

Voyage 1 Limited

Woodrow Cottage

Inspection report

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Tel: 02380693957

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28 June 2022

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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

About the service

Woodrow Cottage is care home registered to provide personal care for up to eight people who may be autistic or be living with a learning disability. At the time of our inspection eight people were using the service.

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

We could not be assured the provider had suitable numbers of appropriately skilled, qualified and experienced staff deployed to meet people's needs at all times.

The provider had governance systems in place to help identify areas for improvement. However, feedback suggested leadership were not always receptive or responsive to concerns raised. Staff raised concerns about the culture within the senior management team.

Staff were trained effectively in how to identify possible abuse and were confident the registered manager would investigate any concerns.

Care plans and risk assessments were in place to assist staff on how best to support people.

People were supported safely to manage their medicines.

The provider had effective measures in place to reduce the possibility of spread of infection.

The provider had effective recruitment procedures in place.

Staff told us, and records demonstrated people were supported to access support from external organisations such as support from GP's and other professionals.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Why we inspected

We received concerns in relation to staffing, leadership and culture. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We previously carried out an unannounced comprehensive inspection of this service on 9 May 2019 and the report was published on 18 July 2019.

The overall rating for the service has deteriorated from good to requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodrow Cottage on our website at www.cqc.org.uk

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 ●

Woodrow Cottage

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 was carried out by one Inspector.

Service and service type

Woodrow Cottage 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. The service did not have a manager registered with the Care Quality Commission. However, the new manager told us it was their intention to apply to become the registered manager.

Notice of inspection

This inspection was announced and we provided 48 hours notice of our visit.

What we did before inspection

As part of our response to concerns, we conducted Direct Monitoring Activity (DMA) on 26 April 2022. During this activity we reviewed various records and asked numerous questions in relation to the quality of care provided. We reviewed relative's feedback and information of concern we held about the service. After the DMA we were not assured care and support was being delivered safely or managed effectively. As a result, we made the decision to conduct a focused inspection.

During the inspection

We spoke with the manager and the regional support manager. We observed staff interacting with people and checked the service was appropriately maintained and hygienic.

After the inspection

We reviewed a range of records. This included two people's care records, incident records, medication records, training records, activity records, governance audits and infection prevention control audits. We continued to seek clarification from the provider to validate evidence found. We requested feedback from 14 members of staff. Four staff provided feedback.

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 deteriorated to requires improvement.

Staffing and recruitment

- We could not be assured there were enough experienced and appropriately trained staff deployed at all times to meet people's needs safely. During our Direct Monitoring Activity (DMA) the provider told us they were reliant on a number of agency staff at any one time but were working hard to recruit permanent staff. They told us they were managing because staff were working overtime. However, staff told us they had raised concerns about the number of staff available to provide care and support and commented senior management failed to take appropriate action to address their concerns.
 - For the week commencing 13 June 2022 the rota highlighted nine shifts which had not been covered for the annex, and two shifts for the main house. For the week commencing 20 June 2022 the rota highlighted nine shifts which had not been covered for the annex, and four shifts for the main house. For the week commencing 4 July 2022 the rota highlighted five shifts still to be covered for the annex, and three shifts for the main house. As part of the providers opportunity to submit factual accuracy, additional records were provided and detailed further agency staff which were used at Woodrow Cottage. The provider stated, "The use of agency workers did result in there being appropriately skilled and qualified staff on duty in Woodrow Cottage". However we could not be assured this was always the case. Comments from staff included, "We do have some issues with staffing levels", "The lack of trained staff is causing issues", "Weekends are frequently and often left without the essential Management of Actual or Potential Aggression (MAPA) trained staff", "Safe numbers are always a struggle" and "Weekends often don't have safe MAPA numbers. Management have been told this many times". A relative said their loved one was 'lashing out' at agency workers because they did not know them and they were not always receiving the 2:1 support they were funded for.
 - During our DMA the provider had identified some staff training was out of date with a compliance score of 69% across the service. Records received after our inspection visit suggested improvements had been made. However, staff remained concerned about the ability of some staff to support people where behaviours challenge others.
 - Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
- Learning lessons when things go wrong and continuous improvement.
- Comments from staff and relatives suggested lessons were not always learnt or that feedback regarding staff deployment was always received constructively.

- Incidents and accidents were monitored and reviewed regularly by the manager and the quality team to identify any patterns or trends. They were analysed for any necessary action and learning was discussed with staff.

Systems and processes to safeguard people from the risk of abuse

- The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process they would follow for reporting any concerns and the outside agencies they could contact if they needed to. A member of staff commented, "Keeping the people we support healthy and safe. Putting them at the centre of their care and supporting them to make choices in all aspect if their lives. We have regular and ongoing training around Safeguarding".

Assessing risk, safety monitoring and management

- Personalised risk assessments promoted people's safety and reduced risks for people as much as possible. For example, records documented strategies for staff to follow in the event of someone presenting behaviours that may challenge others. These records contained useful written and pictorial information regarding safe techniques to use to reduce stress and anxiety.
- Comments from staff included, "I have no issues or concerns around dealing with behaviours. Myself and the team are all aware of what is expected of us and all training provided, and guidelines are up to date" and "Staff will support each other where necessary", "Risk assessments are reviewed by the management. Generally, paperwork is filled in accurately", "Following my induction at Woodrow, I have both read and been informed of how to manage all aspects of behaviours that challenge. It has been my experience that the information that I have been given is accurate".
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency. This also included information about evacuating the premises and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Using medicines safely

- People could be confident that medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Accurate records were maintained of medicines received into the service, administered and disposed of. Medicine administration records (MAR) were completed as required.
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of these were in place. Staff ensured medicines were reviewed with people's GP's on a regular basis.
- Staff told us they received training in medicines administration and that their competence was assessed on an annual basis, in line with national guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

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

- We could not be assured people consistently received care and support that promoted a positive culture of empowerment and inclusion. Staff told us the lack of drivers and skilled staffing restricted people's ability to engage with the local community and to interact in their chosen activities. A member of staff commented, "Unfortunately, I find that Woodrow is rather a toxic place to work these days and some of the 'higher powers' seem to forget exactly why we're here. Standards have slipped and access to the community is extremely limited". Another member of staff commented, "It is my opinion that the home have had a very unsettled 6 months and this has had an impact on some staff. I believe that this is starting to be addressed and staff are now getting clear direction, but I do see that as with any change there will be a period of unsettlement". Feedback from relatives suggested people were not always empowered to achieve the best possible outcomes in relation to the quality of their life. They told us people were not able to access their chosen activities on a regular basis and therefore restricting their quality of life.

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

- At the time of our inspection the service did not have a registered manager, however, a new manager was in place and they told us it was their intention to apply to become the registered manager. Prior to our inspection we were informed there had been four temporary managers since the registered manager left in September 2021. A member of staff commented, "Although some (previous managers) were keen to support us and listen, there were several occasions when staff were trying to express concerns and issues regarding the service and how best to support it. This was overlooked and dismissed causing some upset and frustration to the team".
- Comments from staff about the new manager and others with management responsibilities were positive and included, "Woodrow has just had a new manager in place. He is the only manager that I have worked with. I find that he is approachable and supportive" and "We now have a new manager, who seems to be good. He is early in his career at Woodrow but, so far, I have personally found him to be very supportive and understanding", "I am happy with the new manager, although he is still trying to find his way. He always has an open door policy and he listens well to staff and all for the people we support", "We have one good senior and another senior is new but again is proving to be good, approachable and good with the people we support".
- Comments about senior leadership were not always positive and included, "At times X made us feel inadequate, and when approaching (person) and (person) was very abrupt and came across quite rude at times. Staff did report this and held a team meeting with area manager which wasn't too successful" and "X

and X are very hard to talk to" and "X has promised on more than one occasion to come in and meet with staff but, as yet hasn't done so. In the meeting he listened but, didn't feel we as a team, were taken seriously"

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

- We were not provided with evidence demonstrating staff, relatives and professionals had been asked to provide feedback via a quality survey. Therefore, we could not be assured the provider had effective arrangements in place to receive, analyse and respond to concerns or to celebrate positive practice. Staff told us they felt their concerns were not always taken seriously or that appropriate actions had been taken when issues had been raised. However, staff felt confident in the new manager and told us they felt progress in respect of the culture was moving in the right direction.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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Working in partnership with others

- Records demonstrated the manager and staff worked in partnership with external healthcare organisations such as the local authority and healthcare professionals including GP'S and hospital services.