Voyage 1 Limited

Carville Road

Inspection report

52 Carville Road
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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

This was an unannounced inspection which took place on the 11 May 2017. This meant the provider did not know we were coming. The service was last inspected on the 2 and 3 March 2015 and a recommendation was made in relation to ensuring that the principles of the Mental Capacity Act were complied with.

Carville Road is a specialist service for people with an acquired brain injury, located in Wallsend, Newcastle upon Tyne. The facilities are purpose built and fully accessible throughout. It offers accommodation including therapy rooms, 12 ensuite bedrooms and two transitional living flats. There were seven people living at the home at the time of the inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was spacious, very clean and well maintained and furnished to a high standard. There were sufficient staff to support people with activities as well as providing support in carrying out leisure and domestic activities within the service. The provider had processes to recruit, supervise and train staff, including access to specialist training to meet individual's needs.

Medicines management was reviewed. Suitably trained staff supported people to take their medicines safely. Where people refused their medicines, this was respected and checked over time to monitor any possible impact with an appropriate professional. People were actively supported to understand their medicines and manage their own wellbeing wherever possible.

Meals were served at times that suited people and staff supported ad hoc activities and the carrying out domestic activities within the service. The service had recently undertaken an initiative to improve people's wellbeing and diet and a number of people had measured improvements as a result. Staff were always available and were friendly and engaging towards people.

We observed positive interactions between people and staff. Staff used recognised techniques to defuse episodes of behaviour which challenged in an appropriate manner. Staff described people in a positive way throughout the inspection and in records they maintained.

Care plans and health plans showed evidence of pre-placement assessments, care and goal planning and regular review with key workers and external professionals. These were based on best practice of person centred thinking and people were involved in setting their own goals and in regular reviews.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions

were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members as appropriate.

People were very complimentary about the kind and caring nature of the staff team. Staff had developed strong, caring relationships with the people they supported and were very knowledgeable about their individual needs, likes and dislikes.

The provider's computerised training record showed that staff training was 100% up to date in line with the provider's expectations. The service also took part in external training provided locally or when sought for specific people's needs.

Safeguarding, accident and incident records were kept and any concerns were reported to the local authority. There was some evidence of comprehensive review and learning of these alerts or issues, many of which were episodes of behaviour which challenged.

Staff at the service all enjoyed the work they did and showed a positive attitude towards the people who used the service. This was demonstrated by their interactions and through the language they used to describe them to us. People, relatives and external professionals all told us they found the staff team proactive, caring and they 'put people first'.

We saw the registered manager and area manager carried out regular checks and audits of records, incidents and accidents and reported on these internally and externally. There was evidence that the team was supported by a registered manager and deputy who were seen as committed and supportive of people and staff to achieve their best. The registered manager continually sought ways to improve the service further.

The service was accredited by Headway (the brain injury association).

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Carville Road

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 checked 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.

The comprehensive inspection took place on the 11 May 2017 and was unannounced. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with seven staff, three people who used the service, three relatives and four external professionals. Observations were carried out and medicines were reviewed. We spoke to relatives and external professionals after the inspection via telephone interview.

We reviewed two people's care records and the services medicines records. We looked at staff training, safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed four staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance, quality assurance and management of the service.

Internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

During our inspection all the people we spoke with and their relatives described themselves as feeling safe at the service. Staff had attended appropriate training and showed knowledge of what constituted a safeguarding adults alert. Records showed us that any possible alerts had been raised with the local authority and with CQC. We saw that alerts raised had been investigated or reviewed by the registered manager and any possible issues managed appropriately. One person we spoke with told us they felt safe. They told us, "Here is the safest I have felt in a long time. The staff are excellent at keeping things under control." They told us in previous placements there had been issues, but that staff were more pro-active in checking security and safety around the building. A relative we spoke with echoed this and told us they felt the service was secure, yet homely.

The service supports the needs of people with an acquired brain injury. There was evidence of behaviour that challenged and incidents between people and staff, which included verbal and physically challenging behaviours. There was evidence of learning and review of these incidents with internal behaviour support specialists and external professionals such as GP's and neuro psychologists. For example, we saw one person had a history of aggressive behaviours. Staff had supported this person to develop coping techniques and encouraged them to take 'time out' to avoid possible confrontations. We saw this had been successful in reducing such incidents.

Risks in the service premises and equipment were subject to regular review, for example the service's vehicle safety was checked. The premises were secure and had a secure garden area. The doors to cupboards and rooms not in use were locked and all objects that may pose a risk were stored safely. Communal areas were furnished to a high standard and we saw the whole service was clean and free of any odours.

The provider used a staffing assessment tool to ensure there were sufficient staff deployed. People told us there were always staff available when they needed them. External professionals we spoke with confirmed there were always staff in place to support people when they visited. They told us that staffing numbers helped ensure that staff could respond to peoples requests to visit the local community at short notice. One told us, "Some homes, you have to book staff before going out. But at Carville they can be much more flexible if an opportunity come up they can take it." Staff we spoke with told us one of the services strengths was consistent high levels of staffing. This meant staff could support each other; spend quality time with people and still complete records regularly throughout the day.

We checked records kept by the service after any incidents and accidents. These varied from minor accidents to episodes where behaviour support was required. We saw that after each such event immediate actions were taken as required to ensure peoples wellbeing, as well as longer term review of such events to look for patterns. These often involved the provider's specialist staff as well as external professionals to seek ways to reduce future occurrence. Staff we spoke with told us that after events feedback was given and any support staff required was provided by the registered manager or the provider. Records of debriefs were in line with the provider's policy and showed that staff were supported. People's care records also showed people were encouraged to be part of any post incident feedback and review.

We looked at four staff personnel and recruitment files and found that the provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults with complex needs. Staff we spoke with confirmed they had undertaken these checks.

We looked at the management of medicines and saw medicines were securely stored in a locked treatment room which was maintained and cleaned. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff who had been trained to manage medicines had their competency checked and were subject to regular audit. The deputy manager undertook regular reviews of medicines. People were supported to make decisions and choices about their medicines whenever possible and to maintain as much independence as possible.

Good

Is the service effective?

Our findings

All the people we spoke with at the service told us they had complete confidence in the staff and trusted them. One person told us, "It's very different here, the staff know what they are doing, don't do anything they shouldn't and keep me going." Another person told us the staff were "Skilled and supportive." Relatives we spoke with told us the staff team seemed very well trained and skilled to meet their family members sometimes complex needs. All external professional we spoke with told us the staff team were trained, supported and motivated to meet specialist needs.

Before starting work staff completed a planned induction that included shadowing experienced staff and attending role specific training. All the staff we spoke with who had started since our last inspection confirmed they had been given full support and training before working on rota. Some staff had come from previous jobs in care, others from unrelated fields. All staff went through the same comprehensive induction and were studying towards the care certificate. They told us that their induction had helped them quickly gain confidence and skills. One newer staff member told us, "This was all new to me. I did the induction training and reading before shadowing staff. This was great, I got to ask any questions and the staff openly shared their knowledge of people and how best to support them. I got positive feedback and encouragement and was able to say when I felt ready to work on shift."

The deputy manager showed us their computerised training records which showed that staff training was 100% up to date and any updates were promptly flagged so they could be attended before required. Staff attended the provider's in house training (some of which was face to face) and were encouraged to access training through the local authority and local training providers. We saw that one person's placement had not started until all staff had attended specialist training in order to support their wellbeing. Staff told us how they had accessed training on suction and supporting someone with a PEG (Percutaneous endoscopic gastrostomy tube feeding into the stomach) when required for specific individuals. External professionals we spoke with told us staff would accept any training or support they offered to the service to ensure they could meet a new persons needs from day one. One professional told us how all staff attended training over two days to support a new person arriving at the service. They told us staff came in from their leave to ensure they did not miss the training.

Records of staff supervision indicated staff were supervised every two months and detailed records taken of the discussion, which included training needs. Staff told us supervision was helpful and supported them through feedback and advice. We saw that annual appraisals had not occurred as the providers policy stated, but we saw that there was a timetable already in place to ensure these were updated in a short timeframe and the registered manager agreed to ensure this was adhered to. Staff all felt the registered manager and deputy were approachable for discussions about their work and were very supportive of the team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Records showed that the service made appropriate applications to deprive someone of their liberty where this was required after thorough assessment of their capacity. There was an effective process in place to review these and renew as necessary.

We saw that the service supported people to make their own decisions rather than ignoring their choices as they seemed unwise or eccentric or were based on previously made assumptions about a person's capacity. For example one person had a history of refusing their medicines and they were historically supported by the use of covert medicines. The service worked with this person to explain the purpose of their medicines and help increase their understanding. Through patience and consistent support this person was able to gain insight and became compliant with their medicines. The registered manager explained to us that it was easy to just repeat previous decisions, but they would rather try again to support a person to gain capacity so they could be empowered to make more decisions for themselves.

Peoples care plans showed how their consent had been sought, and regular reviews evidenced how people were involved in discussion about their care. External professional's advice and input was sought where decisions required their input

The service operated a non-violent crisis intervention technique of physical restraint which all staff were trained and supported to use as a last resort. This would only be implemented when other diffusion and distraction techniques had failed. Staff told us they attended regular refresher training to keep their skills up to date and ensure they worked as a team to reduce the need for restraint.

People who used the service and staff were regularly consulted about the choices for meals and people were offered alternatives about what to eat and when, during the day. The kitchen was similar to a household kitchen and people were encouraged to assist in the preparation of meals, as well as choose where they took their meals in the home. We saw the service had an initiative on healthy eating and that a number of people were actively trying to lose weight or improve their diet. Staff told us of the links between diet and mental wellbeing and how the service used one to one and service wide meetings to discuss and agree menus and healthy alternatives for each person.

The registered manager acted as an example of good practice having improved their own diet and wellbeing and being mentioned in a healthy eating book that was part of a TV documentary. All the staff and people we spoke with told us about the simple changes the service had made to the food offered, involving them in cooking and supporting new options. One person told us how they had "Never felt better since I changed my diet." Another told us how they had lost weight and started to exercise more with the support of the staff and other people. We noted that whenever we spoke to people or staff about the changes to the services menu they became animated and keen to show us the positive impact this had on them personally as well as the service as a whole.

People were supported to access health care services and therapeutic services to assist in their recovery from brain injury. External healthcare professionals we spoke with told us the service was excellent at multi-agency working and supporting people's wellbeing holistically. Comments included, "Carville staff are outstanding, they are well led, trained well and committed to working with people", "Staff are professional,

good at managing risk in people's best interests and work as a whole team" and "The services is excellent at collaboration, they aren't medically trained but have the skills and knowledge to work with some very complex needs."

We saw in care plans that referrals were made to external professionals and services such as GP's and specialist psychological support. Care plans were adjusted to include their advice which was consistently followed by staff.

The service was purpose built with a lift and assisted bathing equipment to meet the needs of the people who used the service. Facilities were very clean, furnished and decorated to a high standard and people's bedrooms were personalised to suit their needs and tastes. People, families and external professionals all told us the service felt homely and welcoming.

Good

Is the service caring?

Our findings

People told us they felt the service offered towards them was caring and responded well to their individual needs. One person told us, "I have been in a few homes, but this is the first time I have been somewhere they actually cared for me. The staff here listen to me, offer me choice, advice and help me. I love it here and would say it's 10 out of 10." A relative we spoke to told us they felt the service offered was "Caring, yes. I would agree. My [relative] isn't the easiest to be around, but I see and hear the staff talking to [relative] and it's better than I could have hoped for." During the inspection we saw people and staff talking, sharing jokes and heard laughter and saw smiles and empathetic behaviour. Staff we spoke with told us the tone was set by the registered manager and deputy who set out the service's culture and purpose, about supporting people to recover skills and abilities and support them to develop as they chose.

People could contribute towards the service and how it met their needs through a combination of reviews of care, meetings with their keyworker or house meetings. Records of these meetings confirmed that people's views were sought, and that people did not have to contribute if they did not want to. We saw that one person had made a number of suggestions about the garden, and they had then been encouraged to help develop this further with staff support. The person told us this had made them feel valued and that they knew their opinion mattered.

People's personality and likes and dislikes were recorded in one page profiles as well as other personalised care records. Staff knew peoples diverse needs and backgrounds well, for example, when looking at activities sought out options they thought people might prefer, whilst also encouraging any further suggestions from the person themselves. One person we spoke with had just started cycling again after the service had ensured an appropriate professional had assessed their safety. An external professional we spoke with about this told us, "Staff here have really pushed for the things that [name] wanted. [Name] has really progressed as the team here have been supportive and advocated for [name] every step of the way."

Records showed that people were supported by general and specialist advocacy services as required and staff had knowledge of where families could advocate on behalf of people. We saw the service had supported one person to access advocacy to make a complaint on their behalf about a delay to finding future accommodation and support. We spoke to the person about this and they felt the service had been extremely supportive of their wishes to move to their own accommodation.

Care records and personal details were stored in the service office which was kept locked when not in use. Staff told us that they respected people's confidentiality by not disclosing information about people without their express consent, and this included to people's family members. As we toured the building we saw staff knocking on people's doors before entering and staff spoke with people whilst supporting them, seeking their feedback.

We observed throughout the inspection that staff spent time alongside people engaging with them, responding quickly to people's requests or needs, communicating openly and offering choice. Staff and people commented that the service was always consistent in its approach and that staff knew the people

and their relatives well, always speaking of them in a positive manner. An external professional said this as well. They told us that the staff team always managed people's needs based on best practice and shared any positive experiences to assist other staff to develop further. All the relatives we spoke with told us they were always made to feel welcomed by the staff team.

People were encouraged to regain or develop levels of personal independence by the service. One person who was subject to DoLS had been at risk of absconding from the service and had a history of limited insight into their risk taking behaviours. This meant they were unable to access the community without staff support. The service had worked over the previous year to encourage them to safely access the community with decreasing support. The plan had slowly reduced support, creating care plans and risk assessments alongside the person. At the time of inspection the person had been accessing specific shops with minimal observation by staff and was starting to access the community without any support. Staff we spoke with told us what a transformation this had been for this person, to have their own freedom again after a number of years. The registered manager told us this had a measureable impact on this person's self-esteem, and for staff to see the positive outcome of such a detailed, long term piece of support.

Staff had all completed end of life training but there was no one at the service who required this support at inspection. An external healthcare professional we spoke with told us the service supported them to provide dignified end of life care to people using the service in the recent past. The registered manager was able to give us examples of where they supported families after the death of a person, assisting with the funeral. We saw lasting reminders of people who had passed away on display in the service.

Good

Is the service responsive?

Our findings

People we spoke with told us the service responded excellently to their needs and was truly person centred. One person told us, "I love it here. They are firm but fair with me and I want to stay here as they have got me to the best place I have ever been." Another person told us, "They are willing to take risks here and listen to my choices. I don't feel controlled anymore." And another person told us "They have a consistent approach here, I have no complaints and can raise any issues or questions I have, and they will sort it." People's relatives also told us they felt this was the best place for their family members as they felt the service had brought the best out of their relatives. They told us they had been involved and consulted about how people's care needs could be met and got regular consultation on progress.

We saw from care records and from staff training that the team had been trained in 'person centred thinking' and used recognised tools and techniques to develop highly individualised care plans. Records showed that people, staff, external professionals and peoples families or representatives were involved and consulted as part of a person's 'circle of support' in how best to set goals and develop bespoke care plans. We looked at two peoples care plans and saw they had been developed with clear goals, then subject to regular consultation and review to assess people's progress. In records we saw that people's progress was clearly mapped and people we spoke with told us they felt fully consulted and involved in developing and directing their support. One person told us, "I now have a goal to move into my own place. So now I do more of my own daily tasks, laundry, and look after the rabbit and keep pushing myself to do more for myself. [Name of staff] is my keyworker, they push me to keep on and they tell me how it's going."

An external professional we spoke with told us they had placed a number of people in the service and felt the staff assessed people's needs extremely well, only taking those people whose needs they could meet. They told us, "Carville is clear its remit is for rehabilitation, even if that's in the longer term. So they assess people and constantly develop them to progress and move forward. If they don't have the skills they will train staff up before taking my patients." All the professionals we spoke with about people's assessment, care planning and review were very complimentary about the service offered. Comments included, "They are very responsive, keep people involved and support them through the transition", "It's tremendous, they use such a consistent approach and are great at joint work to develop strategies to support my client's progress" and "It's an excellent home, they use initiative and really focus on people not problems."

Staff we spoke with told us how person centred thinking ran through the whole services process. By involving people and designing care that was "wrapped around them as a unique individual" they felt the service was more successful at supporting people who had a history of placement breakdown in the past. Care records, keyworker reviews and other notes focused on goals, progress and how to further adapt the service to meet people's aspirations and goals. Staff were animated and very proud when they spoke about former people who had moved on from the service recently, how they had helped transform their lives together through proactive and focussed goals.

We saw that each person had developed a unique choice of activities, work or education to suit their stated goals. One person was doing more work in the kitchen, another was now attending an external day service

with support to develop fine motor skills and self-confidence. In the service's reception area were a series of displays or information about the service's activities or about other local services people may wish to use. Staff told us they often used these to assist discussion with people, or to prompt a conversation with them. One person we spoke with told us, "I am never bored here. There is always things to do and staff to help me out as I need." One person was supported to find voluntary work, another to access shops and manage their pets. People had been involved in the development of the garden, growing vegetables and maintaining the garden. The service also had regular baking, arts and crafts activities throughout the week. There were also regular themed nights where food from different countries were part of recent themes. People and staff also went on longer breaks or holidays away from the service, for example a recent break to Blackpool. We saw that pictures around the service showed people and staff on trips out or on holidays together.

The service had received no complaints in the last year, but kept records of all compliments and suggestions. These were on display in the reception area of the home in a feedback file and we saw these were noted at team meetings. The feedback file condensed any suggestions from people, staff, families and external professionals and then highlighted what actions had been taken in response to these suggestions. For example changes to the menus had followed suggestions from residents meetings. Information about how to complain was clearly displayed in the communal areas, and was a regular agenda item at keyworker meetings. At each monthly review people were offered the chance to speak to a more senior manager from the provider organisation. We also saw that the service displayed information about how to contact external agencies with any issues or concerns, such as the local authority or the CQC. People and relatives we spoke with had no issues or complaints and felt able to raise any issues with staff or the registered manager. One person told us, "I have made loads of comments, and they always look into them and come back with a response. [Name] the manager always has his door open to me."

As a rehabilitation service people often moved onto other services as their needs changed. An external professional told us how the service worked alongside future providers to ensure a smooth transition for people. They told us that staff shared skills and knowledge, as well as providing comprehensive records and support plans to ensure the person continued to be supported consistently in their new placement. We also saw that each person's care records had details which could be transferred to hospital if the need arose. This helped ensure that hospital staff would again be consistent in supporting a person and see at a glance how best to communicate with the person.

Good

Is the service well-led?

Our findings

The registered manager had been in position since 2010 and was seen by people and relatives as approachable and proactive. One person told us, "[Name's] door is always open; I can speak to them anytime. If not the deputy is about or I can ask any of the staff and they always respond quick." External professionals we spoke with told us they had complete confidence in the registered manager, the deputy and their leadership of the service to support people. Comments included, "They are very good, approachable and skilled", "They make it seem so easy, they are relaxed with staff and people but you can see the improvements [name] has made over time", "[Name] would be impossible to replicate. Carville is unique in the progress it has made for my client. I never thought I would see them so well supported and settled" and "[Name] has a huge portion of common sense and knowledge they bring to their work."

All the service's staff echoed these views. They told us, "[Name] is the best manager I have had, easy to talk to, practical, but always keeping things up to date and fresh", "Firm but fair, and willing to be flexible when I needed his support" and "[Name] is the best manager ever, always has their door open." Staff we spoke with reflected the culture and approach of the provider and registered manager, one of person centred care and listening to people.

External professionals told us how the service kept abreast of best practice in the care of people with acquired brain injury. The service was accredited by Headway (the brain injury association). The service had strong links with the local NHS hospital that specialises in brain injury. A number of people who used the service had been discharged from the hospital and the service continued to liaise with healthcare professionals from the hospital to ensure a continuity of care and support for people as they went through rehabilitation at the service. We saw from records that regular out-patient and other meetings took place in which the collaborative multi-agency approach ensured that people were subject to review and re-assessment as required. One external professional told us, "The manager at Carville keeps abreast of new ideas. Voyage (the provider) seems to have good internal support and training and [name] always seeks out the practical common sense way of approaching any issue."

The registered manager and their deputy showed us the provider's comprehensive audit system, where regular checks of the services safety and quality were carried out. These included checks on the building and maintenance, as well as financial and other quality audits. Further checks were carried out of the service by the provider's quality support team. Records showed these had identified any possible issues, such as staff appraisals and that action was taken swiftly by the registered manager. These checks and audits were reviewed by the regional manager and discussed at their regular meeting with the registered manager. Any records we requested were provided quickly and all the staff were open and honest during inspection. Notifications had been submitted to us in a timely fashion.

Records of staff meetings showed that any issues highlighted by the registered manager or by any other checks were discussed with either at team meetings or in staff member's supervisions. We saw that issues were highlighted quickly and prompt action and checks carried out to ensure that action had been successful. Staff we spoke with told us they felt able to raise any concerns that had about the services

quality or safety and felt the registered manager would respond positively. They told us how meetings were supportive and they felt able to contribute ideas and suggestions. Staff meetings were held regularly and for those staff who did not attend, a feedback sheet was required so that staff could evidence they had read the notes and picked up any queries arising.

One example of support to improve the service was where the registered manager carried out a 'staff stress' survey to identify causes of stress to the staff which could contribute towards staff turnover and sickness. The results of the survey showed that staff felt supported to work with people who could challenge, and felt the existing structures and support were working effectively.

The registered manager sought out ways to improve the service using their own initiative, for example with the healthy eating drive in the service. This had achieved some positive outcomes for people. One person's diabetics was now more managed and they told us they felt they had better control over their diabetic care for the first time in their life. The registered manager also helped the service contribute towards the wider head injury community. For example, the registered manager and staff were about to embark on a sponsored walk in the Lake District to raise funds for Headway. The registered manager had also undertaken some work to make the service 'outstanding'. In the reception area a display had been created with information about the CQC's rating of services and staff, people, relatives and others were asked to comment on what the service did, or could do, that was 'good' or 'outstanding'. Staff we spoke with about this told us they would think 'what else can I do next' to move the service towards outstanding and a theme of continuous improvement showed in meetings and records. The registered manager checked CQC reports for other Voyage locations to see if any best practice could be gained from partner services to help further improve the service.