham Avenue. Feedback included, "Staff treat you with respect" and "I receive the right care and support." A relative told us, "I can sleep at night knowing [Person] is looked after and safe."
- People were protected from the risk of abuse. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding and whistleblowing procedures and when to apply them.
- Staff were confident any concerns they raised would be listened to and actioned appropriately by the registered manager. A staff member told us, "It's important to know to protect people from abuse and harm. We must be aware. If I notice anything, I report to the manager or the person in charge."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risks associated with people's health, welfare and safety had been identified, comprehensively assessed and managed well. This meant that staff knew how to support people to remain safe whilst promoting independence and giving them choices.
- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment.
- There were also regular fire drills and weekly tests of the alarms and emergency lighting system.

Staffing and recruitment

- There were enough staff on duty to ensure people's needs were met in a person-centred way. Staffing levels were adjusted to accommodate people's activities, excursions and health appointments.
- Many of the staff team had worked at the service many years which provided stability and reassurance to the people living at the service.
- The staff team worked together to ensure shifts were covered to avoid the use of agency staff. This meant people were supported by staff they knew well, and their routines were not disrupted.
- Staff were safely recruited with the required pre-employment checks completed.

Using medicines safely

- Systems and processes were in place to ensure people received their medicines safely and as prescribed.
- Medicines were stored in a secure and organised way.
- Medicines Administration Records (MARs) were accurately completed. However, we identified a medicines discrepancy for one person which was investigated by a senior support worker and registered manager on the day of the inspection. The outcome was a recording error. The registered manager told us they would ensure that the learning from this would be implemented in the medicines auditing processes at the service.
- Staff who supported people with medicines were appropriately trained and had their competency checked regularly.
- People were supported to be involved in the medicines process at the service. Some people told us what medicines they took and why. People also signed their MARs to confirm they had received their medicines as prescribed.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and followed safe infection control practices.
- The service was clean, tidy and fresh smelling.
- Staff supported people to maintain develop and maintain good infection control practices. For one person, this meant supporting them to learn to self-care for themselves which required infection prevention measures.

Learning lessons when things go wrong

- The registered manager kept a record of all incidents, subsequent actions and learning outcomes. These were analysed to pick up any themes to help prevent recurrence.
- Learning from incidents was shared with the staff team at supervisions and team meetings.
- Families and the appropriate professionals were kept informed if there were any concerns because of any incidents. If necessary, they were invited to meetings to discuss any emerging concerns.



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 comprehensively assessed prior to moving into Sheringham Avenue. People, their families, staff and professionals were involved in the assessment process.
- The registered manager told us that during the assessment process they also considered the needs of the people already living at the service and how any new admissions would impact on their routine and well-being. A relative told us this approach to admissions provided reassurance.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support.
- People's care and treatment was delivered in accordance with legislative requirements and good practice guidance. For example, the service followed STOMP (Stopping over medication of people with a learning disability, autism or both) guidance which is an NHS initiative to stop the over medication of people with learning disabilities who may display challenging behaviours.
- Processes were in place to ensure staff were kept updated with regards to good practice and any changes to legislation or guidance for example, CQC guidance on oral health in care homes. This ensured consistently effective outcomes were achieved with people.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff undertook a variety of training some of which was completed on line and some more practical based training.
- Additional training provided was tailored to the needs of the people living at the service, most of whom had a combination of high functioning autism and mental health conditions. Staff were trained in MAPA. (Management of Actual or Potential Aggression). This involved staff carrying out role-play scenarios to recreate real situations experienced by staff and people who used the service and how they could work with the person to de-escalate the situation. This equipped staff with the skills to respond appropriately in subsequent similar situations.

- Staff also received bespoke training which was tailored to supporting people living with both autism and mental health conditions and how to understand how multiple conditions impact people when experiencing mental ill-health.
- People and relatives were positive around the abilities of staff to support people in a person-centred way. One person told us, "When you are unwell, you get a lot of support here in my view." A relative told us, "We are very pleased with the way they support [Person]."
- Staff felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

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

- People were involved in deciding what they wanted to eat and drink. People were supported to learn and develop cooking skills. People were also supported by staff to understand and make healthy eating choices. One person told us, "I cook my own dinners. I like cooking. I do shopping for myself. I cook for myself."
- Care plans detailed people's support needs around eating, drinking and whether any cultural or religious dietary considerations were required.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk, for example following a gluten free diet.

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

- The service worked well with other healthcare professionals to improve people's health and wellbeing. Professionals provided positive feedback in this regard. Comments included, "Overall, I am satisfied with the care they provide to their residents during my visits" and "The communication with the team is fantastic and the manager replies to any queries swiftly."
- Detailed records were kept of outcomes from health appointments, reviews and guidance.
- People had hospital passports containing important information to accompany them on any hospital visit. This ensured key information about the person was readily available for hospital staff.

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

- The environment was homely and welcoming.
- The property had two kitchens which were allocated to people. People were supported to take ownership of their kitchens which included cleaning and oversight of food storage.
- People had plenty of space within the service, to either spend time together or alone. We observed people move freely throughout the service on the day of the inspection and enter the office to speak with the management team and staff as and when they had any queries.
- People had access to a well-maintained garden area for outdoor activities.

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 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 and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- People were free to come and go from the home as they pleased and there were no restrictions on their freedom in this regard.
- Care plans demonstrated that people had been consulted around their care preferences and where possible, people signed their care plans to indicate that they consented to their care.



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 the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Promoting and maintaining people's independence was an integral part of the culture of the home. Staff had worked patiently with people to help them gain confidence to learn life skills which resulted in people overcoming significant challenges to become active participants in their local community.
- People were supported to use public transport, for some the first time they had ever done so. The registered manager told us of one person using the tube for the first time to travel to London Zoo. A person told us, "I do travel training. I go on trains and buses to different locations; Tottenham, Wood Green, Edmonton. I have freedom."
- Care plans detailed what people could do for themselves and where they needed staff support. It was obvious that the level of detail in people's care plans was a result of the close working relationship staff had with people and their families.
- When asked what the best thing was about living at Sheringham Avenue, people told us it was learning how to be independent. They told us, "The best thing is the independence. They teach you to be independent; to do your own washing etc. I just get on with life" and "The best thing is I'm learning new skills and getting more independent. Everything working out how I want it to." A relative told us, "[Person] has developed and come into their own and that is a credit to the staff."
- Staff gave us many examples of the joy they felt when a person they were caring for achieved an identified goal. A staff member told us, "[Person] kept going missing. We worked hard to help them settle in and now they come and go by themselves. It's a great achievement."
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Ensuring people are well treated and supported; respecting equality and diversity

- We received exceptionally positive feedback from people and relatives regarding the overall caring and compassionate nature of staff and the management team. One person told us, "The best thing is the support you get from staff, the advice and the acknowledgement. They respect me."

- It was clear the staff and management team were extremely dedicated and passionate about people. Staff had developed warm relationships with people and their families. Staff told us, "We have very strong relationships with people" and "I have been here three years because I like to make some difference to their lives."
- We heard of many instances of where the overall caring and compassionate nature of the home excelled. For one person, during a period of hospital admission, staff visited the person regularly and brought them food from a summer barbeque which the person enjoyed. The registered manager continued to keep in touch with their family members during this period to provide updates and reassurance.
- Earlier this year, people had been supported to arrange their annual holiday. For one person who had never been abroad or even on holiday, staff supported them to obtain a passport. This involved liaising with the person's family to get information required for requesting a birth certificate, applying for the passport and supporting the person to attend the appointment at the passport office. Prior to departure, staff supported the person to visit the airport. This helped the person prepare for the travel experience.
- Most people, staff and the registered manager had lived and worked at the service since it opened in 2004. Staff knew people's needs very well and people in turn referred to a family feel living at the home. People told us, "It's like my extended family." A relative told us, "[Person] has been there since the home opened. We have built a really good relationship with the staff." A staff member told us, "It's like family here now. People are happy when I come on shift. We have great teamwork and a good relationship."
- Staff were aware of people's cultural and religious needs and effectively supported people from a variety of backgrounds, and those with other beliefs. We observed the multi-cultural staff team work in harmony to address the needs of people, creating a culture of respect for all. People were supported to practice their religious beliefs.

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

- Staff and the management team worked closely with people and relatives in relation to planning and delivering care. People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences.
- Professionals praised the approach taken by staff to involve people in deciding how they wanted their care delivered. A professional told us, "There is a culture to involve and being heard at Sheringham Avenue."
- A relative told us that they were unable to attend an upcoming care review meeting and the registered manager arranged for them to dial in by telephone. The relative told us that they really appreciated this as otherwise they would not have been able to be involved. They told us, "They accommodated that I can phone in. Whatever way they can support us, they will do."
- During our inspection, we observed people consistently making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes.



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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported to engage in a varied range of activities and pastimes, all designed to encourage social inclusion and independence. Staff spent time with people developing activity timetables based on their hobbies, interests and aspirations.
- People understood their timetables and relayed to us with ease the various activities they carried out throughout the week. One person told us they volunteered at an older person's care service and charity shop, attended weekly bowling and drama therapy with other people living at the service and spent time in the home doing chores and relaxing. About their volunteer work, they told us, "I serve the tea and coffee to the residents. I've been doing it for 10 years. They are happy with me. You put something back in the community."
- We heard of instances of where people were supported through the positive support approach to overcome anxieties and lack of confidence to increase their exposure to community-based activities.
- For one person, staff identified they had an interest in animals and encouraged the person to pursue this interest as it had a calming effect on the person and reduced incidents which placed the person at risk of harm. Staff supported the person to research and start to visit local farms and animal shelters. Staff also provided stimulation in the home via books about animals and supporting the person to watch nature programmes. The registered manager told us, "We focused on animals and zoo trips. They started attending the farm on Tuesdays. They were liking this, and their behavioural incidents improved."
- For another person, significant risks were assessed and managed which meant that they have been able to do volunteer work in the community accompanied by a staff member.
- People were also supported to travel regularly. Recent holidays arranged by the provider included a trip to Scotland and Malta. Feedback from people was positive with one person telling us jokingly, "We recently went to Malta. I didn't want to come back!" Staff supported one person to visit an animal sanctuary whilst on holiday which maintained some of their regular routine.
- Relatives told us they were welcomed when visiting the service and people often spent time with their families outside of the service. People were supported to use technology such as laptops and had access to

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

- Relatives told us they felt the service met their loved one's care needs in a very person-centred way. Many relatives referred to the service being tailor made to support people living with high functioning autism and Asperger's. People also told us that they felt staff understood how their autism diagnosis impacted them and offered appropriate support.
- A person told us, "[Staff] understand my autism. I receive the right care and support." A second person told us, "Staff know me quite well." Relatives told us, "I think because they are focused on a specific area, I get the feeling they understand the individual residents very well" and "[Staff] don't talk about things in an abstract way. They are very focused on the residents and relating with them." A professional told us, "Sheringham Avenue understand each autistic person as an individual whose autism is an integral part of who they are and who have their own unique qualities, abilities, interests, preferences and challenges."
- Care planning was highly person-centred. Care plans provided staff with comprehensive guidance around people's care needs and how staff should support people in a safe way whilst promoting learning and independence. Staff ensured people were placed at the centre of the care planning process. A professional told us, "Communication between staff and residents have been observed to be very good. They tend to listen to their service users to ensure their health and social care needs are taken into consideration and adequate care provided."
- There were autism specific care plans which focused on how the person's senses were impacted by their diagnosis. For example, one person's care plan detailed how they did not like to shake hands or be hugged. Another person's care plan detailed how specific sounds irritated them and caused anxiety.
- The exceptional level of detail in people's care plans combined with comprehensive specialised training empowered staff with the confidence and knowledge to support people in a highly person-centred way which had positive outcomes for people. A professional told us, "The extreme challenges exhibited by autistic people are managed in such a way it appears very simple and easy which would have been very complicated without the correct understanding of autism and enabling the right support."
- The registered manager implemented a strength-based approach to delivering care which focused on people's strengths and interests rather than potential behaviours a person may display.
- For one person, who previously had very little exposure to community living outside of inpatient mental health services, did not like having showers. Staff identified that the person was interested in swimming. Slowly staff encouraged the person to go to the local swimming pool three to four times per week, which initially meant that the person was having regular showers at the swimming pool. Staff built on this progress and they now have regular showers at home also. Their relative told us, "[Person] is now really beginning to benefit from the services they offer. It's taken a long time. [Staff] have been patient and it's paid off."
- Monthly key working sessions facilitated the service's positive support approach. Staff told us of using these meetings as opportunities to learn about people's interests and strengths. A staff member told us of how, through discussion with a person they identified that they liked drawing. In January this year they bought them drawing equipment and started to spend time with them drawing. Eventually the person started to draw independently by themselves when the staff member was not on shift. They told us, "It's a wonderful way to make [Person] more relaxed and learn new skills."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The ways in which people communicated was included in their care plans and included guidance for staff about how to communicate effectively with people.
- The registered manager told us people could communicate their needs and wishes well.

Improving care quality in response to complaints or concerns

- People and relatives told us they had no complaints. They told us that they were confident that any concerns raised would be taken seriously and responded to. A person told us, "I can talk to [Registered Manager] if I have any concerns. I can talk to her because she listens."
- One complaint had been received by the service within the last year which was not care related. The complaint had been logged, investigated and responded to.

End of life care and support

- The service did not routinely provide end of life care. Where discussed, people's wishes in this regard were documented in their care plan. The registered manager told us they discussed end of life care with people, families and staff in review meetings.



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

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

- The leadership of the home was exceptional. We found the registered manager and staff team shared a clear vision and very strong values. They led by example and were passionately committed to providing exceptional individualised care and support to people. A staff member told us, "We have great teamwork and good staff. We support people to be independent and achieve their goals." Relative's told us, "[Staff] are very much a team with particularly good management. [Registered manager] is very much part of the team" and "[Registered Manager] is a lovely person and very well liked at Sheringham. She has helped [Person] consistently with his autistic tendencies since he moved there."
- We received very positive feedback from all people and relatives we spoke with. The service was praised for the proactive and dedicated nature of the staffing and management team and the support people received to overcome significant barriers to pursue interests and activities.
- One person told us, "I've lived here nearly 16 years. I like the support I receive. I'm happy living here." Relatives told us, "Since the first day at Sheringham Avenue, we have never looked back!" and "[Person] has been so fortunate with this placement."
- The service supported people to overcome significant barriers and achieved positive outcomes in their lives. We heard how the provider stepped in and provided financial support to people when the travel operator they had booked their summer holiday through collapsed. As a result, people were supported to book an alternative holiday quickly which had a positive impact on their wellbeing. The registered manager told us that they had supported people to prepare for the holiday and to have the holiday cancelled would have had a negative impact on people's well-being.
- Supporting people to achieve the best possible outcomes on their lives was an integral value underpinning the service. For each person this was assessed differently, and appropriate goals set. For some people achieving goals took time, however the dedicated staff team worked patiently to support people. One person was supported by staff over time to learn to manage a clinical care task by themselves which

resulted in less staff input overnight and had a positive impact on their privacy and independence. Their relative told us, "[Staff] helped [Person] to manage [task] independently. They helped [Person] to learn safely." A staff member told us, "[Person] is now more independent by themselves throughout the night."

- During our inspection we found the atmosphere to be very homely and welcoming. There was a clear sense of belonging and community. There was a vibrant atmosphere with people coming and going throughout the day. People freely engaged with the inspection team and prepared hot drinks. Feedback received referred to a homely and family atmosphere. One person told us, "I'm good friends with the other guys here. Staff are very good."
- Staff strived to empower people and promote inclusion in society. The ethos of the service was to support people to maintain and develop interests, which were important to them, and to ensure people led meaningful lives and developed a sense of purpose. A relative told us, "[Person] has regular sessions at [charity shop]. They always say how much they enjoy it."

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

- The registered manager and provider recognised the importance of involving people in developing the service, listening and acting on feedback. A professional told us, "Residents work in partnership with staff in the running of the household."
- There were systems in place for gathering people's views and how the service could be improved which included feedback surveys and regular residents' meetings.
- People's views were sought about the things they would like to do and of decisions about the home. People were involved in the interview process when new staff were recruited, decisions about the environment and activities and holidays. People chaired the monthly residents meeting.
- Some of the people who used the service had been supported to become 'Quality Checkers' for the provider. People were trained and supported to visit other services operated by the provider to check the quality of care. People spoke positively of this role and how their findings were used to make improvements. A person told us, "I'm a quality checker for Voyage. I show them my ID. I check health and safety and check the environment. I have had training." A relative told us, "[Person] is doing the quality assessments. He really enjoys it. He didn't get it the first time, but they supported him. He is really proud of himself."
- Whilst training to become Quality Checkers people watched video presentations on dignity, respect and privacy. They advised the trainer that they felt that staff should also watch the videos as they felt they would benefit from watching the videos. This feedback was taken on board and communicated across the organisation for staff to watch the videos.
- People were also empowered to share their autism stories to raise awareness. One person delivered a presentation at a national autism awareness event. Staff supported the person to prepare the PowerPoint presentation and assisted with practice sessions prior to the event. The person successfully delivered their presentation which built their self-confidence.

Continuous learning and improving care

- People benefited from receiving a service that was continually seeking to improve. The registered provider, manager and staff demonstrated a commitment to continuously improving the quality of the service people received.
- In November 2018, the service had been awarded best specialist team of the year by Voyage Care. The registered manager told us, "We have given a life to them to live in the community. It's something we are really proud of."
- In May 2019, the service achieved accreditation by the National Autistic Society (NAS). This is a national autism-specific quality assurance programme for services providing support for autistic people. The letter

awarding the accreditation to the service stated, 'The impact this provision has had on the lives of the men who access it cannot be overstated.'

- A service improvement plan was in place which was reviewed and updated regularly. Where issues had been identified, an action plan was developed with clear timescales.
- The registered manager kept up to date with current research and good practice, which they shared with staff to ensure that people were given the best possible care and support. They told us therapeutic interventions was of particular interest to them which they completed further study on and were keen to develop further within the service.
- This was particularly evident in the specialist training offered to staff which equipped them with the skills to tailor the support they offered to people. When asked what the best thing was about working at the service and for the company, staff consistently told us it was the training provided. Staff member told us, "We have autism and Asperger's training and a lot of training in MAPA. We put into practice what we learn" and "I really like the training. Its very high quality."
- Throughout the inspection we gave feedback to the management team and clarification was sought where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.

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

- People benefited from receiving a service that was exceptionally well organised and managed effectively.
- Staff had a good understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff spoke of being proud of being able to support people to achieve their goals and aspirations.
- Staff told us they felt part of a team. Feedback from staff included, "I'm just so happy to work here for so many years. I learn a lot and want to carry on. I'm so proud" and "They are a wonderful company and they support me."
- Relatives spoke of the positive impact a stable staff team had on their loved ones. Feedback included, "Their staff turnover is so low. Most staff have been here since day one. Staff feel valued" and "They have a very stable staff team."
- We found there were well established and effective governance systems to support the service to continually improve. We saw evidence that where issues were found, action was taken promptly to ensure improvements were made.
- The management team kept an overview of complaints, accidents and incidents. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- Relatives praised the open and transparent nature of the staff and management team. They told us they were kept informed of any concerns and any questions they had were answered openly. A relative told us, "They are always ready to talk to me. The staff have a good attitude. They aren't defensive."
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.

Working in partnership with others

- Staff worked in partnership with key organisations to support care provision, service development and joined-up care. Feedback from professionals was positive in this regard. A professional told us, "The communication with the team is fantastic and the manager replies to any queries swiftly."
- Staff worked with local autism support and employment organisations to identify local employment and

therapeutic opportunities and for people. As a result, people availed of specialised therapeutic support groups which had a positive impact on their mental health and wellbeing.

- People told us of the impact attending such groups had with one person telling us, "On Thursdays we do drama therapy. It's a group. Myself, [Person] and [Person] go. It's interesting. We have a good therapist."