

Voyage 1 Limited

Voyage (DCA) (EAST 2)

Inspection report

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Ratings

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

Overall summary

Voyage DCA (East 2) is registered to provide care and support to people living in their own homes. On the day of our inspection the service was supporting 150 people with learning difficulties across Norfolk.

There was a registered manager in post. 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.

People's feedback about the safety of the service showed that staff had a high level of understanding of this whilst understanding the importance of people remaining independent and able to challenge themselves. People were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and innovative plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction and in the manner they wished.

Robust recruitment procedures had been followed to reduce the risks of employing staff unsuitable for their role. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's care and support requirements.

People were given support to take their medicines as prescribed and medicines were stored and managed safely.

People's nutritional needs were met and they were supported to access healthcare services if they needed them. People's health needs were closely monitored and any changes to their needs were immediately reflected in their care plans and the care that they received. The service worked in collaboration with the people who used the service and healthcare professionals in order to ensure people's wellbeing and quality of life was not only promoted but improved.

The manager and staff had a solid understanding of the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. People were fully involved in the decision making process and, where required, best interests decisions were made with appropriate others.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately. Staff understood the importance of people being in control of their own lives and realising their ambitions and wishes.

People and those important to them were involved in planning their care and agreeing how it was delivered.

People's independence was promoted and their care was delivered in the way they wished by staff who were knowledgeable about their needs, wishes and preferences. Care and support was delivered in a respectful and highly personalised way.

People who used the service and staff who supported them were able to express their views on the service and actively encouraged to think creatively in order to improve the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

People were supported to pursue a wide range of leisure activities of their choosing and to maintain contact with their families and other people important to them where they chose to. With the assistance of staff, plans were put in place and actioned to help people meet their wishes and aspirations.

The manager had an excellent overview of the service and regular in depth audits were carried out to monitor the quality of the service. Their approach was one of innovation, commitment and dedication. People described the manager as exceptional.

The service promoted a clear and delivered ethos of promoting the independence and interests of the people it supported. It continually strived for excellence and improvement and put the people who used the service at the heart of its development and decision making. Staff felt valued and respected by the service and spoke highly of the benefits of working for a forward thinking and caring company.

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 provided care that was safe.

People were supported to meet their needs by sufficient numbers of safely recruited staff. Staff had received training in how to identify and report any safeguarding concerns and robust procedures were in place to back this up

People were encouraged to challenge themselves and associated risks had been appropriately assessed as part of the care planning process. The service used innovative ways to manage risk in order to promote people's wishes.

Medicines were stored and managed in accordance with best practice. Staff were well trained in how to administer medicines and regular audits were carried out to ensure the accuracy of administration practice.

Is the service effective?

Good ●

The service was effective.

Staff were motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to have their nutritional needs met and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and provided support discreetly and with compassion.

People and their families were fully involved where possible in making decisions about their care and their independence was promoted.

People's privacy and dignity was respected and relatives and friends were encouraged to visit regularly.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and designed to guide staff in assisting people to lead full and meaningful lives.

People were supported to enjoy a range of personalised activities that interested them. People were encouraged to actively engage with the local community and maintain relationships that were important to them. This enhanced people's sense of wellbeing and quality of life.

People were empowered as much as possible to make meaningful decisions about how they lived their lives and raise any issues that concerned them.

Is the service well-led?

Good ●

The service was well led.

The manager provided staff with motivational leadership and support. Staff and managers worked very effectively as a team with a clear shared ethos to ensure people lived fulfilling lives.

Quality assurance systems were in place designed to both monitor the quality of care provided and drive continual improvements within the service. These were robust, in depth and highly effective.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure people's health and physical and emotional wellbeing were promoted and improved.

Voyage (DCA) (EAST 2)

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 22 September 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care service and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector. We carried out the inspection at the service's registered location where the administrative functions are carried out and also visited one of the supported living homes where the service provided care.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in August 2016. 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 looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also took into account the responses to questionnaires we sent out to the people who used the service, their relatives, staff and healthcare professionals prior to our inspection visit. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team.

We spoke with eight people who used the service, four members of staff and the registered manager. We also made general observations of the interactions between staff and people using the service throughout our visit. Following our inspection visit, and as a result of the submission of factual accuracy comments in regards to the draft inspection report, we requested additional information be submitted by the service which was sent within the requested timescale. At this time, we also gained additional written feedback from staff, healthcare professionals and one relative of a person who used the service.

We reviewed four people's care records and medicines administration record (MAR) charts. We viewed six staff recruitment files as well as training and induction records. We also reviewed a range of management

documentation monitoring the quality of the service.

Is the service safe?

Our findings

Without exception, people talked highly of the service's ability to keep people safe and respond quickly and effectively when concerns were raised. The service was proactive and preventative in its response to potential risks whilst ensuring people's choices, preferences and wishes were met.

People who used the service told us they felt safe and knew who to talk to if they had any concerns for their safety. One person we spoke with told us, "I feel safe." Another person said, "I feel safe, I'm not worried about anything." One relative who provided us with written feedback said, "If an emergency, the registered manager or one of their well-trained team will act from planned and tried protocols."

Staff had received training in safeguarding that had given them the knowledge to identify potential abuse and how to report any concerns. Staff were able to tell us about the different forms of abuse that they might encounter and how they would identify them. One member of staff we spoke with told us, "The person might become withdrawn, not wanting any physical contact or someone being near them." Another member of staff told us that if they suspected anything regarding someone experiencing abuse, they would report it. They told us that they had received sufficient training on safeguarding awareness and the procedures they would need to follow. Staff also told us that they were aware of the whistleblowing policy within the organisation and would not hesitate to follow these procedures if they needed to.

The healthcare professionals we spoke with talked highly of the service's ability and skill in managing safeguarding concerns and their proactive response. After working with the service in response to a complex safeguarding incident, one healthcare professional told us how sensitively the service had managed this. They told us that the service's focus throughout had been the welfare of the people who used the service. They told us that the service responded quickly, effectively and that they had been, "Unfailingly open with excellent communication." The healthcare professional spoke of a service that was committed to identifying possible causes for the incident and ensuring lessons had been learnt and improvements made. They described the service's management of the incident as, "Exceptional." Another healthcare professional said, "I trust the organisation's ability to identify and deal with potential issues promptly, effectively and professionally. Indeed I feel this is one of the service's strongest points and the organisation is consistently transparent and proactive."

The service actively encouraged people to raise any concerns they may have and adopted a culture of transparency and openness. From records we viewed, we saw that regular discussions around the importance of keeping people safe took place. During supervisions and team meetings, safeguarding procedures were discussed and incidents analysed and reflected upon in order to mitigate future risk and improve the service.

The service understood the importance of staff developing positive relationships with those they supported in order for them to feel safe. Some people who used the service had complex communication needs. The service ensured that these people had the same team of staff to support them who had developed an understanding of their communication needs. This helped to recognise any changes in people that may

indicate potential abuse. Support plans also gave staff detailed and individual guidance on people's often complex behaviours that assisted staff to recognise changes in people.

Risks to people had been identified and assessed as fully as possible to mitigate the risks but minimise any restriction on their freedom. One person told us that although they understood that they needed the use of a hoist for their transfers they only wanted one care assistant to be present to preserve their dignity. They told the manager about their wishes and an occupational therapy assessment was arranged to assess whether it would be possible to complete the person's hoisted transfers with only one member of staff present. A way was found to do this while still maintaining the person's safety. Staff told us that they tried to avoid unnecessary risks as much as possible or tried to minimise them. They told us, "We go through the home to check for any problems."

We saw that the manager carried out regular audits of health and safety and fire equipment in people's homes where the service provided support. Environmental risks to people and staff were monitored and managed to maximise safety.

We looked at people's care plans and saw that risks had been thoroughly assessed and care plans put in place which detailed the measures to be taken to mitigate the risk satisfactorily. A scoring system was employed to evaluate the measures put in place to minimise risks. The measures were then refined until the risk was reduced to an acceptable level. The system ensured that risks were reduced to a satisfactory level and the person still had as much freedom as possible.

The manager told us that one person had been supported to compile a list of things they wanted to do, one of which was to do a parachute jump. Risk assessments were carried out to try to identify what measures could be put in place to enable the person to fulfil their wish. Staff worked with the person and other professionals to research the event, the associated risks and ways in which these could be reduced. Preparatory visits were made to the sky diving centre and the GP where risks were discussed and options considered. We saw that staff worked tirelessly and creatively to make this person's wish come true however, due to medical reasons, it was unable to go ahead. Further options were discussed with the person and it was decided that the registered manager would complete the parachute jump on their behalf. This went ahead with the person fully involved and present at the time of the jump. The service had also arranged for the parachute jump to be filmed from the view point of the registered manager so the person could experience what it felt like to fulfil their wish. This demonstrated an enabling attitude that encouraged people's wishes whilst using creative and innovative thinking to make them happen.

During the inspection visit we saw that sufficient numbers of staff were deployed to meet people's needs. Most of the people using the service needed one-to-one care. We looked at staff rotas and saw that there were consistently enough staff deployed to meet people's needs. One person who used the service told us, "There's enough staff for everyone to have one to one." A team leader we spoke with told us that staffing levels were based on the needs of the people who used the service. They told us, "We look at what activities are planned and adjust staffing levels accordingly."

People were supported by staff who had undergone required recruitment checks to ensure that they had not previously been deemed unfit to provide care and support. We saw that references from previous employers of new recruits had been sought by the manager. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work. The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People received their medicines safely as directed by the prescriber. One person told us, "[Staff] put my tablets in a pot and I take them. They know what they're doing." Staff adopted good medicine administration procedures. A member of staff told us, "You make sure it's the right day, right person, right time. All the instructions are on the MAR (Medicines Administration Record) chart." We saw that medicines were stored correctly in people's homes and all administrations were consistently signed for by staff. We noted that the service regularly compared the stock levels of people's medicines and people's MAR charts to ensure that any mistakes in administration were identified. Some people supported by the service were able to administer their own medicines. We saw that assessments had been carried out to ensure that people were safe to do this. One member of staff told us, "we check that people are taking the right medicines at the right time."

Is the service effective?

Our findings

People were supported by staff who had received sufficient training to carry out their roles. One person who used the service told us, "Staff know what they're doing, they've been taught the right ways to do things."

The manager told us that staff completed 'one page profiles' which gave details of staff's individual skills, interests and talents which the manager then used to match staff with people in order to provide the most effective service. Staff completed an induction course before they commenced working with people which included the completion of a handbook and a list of activities to complete such as reading people's care plans.

We received some feedback from staff via a survey we sent out before the inspection. One respondent told us, "Training is brilliant, and always has been, lots of different training to complete and I was lucky enough to be put through my QCF level 3." Staff we spoke during our inspection told us, "We have lots of training and can ask for more." We saw that staff received training in areas such as: autism awareness, safeguarding, moving and handling and first aid. New staff undertook a rigorous induction programme before they commenced working with people. Training was delivered either by e-learning or in a face-to-face format. Staff also told us that they received regular supervision and an annual appraisal.

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 operated within the principles of the Act in order to keep people safe while not restricting their liberty unnecessarily. The staff we spoke with told us they had received training on the MCA. They were able to tell us how the MCA affected their role and the support they provided to the people who used the service. Staff understood the importance of people receiving support to make their own decisions and gave us examples of how they achieved this.

Staff told us, "The [people who used the service] get tons of choices." Another member of staff told us, "People are always given choices and if it's in their best interests they have it." One person who used the service told us that they didn't want to undergo certain medical procedures and that a specialist nurse spoke with her to ensure she understood her decision. Another person wanted to buy a relatively expensive piece of equipment for their room. The manager told us that a best interests meeting was held to ensure that the person was able to understand what they were purchasing. The meeting concluded that the person did understand so they were supported to purchase the item.

People were supported to have enough to eat and drink and those who needed additional support to meet their nutritional needs were provided with it. One person we spoke with told us, "Food is nice, the staff cook our food." We saw that speech and language therapy (SALT) referrals had been made where appropriate for people and care plans had been drawn up to follow the advice of the SALT team in order to best meet the needs of the person. For instance, some people were reported to have swallowing difficulties. Risk assessments had been carried out and their care plan provided guidance to staff on how to support this person to minimise their risk of choking.

People were supported to access healthcare when they needed it. If they needed healthcare support people told us, "I tell the staff and they ring the doctor for me." Staff told us, "We make appointments for people." Staff were able to support people to attend their appointments where they needed it. Another member of staff told us, "We keep a few hours back in case there are any appointments." We saw that referrals had been made to health agencies, such as SALT and occupational therapy when they were needed.

Is the service caring?

Our findings

People told us that the staff who supported them were caring. One person we spoke with told us, "[Staff] are nice and caring." Another person told us, "They look after me properly." We observed how staff interacted with people. We saw that people were treated with kindness and respect and were clearly valued as individuals by the staff. Staff told us in one of the feedback forms we sent out, "I think that we all do everything best for the people we support. The atmosphere of the house is calm and homely."

Staff were able to describe the needs of people they supported and clearly knew each person well. We asked one member of staff how well they felt they knew the people they supported. One member of staff told us, "Really well, we all know all their personalities." Staff told us how they knew how some people communicated through their body language. They told us, "It's about being able to read the guys, if [person] hesitates, either they don't understand or they don't want to do it." The care plans for people who were not able to express themselves verbally contained a section about their communication needs. This gave details about how the person communicates their feelings and needs and provided staff with guidance on how to ensure they responded appropriately to the person.

The care plans that we looked at contained details of people's preferences and personal histories which provided staff with the knowledge to meet people's needs. For instance, there was detailed information about people's health needs, their support needs, what was important to them and their typical day and night routines.

Staff told us in one of the feedback forms we sent out, "We all work towards a person centred approach ensuring that the people we support are listened to and helped to live an independent and meaningful life in all aspects of their living."

People were involved in making decisions about their care. People we spoke with told us that they and those important to them were involved in planning their care. One person told us, "[Staff] ask me about my care plan, they talk to me." Another person told us, "[Staff] talk to my social worker and my sister." Staff told us, "We get [people] involved as much as we can." When we visited people supported by the service we noted that staff adjusted their language to meet the communication needs of the people living there to ensure that they understood what was being said to them. Another member of staff told us, "[People] are put first. All their family are invited to the reviews and they're all involved especially the person themselves. They're asked everything."

Within each person's care plan there was a decision making profile which provided staff with guidance on the kind of decisions each person could and couldn't make. This enabled staff to support the person to make as many decisions as they could for themselves. One person told us about how they make choices regarding their personal care. They said, "[Staff] ask, wash or shower, I said shower."

People told us that their dignity and privacy was promoted by the service. One person told us, "Staff knock on my door before they come in." Another person told us, "They ask my permission. They ask if they can go

into my bedroom." Staff told us, "If [people] want a private chat, we go into their bedroom and shut the door. It's exactly how we'd want to be treated."

People were supported by staff to be as independent as possible. People were supported to go shopping for their food if they were able and to prepare meals or work with staff to cook meals. Staff told us, "It's all about getting [people] to be as independent as possible. They all want to be the same as everyone else."

People were supported to maintain contact with their families and friends as much as they wanted. One person told us, "My brother picks me up and takes me out." We saw in people's care plans a family map which showed people's family members and which ones were most important to them.

Is the service responsive?

Our findings

People received personalised support that was responsive to their needs and proactively planned in partnership with them and others important to them.

Staff told us that the service was focused on, and committed to, providing a person centred approach that listened to people's needs, wants and wishes. One staff member who provided us with written feedback said, "Voyage works in a person centred way. Nothing is impossible." Another staff member told us, "We all work towards a person centred approach ensuring that the people we support are listened to and helped to live an independent and meaningful life in all aspects of their living."

Before using the service, people had comprehensive assessments completed in collaboration with them and family members as appropriate. This was in order to identify the best ways possible to meet their needs, preferences and wishes. One relative told us the lengths the service had gone to ensure they met the complex needs of their family member who was due to move into their own home. They told us that, prior to the move taking place and the service commencing, the manager and staff spent many hours at the family home getting to know the person, their needs and preferences. The relative told us that the manager, "Spent much time observing, making notes, devising care and support plans for the team who would eventually work with [person]." They told us that new support staff were introduced gradually to help their family member forge relationships and remain happy and comfortable. They told us the process was, "Very sensitively approached" and that staff were, "Always happy to talk, to try new things out" and avoid any negative impact on their family member. The relative went on to say, "[Family member's] care plans are an example to all supporting someone like this. They are devised purely for [person] and their personal and special requirements, and to endeavour to help them lead an independent and personalised life as possible within the confines of their physical and learning disabilities."

There was clear evidence that people and their families had contributed to the care planning process and that this was continuous, developmental and ongoing. The service showed absolute commitment in ensuring the service was delivered with full involvement and to people's personalised wishes, needs and preferences. They understood that people's needs and wishes changed and they were flexible, open and responsive to this.

We saw that people's care plans were regularly reviewed to ensure that they contained up to date information. Reviews were completed with those who used the service and others as appropriate. Records showed that these were inclusive, detailed and with clear objectives. Action plans were formulated to address needs and wishes and these were revisited on a regular basis to ensure actions were being attended to. Objectives were broken down into smaller steps with a named person being responsible for each of them, all of which ensured wishes were met in a timely and appropriate manner. For example, one person who was at risk of choking and therefore received no nutrition by mouth, wished to have small taster amounts of food and drink. Detailed records show that the service liaised with the person, their family, staff and healthcare professionals to make this happen. Consideration of the person's capacity and the associated risks were carefully considered at every stage whilst their wish to make it happen, and their

quality of life, remained the focus.

The care plans we viewed contained individualised and personalised information detailing all aspects of people's lives. A holistic and creative approach was evident in the way care and support was planned and delivered. Care plans were preventative in nature and focused on solutions and ways in which staff could deliver support in order to achieve the best possible results for people. Where people required intensive and specialised emotional support due to behaviour that may challenge, detailed guidance was available to staff. This focused on how to help the person stay calm but included information on the reasons behind the behaviour, potential triggers and how the behaviour may manifest itself. Detailed information was available to assist staff in recognising escalating behaviour and what was required of them to help the person stay in control, calm and comfortable.

The healthcare professionals that provided us with feedback on the service spoke highly of the person-centred focus of the service. One told us, "I have seen some excellent support plans and personalised information on people's files. Staff have definitely gone the extra mile and in doing so showed a commendable delivery of individualised and flexible support." Another said, "I have been very impressed by my direct observation of the service." A third told us, "Voyage Care provides support for several people I care manage and on the whole I am impressed how they support them. They follow care plans and give people choice, opportunities and support to enable their independent living skills."

The service enabled people to live as full a life as possible in regards to their hobbies, interests and social relationships and people told us this. One person we spoke with enjoyed gardening and the service had recently supported this person to purchase a small greenhouse which had been constructed where they lived. Another person told us that staff supported them with hobbies that they enjoyed such as crochet, puzzle books, jigsaws and going shopping. They told us that they always chose which watch, jewellery and hair bands they wanted to wear each day as their appearance was very important to them.

People told us that staff supported them to go shopping, to watch football and to attend local social clubs nearby. One person told us, "There's enough things to do." Staff told us that each person had their own car and could be taken wherever they liked. People were encouraged and assisted to join special interest clubs. One person had forged strong relationships through their membership and attendance at one club and, as a result, chose to have these friends at their care planning review meetings. This enabled the person's friends to take on actions, along with the service, in order to meet their wishes and contribute to improving their quality of life. One person had wanted to go on holiday abroad and we saw that staff had assisted the person to make this happen. Meetings had taken place with family members and staff in order to assess the risk, the person's capacity to make this decision and the practical arrangements to ensure their safety and comfort.

During our visit we noted staff talking to people about them going away on holiday and which members of staff would be supporting them. We saw from records and photographs that staff had facilitated a meeting amongst people who used the service in order to discuss a group holiday and make decisions on where they wished to go. Various forms of communication were used to ensure people were fully involved in the decision making process and included pictorial illustrations of possible destinations. We saw that the holiday had taken place and that the service had demonstrated flexibility and responsiveness to achieve people's wishes and choice.

The service fully understood the importance of assisting people to engage with others and the topics they were interested in. This avoided social isolation and assisted in maintaining people's emotional and physical wellbeing.

People were supported by Voyage staff to organise and participate in meetings in their homes. Each person supported by the service was allocated a key worker with who they could discuss how they wished to use the hours allocated to them within their service package. Meetings were regular and included a variety of communication tools in order to meet everybody's needs and ensure their full involvement. This included sign language, written and pictorial communication tools and special electronic devices as required.

We saw that complaints to the service were carefully managed and used to inform and drive improvement. The provider had a single central number which people could use to submit their complaint. The manager analysed all complaints on a weekly basis to identify any issues and produce necessary remedies. Complaints were then used as a learning exercise in the organisation to enable all staff to learn from any mistakes and therefore improve the overall service.

The manager told us that people were supported to hold open days in their homes if they wished and to decide the theme of these days. People were supported to invite their families to these open days and were given an opportunity to provide feedback on the service. The manager told us that in the event of major complaints, an activity log was created and they aimed to respond to any complaint as soon as feasibly possible. The service also sent out surveys to people who used their service and their families in order to ascertain their views on how the service was run and how it could be improved.

Is the service well-led?

Our findings

People spoke of a service that was outstandingly well led by a management team that led by example. People told us that the service was a role model for delivering a high quality service.

Staff told us that the culture of the service was open, inclusive and empowering. One member of staff told us, "As part of the management team we all work together to help support each other ensuring the people we support come first." Another staff member who provided written feedback on the service said, "Management and staff are working closely together to achieve excellence." Staff told us that they felt very well supported by the manager who would also work as a carer occasionally. One member of staff we spoke with told us, "[Manager] is brilliant with all the workshops they run, no problem is too small. [Manager] is very hands on." Another member of staff told us, "My team leader and the manager are very good. We can approach senior staff whenever we need to." Another staff member described the organisation as, "One of the best companies I have worked for ever."

One relative told us, "I am sure [family member's] continued experience and happy and contented environment is due entirely to leadership from the manager." They went on to say, "[Manager] is passionate about their job. This enthuses their team. [Manager] is an example of what is good about the care industry." One healthcare professional said, "[Manager] has consistently demonstrated to be an exceptional manager and it would be fair to say that they have transformed the face of Voyage here in Norfolk while raising standards across the services. Their professionalism is trusted and anticipated and this, together with their management skills, transparency, commitment and assertiveness has positively affected the culture of the organisation, which we consider a professional and engaging one." Another healthcare professional said, "There is a good management structure and I personally feel I have a good working relationship with the management to address any issues."

The service had a strong emphasis on continual improvement and this included learning from incidents and events. Staff were encouraged to contribute their views on how the service was run and how it could be improved. They were also encouraged to offer suggestions and ideas in order to improve the quality of life of the people they supported. The records we viewed confirmed this. Staff told us that there were regular team meetings where they raised any concerns they needed to. Staff told us that the manager was available to staff whenever they needed support or advice.

The manager told us that they considered the team meetings to be very important. They told us, "Everyone needs to be working towards the same objectives." Objectives for individuals and groups originated from the managers own objectives. The manager told us that this ensured a shared vision of how the service should operate throughout the organisation. The manager told us the vision they had for the service. They said, "We are paid to do what the people [we support] want to do." There were also monthly meetings for the managers of each home where the service supported people. These meetings produced action plans which were then presented at the individual home's team meetings which the produced action points of issues that needed to be addressed.

The manager told us that they regularly inspected where the service supported people. A support worker from another team and sometimes someone who used the service visited people's homes to carry out a 'mini inspection' as part of the manager's 'Fresh Eyes' initiative. Visits were also made during night time hours to ensure that staff were providing the service to the expected standard. The manager told us that the night time visits had proved useful as they had identified issues. Our records confirmed that these issues had been reported to us as they could have constituted a risk to people who used the service. The service then took the appropriate action in respect of these incidents. The manager then analysed the results of these inspections and shared the conclusions with all the team leaders in order to learn from them and reduce the risk of future occurrence.

Each team that provided support to people gave an annual presentation on what worked and didn't work where they supported people. This was then used for all the other teams to learn from each other, picking the best ideas and employing them to improve the support they provided for people. We saw the associated records for these presentations and saw that they were accessible and that they were shared with those that used the service so they could be involved in this process and required improvements.

Audits of care plans, finances of people who received this kind of support and medicines were carried out monthly and the manager analysed the results. The manager then provided feedback and an action plan to the respective home where people received support from the service. The manager of the service maintained a case management system to manage and monitor all incidents, accidents and complaints. These were then used as learning exercises in workshops run by the manager who also amalgamated all the results from all the audits and inspections to produce one consolidated action plan. This clearly focused on continual development and improvement of the service.

The manager also maintained an overview of staff training needs and achievements. This record included what training staff had completed and when refresher courses were due to ensure that learning and knowledge was as current as reasonably possible. In addition, the service also encouraged training by awarding staff teams with a recognition reward in relation to continued training and personal development.

Staff felt valued by the organisation. The manager told us about an annual awards event where staff were nominated for examples of good practice particularly where they had gone 'above and beyond' what would normally be expected. Awards were also presented for good ideas for improving the service. An example of this was the introduction of the open days for people who were supported by the service and their families. Other initiatives included 'staff member of the month', 'team of the month' and 'going the extra mile' recognition.

The service encouraged people they supported to maintain good links with their local community. This included access to local social clubs and attractions. One member of staff we spoke with told us, "We get out into the community, we're part of the community, Voyage is very caring."

We saw that the service worked well in partnership with other organisations. One social care professional we spoke with told us, "I would highly commend [manager]. We have just completed some very intensive safeguarding work together and [manager] has been exceptional – engaged, supportive, transparent, highly effective." Another social care professional told us, "The manager is approachable and effective with any concerns that are raised. They are dealt with promptly and efficiently. Advice and guidance is also sought to try and provide continuity of care and support that is agreed by all."