

Voyage 1 Limited

Woodrow Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Woodrow Cottage is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 8 people. Personal care was being provided by a separate agency to one person living in the annex. This started the week of the inspection.

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

Right Support: Care plans contained sufficient detail for staff to support people to lead the lives they wanted. However, there were some inconsistencies which meant there was a risk of support not being provided in a person-centred way. Medicines records were not always accurately completed. Staff knew people well and we observed positive interactions.

We have made a recommendation in relation to medicine recording.

People living in the main house 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. This had not always been the experience of the person living in the annex.

Right Care:

Care was mostly person centred for people living in the main house. The person living in the annex had not always received care promoting their dignity and human rights. There were some instances of inappropriate language but staff had been open to learning when this was raised. Improvements were planned in care planning to promote independence and set longer term goals.

Right Culture:

There were some instances where language and care planning did not always support people to lead inclusive and empowered lives. The provider was working with the local authority in order to improve the service. Changes had been made by the local authority to the staffing for the annex as the person living there had not been receiving a service in line with the values and attitudes they should expect. Relatives and professional were positive about the changes being made in the service.

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 requires improvement (published 21 September 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service. It was also prompted in part due to concerns received about the care provided to a person living in the annex.

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.

Due to changes made within the service by the local authority shortly before the inspection, we found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well led sections of this full report.

We have found evidence that the provider needs to make improvements. Please see the relevant key question sections of this full report.

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.

Enforcement and Recommendations

We have identified breaches in relation to governance and auditing systems at this inspection.

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

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 and local authority 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 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

This inspection was carried out by 2 inspectors.

Service and service type

Woodrow Cottage 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. Woodrow Cottage is a care home without nursing 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 not a registered manager in post. A new manager had been in post for 7 months and had submitted an application to register, which was subsequently approved.

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

During the inspection we spoke with 2 people living at the home, the manager and 8 support workers. We observed the interactions between staff and people living at the home. We looked at a range of records including support plans for 3 people, recruitment files for 2 staff and the manager, training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided within the home. Following the inspection visit we received feedback from 3 relatives and 3 community health and social 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- A policy and procedure were in place for staff to follow to report any safeguarding concerns. Staff had received appropriate safeguarding training and were aware of how and when concerns should be raised.
- One person indicated they felt safe by nodding in response to us asking if they felt safe.
- A relative and health and social care professionals expressed concerns about safeguarding shortfalls in the annex part of the service. There were occasions where the person living in this part of the service had not been kept safe. This has resulted in an agency being commissioned to provide care to the person living in the annex.
- We received concerns of staff using inappropriate language with a person whilst in the garden, and that this could have appeared intimidating. The manager told us, and records showed, this was discussed with the staff team to help them identify that this could be abusive and help them identify more appropriate language and ways of working with the person.

Assessing risk, safety monitoring and management

- Risks to people were managed and appropriate risk assessments were in place for people's individual needs. These included risks around choking, the use of paraffin based topical creams and the risk of drinking excessive amounts of fluid.
- A relative told us "Our daughter's needs are very complex but the staff team know her so well and are able to see the signs of what support is needed and when. They are able to intervene when needed, especially in relation to triggers which could otherwise lead to some challenging behaviour."
- Staff we spoke with were clear about the procedures for recording and reporting incidents and noting any observations.
- Appropriate fire checks and records were in place and completed on a regular basis. People had a personal evacuation plan in place and staff were aware of the fire emergency evacuation procedures for the service.
- Some of the health and safety checks in the annex had not been completed for areas such as water temperature checks. There was a lack of records available to show shower heads were regularly descaled and health and safety audits had not been completed.

Using medicines safely

- Medicines were kept securely in locked storage. However, accurate records were not always maintained of medicines received into the service, administered and disposed of. We identified some gaps in the medicine administration records (MAR) and a discrepancy in stock.

- People's support plans detailed their preferences for support with their medication and staff ensured there were regular reviews. Where medicines were prescribed on an as required basis, there were protocols in place. Body maps were used to show where topical creams needed to be applied.
- The provider's policy and procedure in relation to the management of controlled drugs was not always followed. For example, staff were not completing a stock control sheet.
- Staff received training in medicines administration and their competence was assessed annually

We recommend the provider reviews record keeping in relation to medicines management.

Staffing and recruitment

- At the last inspection we were not assured there were enough experienced and appropriately trained staff deployed at all times to meet people's needs safely. At this inspection we found changes made to the staffing in the annex meant there were enough staff to meet people's needs.
- Referring to a period during which the service did not have a registered manager and there was inconsistent staffing, a relative said, "(Person's name) had become increasingly distressed over a period of time, not helped by the Covid restrictions previously in place and he began to become highly upset and anxious when he had to return to Woodrow following a home visit, which indicated to me that something was not 'right' at Woodrow. This could relate to the staffing instability that Woodrow was experiencing."
- Health professionals told us that the high use of agency staff meant there was not consistency regular staff and agency staff were not able to answer their questions. Another health professional said staffing issues had meant less community access for people due to the lack of confidence of some staff.
- We received concerns about staffing at the annex. A health professional expressed concerns about the use of agency staff and the lack of continuity meaning they were unfamiliar with how to work with the person. An agency had now been commissioned by the local authority to provide care in this part of the service.
- Staff were responsible for cooking and cleaning. They told us there were no issues regarding staff and that they were in fact currently overstaffed.
- Safe recruitment practices were followed before new staff were employed to work with people. Agency staff recruitment, training and qualifications profiles were held in the service.

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 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 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.

Visiting in care homes

- The provider's approach to visiting was in alignment to government guidance.

Learning lessons when things go wrong

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

- Staff confirmed they received a debriefing and support following any incidents where intervention was necessary.
- A health professional told us the relevant external teams had not always been informed of incidents or received incident forms for the person living in the annex, meaning they were not in a position to understand and support the service in learning lessons and putting actions in place.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Most support plans contained a lot of detailed information to assist staff in providing personalised, safe and respectful care and support. This included things that were important to the individual, such as staff respecting the person when they wanted space and time alone.
- However, some care plan documentation was inconsistent or lacked information. For example, one person's plan was not clear on the rationale for not letting the person go back to their room before going out and their communication support plan was not clear. For another person it was not clear why some of their cupboards and drawers were restricted.
- A health professional told us for their client they found the care documentation poor and lacking in details.
- Staff demonstrated knowledge of the people they supported in the main house, discussing each person in relation to the kind of day they were having, their moods, activities, health and well being.
- The provider had a behaviour specialist team who supported staff teams in identifying responses and drawing up support guidelines.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills and knowledge required for the role. Staff told us they had an induction and further training that was relevant to their role of supporting people and meeting their individual needs.
- A number of staff were due supervision and appraisal and this was being tracked to ensure completion. Staff confirmed they received regular supervision.
- We saw induction records for the team of agency staff working with the person living in the annex. These records were not always clear to evidence an appropriate and effective induction. For example, it was not possible to see if all required points had been covered and understood.
- Staff received training in safe interventions. A member of staff demonstrated a clear understanding of the principles and use of the training they had received in this. Safe interventions training was given verbally and staff attendance / completion of this training was not included on the training matrix.
- Staff we spoke with were clear in their understanding about least restrictive ways of working. However, this has not always been the case with staff working in the annex. Responses to incidents in the annex had been more restrictive both in physical interventions and in the use of locks. A separate staff team have now been commissioned to work in the annex.

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

- People received effective support to ensure they ate and drank enough. The food menus were drawn up each week, taking account of people's choices and offering alternatives. People were supported by staff to go food shopping.
- We saw people receiving meals that they enjoyed and had chosen. People were given time and encouragement to eat.

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

- Care plans demonstrated people's health needs were being attended to. People received health appointments including dental services, sight and hearing checks and hospital passports were in place. A speech and language therapist was involved with the service and provided support when this was needed.
- Relatives and professionals provided positive feedback in relation to healthcare. One relative told us, "The staff are all very in tune with her health needs and GP appointments/consultations are made for her. The team have been amazing with her in relation to some recent health issues. Nothing is too much trouble for them." Another relative and a health professional told us about how the service followed up health issues and made sure people's unmet health needs were addressed.

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

- The service had not been fully designed to accommodate everyone. Whilst the lounge was spacious, there was not adequate seating to accommodate everyone. This would impact on any events in the service where all or most of the people living there would want to be involved and in the lounge.
- A person confirmed they had chosen the colours for their bedroom. Their bedroom looked a little worn with marks on the walls. There were restrictive bands on drawers and cupboards. On the cupboard the band looked broken and on one drawer the band had come away. .
- The lounge was clean and decorated with pictures and a mirror and had a homely feel.
- One relative said, "(person's name) had recently had his room refurbished.... And is enjoying a thoughtfully designed, comfortable and cosy personal space."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA had been followed. Completed mental capacity and best interest assessments were in place where required and staff demonstrated an understanding of the principles of the MCA.
- MCA and best interest were referred to appropriately in care plans. Communication guidelines were in place to support one person to communicate their consent and using pictures to help them make a decision.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Language used in the care documents and about people was not always respectful. There was not always a rationale for why drawers were locked for some people and continence care language was not always respectful of the person.
- We observed one person in the lounge with the door fully closed as maintenance staff were working on the door. We did not see staff communicating with the person during this time.
- Staff knocked on people's bedroom doors and paused to wait for a response before entering. Staff supported people to make choices and listened to them.
- We observed staff playing and singing along with nursery rhymes, which was included in the person's support plans as something they valued and was effective in maintaining their well being.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed a good rapport and positive communication between staff and people living in the home. There was a calm and relaxed atmosphere.
- Staff were aware of what was important to the people they supported. A relative told us, "I feel that she is extremely well cared for" and, "She is supported to make choices at every opportunity." They said, "Our daughter is always very happy around all of the staff team and is always happy to return to Woodrow after regular visits home."
- Another relative said, "I find the current staff in general to be friendly, caring and welcoming and with whom (person's name) seems to have a good rapport."
- A health professional told us "I feel the people living there are well cared for, the home is clean and the staff are friendly."
- Records showed people were asked their preference for the gender of staff providing them with personal care.
- One person indicated they liked living in the service and said they were able to go wherever they wanted within the home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People had not always been provided with support to meet their needs and preferences. A health and social care professional told us they had been concerned about the appropriateness of support being provided and the quality of life for the person in the annex prior to the new arrangements being in place. They said there had been some serious incidents in the community which had put the person and staff at risk.
- A relative told us, "The only thing which has had some impact possibly on the level of care in the main house has been when the support for the person in the annex has put strain on the staff from the house. However, from what we have observed this has not impacted on the care our daughter has received."
- Another relative said, "I have asked for the re-instigation of annual reviews now that Covid issues are no longer preventing this. I waited for a few months before making this request to allow the new manager to become acquainted with his new post and those in his care, but have not had any contact from him in this regard. I would like to have some discussion on (person's name) current needs so that both Woodrow and myself can work constructively in unison towards achieving some identified positive goals in relation to both (person's name) physical, mental and social well-being."
- For one care plan there was limited information about how a person's independence and skill building were being promoted and there was a lack of longer term goals. The manager told us this was being planned for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff used pictures and photographs as well as verbal communication and sign language to inform people about things like meals and activities.
- A member of staff had completed training to enable them to train other staff in the use of Makaton, a type of sign language. Staff told us all the people at Woodrow Cottage used some Makaton and we observed some people using elements of it in their communications with staff.
- There was a summary of people's preferred methods of communication, which was accessible to staff. One person was said to respond well to 'quiet and positive communication' while another liked 'lots of positive, happy chatter.' We observed staff using these styles of communication to engage with the relevant

people.

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

- Prior to the inspection, we received concerns about a lack of activities and stimulation for the person living in the annex. The local authority have commissioned an agency to provide care for this person which started the week of the inspection.
- A relative told us, "I would like to commend all staff on how well they care for (person's name) and look after all his needs. During Covid lockdown the level of care he received and the communication with us was excellent. I believe staff went over and above to ensure he maintained contact with us. An example: as soon as he was allowed to walk outside with one other person, staff went out of their way to support this contact with us, which we really appreciated."
- We saw evidence of local activities being identified for people with autism which was regularly reviewed. However, records of daily shift planners had been inconsistently completed by staff. For example, it was not always clear whether organised indoor activities had taken place, which staff were allocated to a person, or who was shift leader. Not all listed tasks were confirmed as completed.
- Staff told us activities outside the home were happening again after the pandemic. We saw a notice from the Local Autism Information Hub which listed details of accessible activities locally. At the time of the inspection 3 people were going out horse riding. Staff told us all the people living at Woodrow Cottage had family contacts and regularly went to their family homes at weekends.
- There were musical instruments of drums and a keyboard available for people to use. There were also sensory lights in some places. One person indicated there were things to do when asked and looked towards the television.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to. The manager showed us the online record of complaints received and investigated by the provider. The record showed the service had worked with the local authority when a concern had been raised and there had been a staff team meeting to discuss learning from the event.

End of life care and support

- At the time of the inspection there was no-one receiving end of life care.

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 key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider's systems and processes did not always identify where the quality and safety of the service may be compromised in order to respond appropriately.

Regular audits of the quality and safety of the service took place and were recorded. Audits were checked and monitored by the operations manager and quality assurance team and, where necessary, action plans were created and followed.

- The recent audits had not highlighted inconsistencies and gaps in records including care plans and medicine management.

The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (2) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- At the time of the inspection there was a manager in post, who had applied for registration. One relative commented that, "A period of several months elapsed before a new manager was able to pick up the reins and it would seem that Woodrow has settled down again once more." However, they said, "If I have any current criticism, it would relate to a lack of contact from the new manager. No initial contact was made to introduce himself upon his appointment and nothing since regarding matters of care arising etc."

- The provider and the manager were aware of the requirement to notify the Care Quality Commission (CQC) of significant events. The rating from the previous inspection report was displayed in the home and on the provider's website.

- It was not clear if the provider had reviewed their responsibilities under duty of candour in relation to the person living in the annex.

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

- The service had not provided person centred support and achieved good outcomes for the person living in the annex. A relative and health and social care professionals raised concerns about the person's quality of life and the risks to the person and staff. The service had subsequently worked with the local authority to produce an action plan and an agency has been commissioned by the local authority to provide staffing.

- We received positive feedback about the main house.

- A relative told us, "I would like to say thank you to management and staff for their continued high quality of care, which keeps (person's name) safe and happy."
- A health professional told us, "I think the service's person centred approach is good, the staff seem to always have the service users best interests at heart."

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

- The provider sought to involve people in the service. Feedback surveys were sent to people annually and another survey was being sent out to relatives in December. The results of the last survey showed positive responses from relatives living at Woodrow Cottage. However, there were negative responses from the relative at the person living in the annex which reflected the feedback we received before the inspection.
- Regular staff meetings had taken place. These were used to keep staff up to date with changes or concerns in the service.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with others to improve the care provided.
- Minutes of team meetings showed incidents were discussed as a staff team, including the learning from these. For example, staff had discussed the appropriate use of language when working with people living in the service as a result of a safeguarding concern.
- The provider had met with the local authority and produced an action plan in order to make improvements in the service as a whole.
- Various health and social care professionals were involved in supporting people.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The systems to assess, monitor and improve the quality and safety of services were not always effective. Regulation 17(2)(a).