

Voyage 1 Limited

Woodham Grange

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodham Grange is a residential care home providing personal care to 8 people aged 18 and over at the time of the inspection. The service can support up to 8 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. 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 and supported by staff who knew them extremely well. Risk assessments were in place. Staff had regard to people's potential and aspirations rather than what may be difficult for them.

All relatives were confident in staff and their ability to keep people safe. Staffing levels were regularly reviewed and appropriate to people's needs. The provider was recruiting new staff and a manager at the time of the inspection. In the meantime, agency staff were being used.

Incidents and accidents were documented and analysed to help identify any developing patterns. However, some accidents and their cause were not well recorded.

Staff worked well in conjunction with a range of external healthcare professionals.

Staff were well supported with a range of ongoing training, supervision and informal support.

People's needs were assessed and continually reviewed. Staff had a good understanding of people's communication needs.

Activities were geared towards people's interests and there was a strong person-centred culture. People's rooms were pleasantly decorated to their tastes.

The provider had in place clear quality assurance and auditing processes. Some records required further detail.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 20 July 2017).

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

The inspection team consisted of an inspection manager, inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodham Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. Recruitment for a manager was ongoing. In the meantime, the operations support manager and regional manager were overseeing the service. This means that the provider is 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from the local authority, Clinical Commissioning Group (CCG) 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. Any feedback we received was used to plan our inspection.

During the inspection-

Most people living at the service could not communicate verbally, therefore we observed people who used the service. We spoke with three relatives over the telephone. We spoke with six members of staff which included the regional manager, operations support manager, senior support workers and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- 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.
- Fire drill had not taken place regularly. The last night time practice was in January 2019. The regional manager said they would address this immediately and we received evidence of this after the inspection.

Using medicines safely

- We observed a lunchtime medicine round and found the staff member followed best practice guidelines.
- Due to several medicine errors the provider had put extra checks in place to prevent these happening again. Two staff members administered and checked the medicines and a further staff member did a check once the medicine round was completed. Since this had been put in place no further medicines errors had occurred.
- Further detail was needed with some records. For example, when a medicine had been discontinued no details had been provided to say when and why.

Learning lessons when things go wrong

- One person's daily notes stated they had bumped their head on a hoist. No further details were recorded and no investigation done. The regional manager started to investigate this on the day of the inspection and followed up with the outcome after the inspection.
- Accidents and incidents that were recorded were analysed to determine what had happened and identify any trends.
- Healthcare professionals were involved straight away if someone had a fall.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any concerns. One staff member said, "See something, say something, and we do. We will report to the manager or the local authority if needed."
- Staff were knowledgeable about how to keep each individual safe.

Staffing and recruitment

- The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.
- There were enough staff to meet people's needs.

Preventing and controlling infection

- The home was clean and odour free.
- Staff had received infection control training and understood their responsibilities in this area.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before admission to the home.
- Many people had lived at the service for up to 22 years and their changing needs had been identified.

Staff support: induction, training, skills and experience

- Staff received a full induction covering all key aspects of providing support and care. One new staff member said, "I am reading the support plans which have a lot of information, I am putting the information into practice whilst I am shadowing. I can shadow until I feel comfortable. All staff have been very supportive."
- Staff received regular support through supervisions and a yearly appraisal.
- Staff told us they received appropriate training and records confirmed this.

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

- People were supported to maintain a well-balanced diet and were offered plenty of choice. One relative said, "The food is lovely, [Name] certainly enjoys her food."
- Snacks were available throughout the day.
- One person was fed through a tube directly into their stomach. However, staff offered daily tasting sessions of their favourite foods and new foods. This was done at the same time as everyone else was eating so they felt involved with the mealtime experience.

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

- The home had good links with the local GPs and external healthcare professionals
- Care records showed people were supported to maintain good oral hygiene. One staff member said, "We encourage people to clean their teeth. One person won't let us near their mouth, but we have found if we give them a toothbrush as well we can then do it together."

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

- People's rooms were highly personalised.
- People could access different parts of the home such as the lounge, conservatory or outside space in good weather. One relative said, "The house is lovely, and the grounds are very appropriate."

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.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.
- Where best interest decision had to be made these were done in line with legal requirements.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were observed to be kind, patient, respectful and considerate. They understood each person and knew what was important to them. They knew people's preferences and how they liked to spend their days.
- Relatives were happy with how their loved ones were supported. Comments included, "The staff are lovely, they love [Name] as much as I do" and "I have never had any problems with the staff, no problems at all."
- Staff told us how they anticipated people's needs and recognised distress and discomfort. This was put into practice on the day of the inspection and an ambulance was called immediately someone showed concerns with their health.

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

- Due to people not being able to communicate verbally their family or support worker were involved in decisions about the care delivered. Relatives comments included, "They let me know what is going on, they always ring me" and "They listen to me if I have something to say, but I am very happy."
- Staff provided choice to people by showing options such as holding up two pieces of clothing.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an awareness of how to maintain people's privacy and dignity.
- People were encouraged to remain as independent as possible. One relative said, "[Name] is helped to be independent by helping with chores."
- The provider had introduced Active Support which is a method of enabling people with learning disabilities to engage more in their daily lives. One staff member said, "We empower people by involving them, it could be something like hand over hand whilst stirring a bowl or making a cup of tea and they hold the cup whilst we put the tea bag in. We are going to record the stages of making a cup of tea and detail what they can do for themselves. We will review this monthly and see if at certain times of the day they can do better."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Staff had a good understanding of people's care and support needs and their personal preferences. This enabled people to be provided with personalised care tailored to their needs and wishes.
- Care plans contained detailed information for staff on how best to support people. Care plans would benefit from including all staff knowledge.
- People's life histories were explored with them and their family where able and documented.

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 support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals. Information was available in different formats such as picture or large print.
- The service used assistive technology to alert them to people's needs such as bed sensors for epilepsy and visual and sound monitors.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend their days as they wanted. One person really liked to sit by the big window to watch the squirrels and went out to feed them on the day of the inspection. Theme nights were arranged. At Christmas they had an elf day where they all got elf pyjamas and watch Elf the movie with a takeaway.
- Staff supported people out into the community to enjoy activities such as ten pin bowling, hydrotherapy pool and discos.
- People also enjoyed fund raising days and were planning one to raise funds for a certain cause. They had recently enjoyed a pink day to raise money.

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was available to people and the home had a complaints policy.
- Any complaints received were fully investigated with an outcome. Relatives comments included, "No I have never needed to make a complaint" and "I think they deal very well with complaints, everything is sorted, and it is all good."

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 the last inspection this key question was rated as requires improvement. At this inspection 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 previous registered manager left in December 2019 and the provider was actively recruiting to this position. In the meantime senior managers were overseeing the service.
- Records needed more attention to detail such as dates were missing.
- The provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. The regional manager had planned to start auditing the daily records.
- Staff were knowledgeable and enthusiastic about their roles. One staff member said, "I love it here, it is just so homely and so friendly, it is the best home I have ever worked in."

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

- People and relatives had developed good relationships with staff. Relatives comments included, "There has been a few changes, but they are doing all they can" and "The home is well managed."
- There was a cheerful atmosphere in the home and staff made sure everyone was well looked after. One staff member said, "We always try our hardest to maintain the standard of care. We value empowerment, togetherness and honesty."

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 management team understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- The provider had established forums in place to communicate with people. This included monthly key worker meetings and formal surveys.
- The service worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred.

Continuous learning and improving care

- The management team were committed to continuously improving the service.
- The management team were open and responsive to our inspection feedback.