

Voyage 1 Limited

# Woodham Grange

## Inspection report

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Date of inspection visit:  
25 April 2023

Date of publication:  
09 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Woodham Grange is a residential care home providing personal care to 8 people at the time of the inspection. The service is provided over 2 floors in a purpose built house.

Right Support:

Records relating to accidents and incidents, behaviour monitoring and risk assessments were lacking in oversight and detail. Handwritten medicine records also required improvement and we have made a recommendation about this. This meant people may be at risk of not receiving safe care. There was some damage to bedroom furniture within the home that may pose an infection control risk and other broken items left in the corridor. Infection control measures were in place in relation to staff duties and people were supported by staff to keep their home safe and clean. There were effective staff recruitment and selection processes in place. There were enough skilled and experienced staff who knew people well to safely meet people's needs, for example their communication needs.

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.

Right Care:

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse but records relating to risk, medicines and accidents and incidents required improvement. We also found that records relating to one person and their dietary intake were not as robust as they should be meaning they could be at risk of dehydration. The service needed to ensure recorded outcomes for people were more focused on aspirations for people and how the service demonstrated it provided meaningful choice. We saw menus only had one item and we observed people weren't asked if they wanted anything different prior to staff supporting them with eating their evening meal. The service worked well with other agencies to ensure people received ongoing health and social care support.

Right Culture:

Since the last inspection there was a new registered manager. They and staff were working to a development plan with a strong focus on improving the culture and positive outcomes for people. The service was working with two different recording systems that highlighted the gaps and inconsistency in

records relating to safety. There was an action plan in place to address this and the registered manager stated they would prioritize this work. Many of the people and staff we spoke with told us they saw an improvement in the service and the culture. Relatives commented on the positive atmosphere and caring attitudes of staff.

Staff valued and acted upon people's views but further work needed to be undertaken to show how the service was supporting people to achieve outcomes and to develop meaningful engagement and increase opportunities for people to have their say.

The service had strong links with health and social care partners and were active in the local community.

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

The last rating for the service under the previous provider was good, (published on 14 February 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified a breach in relation to the governance of the service, risk management and record keeping.

We have made recommendations for the provider to review their records relating to medicines. We found no evidence during this inspection that people were at risk of harm from these concerns. The registered manager told us they would prioritise recording on one single system to ensure records were contemporaneous and accessible when needed.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodham Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Woodham Grange

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

Woodham Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodham Grange is a care home with personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post although they were on annual leave during our visit.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service. Some of the people who used the service had complex needs or limited verbal communication. This meant they could not always tell us their views of the service or did not wish to engage with us. Including the 2 people we spoke with, we observed 4 people who used the service interacting with staff. We also spoke with 2 relatives by telephone and one during the inspection visit. We spoke with 6 staff including; the deputy manager, senior support staff, a visiting manager and support staff.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at a variety of records relating to the safety and management of the service, including policies and procedures, staff recruitment, risk assessments and safety checks.

# Is the service safe?

## Our findings

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

At our last inspection we rated this question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accident and incident recording was not consistent. On our last inspection we also found accident and incident recording was not robust.
- We found incidents that had not been reviewed by the registered manager as they had not been completed on the correct system. This meant that possible safeguarding incidents were not addressed and oversight not robust..
- Risks to people's health and wellbeing had been identified. However, records did not include all the details of what staff were doing to mitigate risks.
- One person was at high risk of dehydration and there was no record of a fluid target to address if they were in significant deficit. Fluid recording showed on 5 different dates in April this person had consumed less than 350ml of fluid. NICE guidance is people should be achieving between 800ml and 2 litres of fluid per day.
- Whilst staff told us they encouraged fluids and food items such as ice creams to this person, they did not know what targets they should be aiming for.

We found no evidence that people had been harmed however systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.

Using medicines safely

- Records relating to safe medicine administration required improvement.
- Records were not always located correctly so information about "as and when required" medicines, staff competency checks and guidance from health professionals regarding storage of one product were not available at the time of the inspection.
- Handwritten medicine administration records were not double signed as per best practice.

We recommend the provider undertakes an urgent review of their medicine records so they meet best practice guidelines and are stored accessibly on one recording system.

- Where people required support to take their medicines this was completed safely.

#### Staffing and recruitment

- The provider carried out checks to ensure prospective employees were suitable to work with people who may be vulnerable.
- There were enough staff on duty, including for one-to-one support for people to take part in the things they wanted to do, when they wanted to do them.
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some bedroom furniture was broken in rooms and also we saw broken furniture in an upstairs corridor. Following our visit the provider said they would be taking appropriate action to replace the items.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

At our last inspection we rated this question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

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

- The provider completed a range of checks to maintain standards and identify any areas for improvement. However these checks did not find the issues relating to accident and incident records, night time checklists completed by staff, behaviour monitoring charts, and hand written medicine administration records that we found on our visit.
- Checks failed to ensure that staff were clear on what fluid target one person should be receiving when they were at serious risk of dehydration. This meant it was difficult to see if the provider had oversight and if care was being consistently provided in line with current standards.

We found no evidence that people had been harmed however, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.

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

- The registered manager and provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished and where improvements might be needed.

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; Continuous learning and improving care;

- Records relating to outcomes for people needed to improve and the service needs to evidence further how it enables meaningful choice for people.
- We saw a menu in the kitchen with only one "choice" on it and during tea-time, we didn't see any staff members ask if the person actually wanted the meal that staff were supporting them to eat.
- Relatives told us they felt confident that the service would act if they suggested an area for improving care. One relative said, "My family member came here on respite and them becoming here permanent was the

best decision I made, it's a fantastic place."

- Staff were passionate about enabling people to live their best lives. Staff members said they felt very supported by the management team. One staff member said, "I love my job and coming to work."
- The management team were open and responsive to our inspection feedback.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to medicines, accident and incidents and audits needed to improve to ensure people were kept safe from the risk of harm. Records relating to fluid intake for one person made no reference to a target figure and their intake levels were poor meaning they were at risk of dehydration.</p>