

# Voyage 1 Limited

# Wood Dene

## Inspection report

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15 December 2022  
16 February 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wood Dene is a 'care home' that provides care and support for up to 8 younger adults who have learning disabilities or autistic spectrum disorder and mental health needs.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### 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.

The service demonstrated they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Wood Dene was located in an area that enabled people to access community facilities as well as countryside walks. The registered provider ensured there was a culture of person-centred care and support. People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity. Overall, Wood Dene provided an environment and service that was safe, and people told us they felt safe living there.

We have made a recommendation about the review of some people's risk assessments and care plans.

### Right Care

People received person-centred care, which promoted their privacy, dignity and human rights. 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. Staff supported people to make decisions following best practice in decision-making. People were well supported with access to health and social care services. There were enough suitably recruited and trained staff to support people to carry out their daily living activities and pursue their hobbies and interests. People enjoyed full and active lives.

### Right culture

People living at Wood Dene were engaged and involved in developing and improving the service. The culture was open, honest and positive. The ethos, values, attitudes and behaviours of the interim manager and staff team ensured people lead confident, and empowered lives. The provider had a clearly defined vision and values which staff understood and followed. Staff promoted a safe and consistent atmosphere,

which met people's individual needs. Staff knew their responsibilities and were confident to report any concerns to the provider.

#### Rating at last inspection

The last rating for this service was Good (published 3 April 2020). We have made a recommendation about the review of some people's risk assessments and care plans.

#### Why we inspected

The inspection was prompted in part due to concerns received about care planning and review. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

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

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe 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.

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

This inspection was carried out by an 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

Wood Dene is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. 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 temporarily absent and their post was covered, on a full timefull-time basis, by another of the provider's registered managers.

#### Notice of inspection

The inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

### During the inspection

We visited the service on 15 December 2022 and 16 February 2023. We spoke with 5 people who used the service and 7 staff including the interim manager. We reviewed a range of records. This included 3 people's care plans, day to day records and medicines records. We looked at 3 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas and service level audits. We requested additional evidence to be sent to us. This included staffing and training information, and provider quality assurance audits. We used this information as part of our inspection. We spoke with 2 people's relatives by phone to gain their views about the service and received feedback from 3 social care and health care professionals.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- One person helped to show us around. Some people relied on non-verbal ways of communicating. Their body language was relaxed and positive indicating they felt safe. Those people we spoke with told us they felt happy and safe with the staff.
- The staff were trained in how to identify signs of possible abuse and the action they should take if needed. They knew how to raise a safeguarding alert. The provider's safeguarding procedure was readily available to staff.
- People were advised how about how to keep safe by staff and if there were areas of individual concern regarding people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Most of the staff team was well-established, and staff knew people's preferences and routines. They identified situations where people may be at risk and acted to minimise those risks. A relative told us, "They [staff] are very, very good. We've been there when [my relative] needed help and they respond very quickly; straight away."
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that communicated distress. People had personal behavioural support plans, which staff followed. We saw this demonstrated by the way staff appropriately and patiently supported one 1 person when they were becoming a little upset.
- Risk assessments and care plans were in place to support staff to enable people to take acceptable risks. The risk assessments covered all aspects of people's health, daily living and social activities. We were told there had been a delay in updating some aspects of people's risk assessments. The interim manager and staff told us this was due to an intense period of staffing pressures. However, we saw the team were working to a clear plan to address this and progress was being made.

We recommend the provider prioritise staff resources to help progress the work needed to review and update people's risk assessments and care plans with them.

- The provider carried out general and environmental risk assessments. These were regularly reviewed and updated. Equipment was regularly serviced and maintained.

Learning lessons when things go wrong

- The provider had established a system for recording accidents and incidents.
- Information was analysed and reviewed by the manager to identify lessons learned. Action was taken to reduce the risk of similar incidents happening again.
- Discussions with staff identified a 'reflective practice' approach in the team, where lessons learned from accidents and incidents were discussed to support improvement in practice.

#### Staffing and recruitment

- The provider had a staff recruitment process that was thorough, and records demonstrated this was followed.
- Checks were carried out to ensure staff were suitable before they started working for the service. Disclosure and Barring Service (DBS) checks had been completed for all staff. They provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There were enough staff to meet people's care and support needs flexibly. During our visit, staffing levels matched the rota and enabled people's needs to be met safely.
- There had been staff changes and some agency staff were covering while new staff were being recruited and starting in post and going through a period of induction.

#### Using medicines safely

- People received their medicines as prescribed.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training.

#### Preventing and controlling infection

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Systems were in place to ensure visitors, including family, friends and professionals visited people in a way that minimised the risk of spread of infection.

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.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager and staff understood their roles and there were clear lines of communication in place.
- The provider made sure the service improved people's care through continuous learning. The records we saw demonstrated safeguarding alerts, complaints, accidents and incidents were documented and fully investigated. Procedures were followed to make sure improvements were made and sustained.
- The provider, managers and staff carried out audits, regularly reviewed them and kept them up to date. The audits identified any performance shortfalls and progress made towards addressing them was recorded.
- There were internal audit checks to make sure specific records and tasks were completed, such as care plan and risk assessment updates. We saw there was progress, both planned and made in this area. These audits fed into the service development plan. This helped make sure the service people received was focussed on them and was effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture at Wood Dene was inclusive, person-centred and achieved good outcomes for people.
- Some people told us the service was well-led. The positive, relaxed body language of other people also indicated this. Everyone we asked if they were happy with the way their house was run responded with an enthusiastic, "Yes." People's relatives agreed. One relative said how hard the team worked to meet people's personal and health needs and to make sure people had enjoyable lives.
- The provider understood their responsibilities of duty of candour and was open and honest with people when things went wrong. The manager told us people and their relatives would be informed if things went wrong with their care and support and provided with an apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were given the opportunity to contribute their views about the service. Their views were listened to and people's wishes were acted upon.
- Some people and their relatives provided regular feedback to help identify if the care and support provided was focussed on people's needs and wishes. Feedback from other people using the service was taken by interpreting their positive or negative responses, and body language towards activities and staff.

- The provider regularly asked people, relatives and staff to complete surveys about their experience of the service. There were pictorial surveys for people who used the service. This made the process easier for people to understand and engage. Suggestions made were acted upon. One person's relative said, "I am in regular contact and my views are always taken on board."
- Relatives told us they were kept informed of what was going on for people. One relative told us, "I can't fault them [the staff team]. They always keep in touch. They always let me know if anything happens, how [my relative] is and what they are doing. "
- During both our visits we found a positive, relaxed and friendly environment. Staff continually checked people were happy and were receiving the support they needed.
- Staff supported people to have access to local resources such as shops, pubs and restaurants. Some people liked to have lunch out and going for walks. During both of our visits, some people were getting ready to go out for the evening, to a local venue where they liked to socialise with friends.

#### Working in partnership with others

- The provider worked in partnership with others.
- People's relatives Staff received supervision and monthly staff meetings so that they could have their say and contribute to improvements.
- The feedback from professionals was that overall, the service was providing positive support that people were happy with.