

# Voyage 1 Limited

# Wood Dene

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Wood Dene is a residential care home providing residential care. The service can support up to eight people. At the time of our inspection, eight people lived at this service.

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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe living at the home. They were supported by staff who were trained and understood their safeguarding responsibilities. There were sufficient numbers of staff to meet people's needs. People received their medication as prescribed. Risks to people had been assessed, monitored and reviewed. The home was found to be clean and without odour.

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 received sufficient amounts to eat and drink. We observed a positive mealtime experience. Staff received ongoing support through training and supervision meetings. Each person had a health action plan which demonstrated their healthcare needs had been assessed and met.

Staff had the right characteristics to work with the people they were supporting. We observed staff had natural interactions with people whose needs they understood well. People's privacy and dignity was respected. People's independence was promoted by staff who encouraged them to learn new skills.

The home was well run by the registered manager who demonstrated their oversight of the service. Opportunities were provided for people, relatives and staff to have their say about the running of the home.

People and relatives knew how to complain and systems were in place to manage such issues. People lived active lives where they were encouraged to be part of their community. Care plans were person-centred and contained information about people's routines which was important to them.

We have made a recommendation about exploring people's end of life care wishes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 25 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Wood Dene

## 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

This inspection was carried out by an inspector.

#### Service and service type

Wood Dene 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 the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived in the home and two relatives about their experience of the care provided. We spoke with the registered manager and four support workers.

After the inspection

Following our inspection, we contacted two further relatives to ask about their experience of the care provided to their family members.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- In most cases recruitment was well managed.
- One staff member's file showed they had a gap in their employment history. Documentation needed to be clearer to show this was followed up. An inaccurate declaration on the same staff member's application form had also not been queried with them. However, related checks, including a risk assessment were carried out. The registered manager said they would strengthen this part of their recruitment process.
- We checked a further two staff files and found all required information was present which showed robust processes were followed.
- Sufficient numbers of staff were in place. The registered manager said staffing levels were flexible to meet people's needs. Relatives and staff said there were enough staff.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from the risk of abuse.
- Two people we spoke with said they felt safe living at this service. One relative told us, "[Name] likes living here, feels safe and protected from harm."
- Staff received safeguarding training and knew how to recognise and respond to abuse. They felt confident appropriate action would be taken by the registered manager in response to safeguarding concerns.
- We looked at the finances for two people for whom the home was responsible for and found these were all accounted for.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored and reviewed.
- Accidents and incidents were reviewed to check for themes and trends. There was evidence to show action had been taken in response to each event. Depending on the seriousness, alerts were sent to senior management to make them aware of these events.
- Low level restraints were used to support people on a minimum number of occasions. Staff received formally recognised training for this. Positive behaviour management plans were in place.
- Key building and maintenance certificates were found to be up-to-date.

### Using medicines safely

- Medication was safely managed by staff who were assessed as competent.
- Five members of staff needed medication refresher training which they could not access due to technical issues. Following our inspection, all but one staff member completed this training.
- One person received their medicines covertly (without their knowledge). A best interest decision had been taken for this with involvement from a GP and pharmacy.

- Medication administration records for three people showed they received their medicines as prescribed. Protocols for the use of 'as required' medicines contained sufficient detail. Controlled drugs were suitably managed and medicines were stored safely.

#### Preventing and controlling infection

- Infection control was well managed.
- The premises were found to be clean and without odour.
- Staff told us they had access to sufficient supplies of personal protective equipment.

#### Learning lessons when things go wrong

- Lessons were learned from events which had occurred at Wood Dene and externally.
- Improvements were made following a medication error prior to our inspection. Systems had been updated to manage changes to people's medication dose. The registered manager said when a medication error occurred, staff received refresher training and had a competency assessment
- Learning from inspections carried out at other services run by the same registered provider was discussed amongst the management team to help continuous improvement.



# Is the service effective?

## 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.

This is the first inspection for this newly registered service. This key question has been rated as good. 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

- Pre-admission assessments were completed which helped ensure the registered provider was able to meet people's needs before they moved into the home.
- People's care and support needs were assessed to enable up-to-date care plans to be written to show how those needs would be met.

Staff support: induction, training, skills and experience

- Staff received ongoing training and support.
- Staff received regular support through supervision and appraisal which they told us was valuable. One staff member said, "They've (management) been really good. If you've got a problem, they want to listen to you." Supervision records reflected a genuine interest in people's welfare and development.
- Staff training completion levels were found to be high. One staff member told us, "I've gone through so much training since I've been here."

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

- People received a varied and balanced diet.
- One person was at risk and needed additional support to ensure they received suitable amounts to eat and drink. A system had been created to help this person manage their needs. This system had been shared with relevant professionals who provided positive feedback.
- People were invited to be part of food and drink shopping to promote independence. People always had at least two mealtime options to choose from. Seasonal menus were created in consultation with people at house meetings.

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

- The home was adapted to suit the needs of the people living in the home. This met the Registering the Right Support best practice.
- One of the rooms had been dedicated as a sensory area which people used to relax and have time in a quiet area.
- The registered manager was working on plans to have a games room for activities and creative arts.

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

- People were supported to access a range of healthcare professionals.
- Each person had a health action plan which contained information about the different professionals

involved in their care. For example, this included psychiatrists, GPs, opticians, dentists.

- Staff took action in response to people's changing healthcare needs.

#### 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 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. 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.

- People were supported to have maximum choice and control of their lives
- People were in control of their routines and were supported by staff who asked for people's consent before providing care. One relative told us, "[Name] has the support to live his life as freely as possible."
- Mental capacity assessments were decision specific. For example, these covered medication administration, finances and leaving the premises. People had decision making profiles in their care plan which showed the best and worst times to approach people, the best way to present choices and what helped the person understand the choices available to them.
- Records showed DoLS had been applied for when needed. This included where people had an authorised DoLS which was due to run out.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Warm and natural interactions were observed during the inspection between people using the service and staff. At lunchtime, people and staff were eating lunch together, chatting and sharing good humour.
- Staff knew the people they were supporting well. One person we spoke with told us the staff knew their likes, dislikes and other preferences.
- We read a compliment about care provided at Wood Dene concerning a difficult experience for one person. This said, 'Only those who have a deep understanding of [name] and a trusting relationship with [name] could have achieved [outcome]'.
- One relative said, "[Staff member] is excellent with [name]. [Staff member] has a better relationship with [name] than we do." Another relative said, "We're extremely happy. They fully support [name's] needs. The staff are great and are ever so kind. They understand the importance of routine. I think [name] is really well looked after."
- People were supported to maintain their religious beliefs. One person attended religious meetings and had been on holiday to a place of religious interest.

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

- People and relatives were involved in making decisions about the care they received.
- A relative told us, "We go to all [name of person's] reviews. It's a two-way conversation."
- Regular house meetings were taking place which gave people an opportunity to express how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was promoted.
- The staff team received 'active support' training which was used to identify people's strengths and help them break down tasks into manageable steps over a period of time. At the time of our inspection, one person was working towards more independent living. People were encouraged to be part of daily living tasks such as washing their clothes and cooking.
- Staff respected people's privacy and dignity and were able to describe steps they took to ensure these needs were met. One person confirmed staff always knocked on their door before entering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- Personalised care plans were in place which reflected people's care needs
- Care plans were sufficiently detailed with information about people's preferences. Records described what good and bad days looked like. 'How to support me well' sections gave staff relevant information which helped shape the care they needed to provide for people.
- Care plans recorded people's daily routines which were important due to the needs of the people living at this service.

End of life care and support

- End of life care wishes had not been explored
- At the time of the inspection no one living with the home had end of life care needs which meant there was no direct impact on people.

We recommend the provider offers people the chance to talk about their end of life care wishes and record these.

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.

- People's communication needs were met
- Each person had a communication care plan. One person we met interacted with us in the way described in their communication care plan. Some people were using 'flash cards' which helped them make decisions about their care.
- Communication cards were seen which showed how people might react to different situations, including information about how to help them and what made them happy or unhappy.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to engage in a range of activities.
- A range of activities was available for people to enjoy both inside and outside the home. During our inspection, we saw people being supported to access the local community and spend their own money. One staff member told us, "Everyone seems to be going out and having fun." People were given the opportunity

to go on trips away from the home.

- Staff described holding themed nights around people's interests. In August 2019, a themed night was held to celebrate one person's culture. Food, clothing and music was part of the theming.

Improving care quality in response to complaints or concerns

- Systems were in place to support people to raise concerns or complaints.
- At the time of our inspection, no complaints had been received at Wood Dene. Information on how to complain was provided.
- One relative told us they had raised a concern about a person's clothing being ill-fitting. They said they only raised this once and it was resolved to their satisfaction.

# Is the service well-led?

## 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were engaged with the way Wood Dene was run.
- Staff meetings were regularly taking place and were an effective communication tool. One staff member told us, "If you've got something to say, you can say it." Safeguarding, training and people's care and support needs were discussed. Key worker meetings were also taking place.
- The annual service review had been sent out in January 2020. We looked at people's responses and saw these were mostly positive. The 2019 satisfaction survey generated an action plan, although no feedback had been formally provided to people. We discussed this with the registered manager who said they would look to do this for the 2020 survey. People also completed quality questionnaires which were presented in 'easy read' format.
- One relative told us they had attended a training session which was primarily provided for staff, which they appreciated.
- People, relatives and staff provided positive feedback about the way the home was run. Staff told us there was a positive culture amongst the staff team and they were recognised for their achievements. One relative told us, "I have to say [registered manager] is a brilliant manager."
- Staff told us they would recommend this home to anyone who met the eligibility criteria.

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

- Governance systems used to check key areas of the service were satisfactory.
- There was a system of auditing quality and safety in the service with audits overseen by the registered manager.
- Information was sent from the home to the provider as a further layer of checking. The provider also carried out their own monitoring of the service to help the manager maintain the quality of care.

Working in partnership with others

- Partnership working with other services in the community was evident.
- Wood Dene, as a building, was not openly advertised as a care home. However, the registered manager said people who lived at this service had positive relations with their neighbours and the wider community.
- Other partnership working arrangements were evident with local public and private services which people were able to freely access. For example, a public house was aware that one person found waiting for their

meal difficult, so steps were taken to minimise the waiting time for them.

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

- Incidents which the provider is legally required to notify us about had been reported.
- The registered manager was open and candid throughout the inspection. One relative told us, "If there's anything that goes wrong, they will ring me and tell me about it."