

Voyage 1 Limited

# Woodham Lodge

## 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?	Good ●

# Summary of findings

## Overall summary

We inspected Woodham Lodge on 13 September 2017. We informed the provider of our visit the day before our inspection. We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in at the time of our inspection. When we last inspected the service in July 2015 we found that the provider was meeting the legal requirements in the areas that we looked at and rated the service as Good. At this inspection we found the service remained Good.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present for the inspection.

Woodham Lodge is registered to provide care and support for a maximum number of six people who have learning disabilities and / or physical disabilities. At the time of the inspection there were six people who used the service.

People were protected by the services approach to safeguarding and whistle blowing. There were systems and processes in place to protect people from the risk of harm. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. This meant staff had the guidance they needed to help people to remain safe

There were sufficient staff on duty during the day to meet the needs of people who used the service. Night staffing levels had changed to one waking night staff member and one sleeping night staff member who alternated each week between Woodham Lodge and one of the providers other services which was on the same plot of land. The sleeping staff member was shared across both services and woken if people needed support. We have asked the provider for additional information about the current staffing arrangements on night duty and will follow this up outside of the inspection process.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had received induction training and shadowed other more experienced staff when they were first recruited. Staff had the knowledge and skills to support people who used the service. The majority of staff training was up to date and where there were gaps this training had been organised.

Staff had an understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and acted in the best interest of people they supported, however at the time of the inspection, processes had not been followed to formally record this. Information was supplied to us after the inspection to confirm that staff at the service had completed this process.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were kind, caring, and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs.

People's independence was encouraged. Activities, outings, holidays and social occasions were organised for people who used the service. People's needs were assessed and their care needs planned in a person centred way.

The provider had a system in place for responding to people's concerns and complaints. Relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

# Woodham Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We informed the provider of our visit the day before our inspection. We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sat in communal areas and observed how staff interacted with people. We spent time with people who used the service. Communication with some people was limited because of their learning disability. During the inspection we spoke with one relative and after the inspection we contacted a relative by e-mail to seek their views. We looked at communal areas of the home and some bedrooms.

The manager was not present on the day of the inspection. During the visit we spoke with a manager from another of the providers care homes, a senior support worker, two support workers and a bank support worker. We also spoke with a social care professional who was visiting the service on the day of our inspection.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

We asked people who used the service about safety, one person told us, "Yes safe." A relative told us the person who used the service had a very unstable medical condition and when they became unwell they needed immediate attention of staff. They told us how they felt the person was in safe hands and complimented staff on keeping the person safe.

Staff told us of the different types of abuse and what would constitute poor practice. Staff were able to describe how they would recognise any signs of abuse or issues of concern. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff told us about the provider's whistleblowing policy. This ensured the welfare of people was protected through the rigorous whistle blowing and safeguarding procedures.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. For example, to prevent one person from choking staff needed to cut food up into very small pieces and some food needed to be blended. This meant staff had the guidance they needed to help people to remain safe.

The service does not have a high turnover of staff. Since the last inspection of the service two staff have been employed. We looked at both recruitment records and found that the provider operated a safe recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions also minimises the risk of unsuitable people from working with children and adults.

During our inspection we observed there were sufficient numbers of staff on duty during the day to ensure people were kept safe and their needs were met in a timely manner. We saw people received support when they needed it and staff were available. The senior support worker told us there were four support workers on duty during the morning and three to four staff on an afternoon and into the evening. Night staffing levels had recently changed. Before 15 May 2017 there was one waking night staff member and one sleeping night staff who went to bed when people's needs had been met. After 15 May 2017 staffing levels had changed to one waking night staff member and one sleeping night staff member who alternated each week between Woodham Lodge and one of the providers other services which was on the same plot of land. The sleeping staff member was shared across both services and woken if people needed support. To ensure safety staff in each of the services had walkie talkies and contacted each other every hour. We have asked the provider for additional information about the current staffing arrangements on night duty and will follow this up outside of the inspection process.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried

out on the gas safety, fire extinguishers, electrical installation and the fire alarm. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

We also saw that personal emergency evacuation plans (PEEP's) were in place for people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that accidents and incidents were minimal and systems were in place to record and analyse these.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines assessed on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly with no gaps or anomalies. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We noted that topical medicines application records (TMAR's) were not in place to provide guidance on the application of creams; however this was recorded within the MAR. We pointed this out to senior staff who told us they would put TMAR's in place with immediate effect.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection manager had made applications to the local authority for all people who used the service as all people needed supervision both inside and outside of the home. The local authority had authorised all people's DoLS with no conditions attached.

Staff told us that people who used the service lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. However, people's care records did not contain decision specific mental capacity assessments and best interest decisions were not recorded within care plans. We pointed this out to the senior staff at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

After the inspection we were contacted by management and informed that mental capacity assessments and best interest decisions were now in place for all people who used the service.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I like here." Relatives told us, "The continuity of care is excellent. For staff working here it is a vocation as opposed to staff working for money." Another relative wrote and told us, 'We are very impressed with the level of care that [person] receives at Woodham Lodge. [Person] has always looked well-nourished and cared for. [Person] is stress free when we talk to [them].'

Staff told us they had received induction training and shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent. One staff member said, "I've been very impressed by the induction. I couldn't do anything until I had received the training." They gave the example of moving people, until they had received moving and handling training they were not able to support people with their



mobility or transfers. Staff told us they had received training in infection control, food safety, fire safety, infection control and moving and handling. The training chart identified some training was coming up as needing to be refreshed with a few overdue. We were told this training had been organised.

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. However, we noted some supervision was overdue. We were told that with the absence of the manager some supervisions had fallen behind, however we were reassured by senior staff that this would be addressed within the next two weeks. Staff had continued to be supervised in their day to day work.

Every week staff met with people to plan the menus. Staff knew people's likes and dislikes as people had lived at the service for many years. We looked at menus which provided a varied selection of meals and choice. Staff told us how they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this.

We saw that meal times were a sociable event with staff and people interacting with each other and we saw people were offered a choice. People told us they liked the food provided.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished, at risk of malnutrition or obesity. As part of this screening, people were weighed at regular intervals, and depending on the risk appropriate action was taken to support people who had been assessed as being at risk of malnutrition.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, speech and language therapy, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would visit people at home whenever they needed. People were accompanied to hospital appointments by staff.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

# Is the service caring?

## Our findings

We saw that staff were caring and people were treated in a kind and compassionate way. A relative said, "The staff are excellent and go over and above to help." They told us they had bought a summer house for one person who used the service and staff had stayed behind in their own time to paint it. Another relative wrote, 'As you know we live [abroad] and can't visit [person] as often as we would like. Because of this the staff at Woodham Lodge set up Skype for [person] and us to communicate. This has proved to be very successful for all of us. We really appreciate the effort. It is great to see [person] and talk to him in his home. The staff are very accommodating when setting up a time and day to do this. We have watched the interaction between [person] and [their] care giver and have been very impressed with the level of professionalism and genuine caring for [person's] wellbeing.'

We found staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important.

Some of the people who used the service had limited communication, and used non-verbal methods to let staff know what they wanted such as noises and gestures. People's individual communication methods were outlined in their care records and staff were able to describe the different methods people used and what these meant. Relatives told us staff were good at encouraging people's individual communication abilities. We saw that staff were able to understand the needs of those people who had limited communication and respectfully helped us to communicate with people and understand their views.

Staff were kind and caring and supported people in a calm and gentle way, working at the person's own pace and offering reassurance throughout. When one person reached out to staff for a hug the staff member responded. We could see from the person's smile that this brought about comfort and reassurance. Staff made every effort to speak and engage with people. We saw that people and staff had friendly conversations, and knew each other well. Staff were able to talk with people about their families and interests, which people clearly enjoyed.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed and their achievements. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of calling people by their preferred name and providing people with choices and allowing people to make their own decisions. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them and that relatives and friends could visit at any time.

Staff supported one person to write to their relatives regularly.

Information on advocacy was available in the home. Staff were aware of the process to follow should an advocate be needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Some people who used the service had an advocate who visited them regularly. The advocate was able to make some important decisions on behalf of people who lacked capacity.

People were supported to make decisions about their choices for end of life care. Relatives and professionals had been involved in supporting people with their future wishes and preferences and these were clearly documented within their plan of care. This advanced planning with end of life care helped to ensure the person's wishes and preferences were respected at end of life.

## Is the service responsive?

### Our findings

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Relatives told us the care people received was responsive to their needs. One relative said, "The calibre of staff is excellent. They [staff] know [person] so well and everything [they] need." A professional told us, "I have only visited twice but I am very impressed with what I have seen. The care and health plans are very person centred and up to date."

People were supported with social activities and with their hobbies. One person told us how they liked to play games with staff and go shopping. Another person liked to watch the television, listen to music, trips out on the bus, trains and walks in the local area. On the day of the inspection one person had chosen to go shopping and told us about a dress they had bought which was their favourite colour blue.

People had been on holidays of their choice to Filey and Blackpool. A relative told us holidays were a regular occurrence. They said, "[Person] goes on a couple of holidays a year and weekends away. Staff are excellent and it's a big commitment as staff only get paid for the 37 hours they work."

During our visit we reviewed the care records of two people. Staff had carefully assessed people's needs and support plans had been developed clearly highlighting how people wanted to be cared for. Care records contained a one page profile, which is a simple summary of what is important to the person, how they want to be supported and what people appreciated about the person. This helped staff to provide people with person centred care and support. Care plans provided clear guidance to staff about people's varied needs and how best to support them. Individual plans of care had been written about a typical day and this detailed step by step instructions to staff on the person centred support people needed. For example, one person liked to have a bath before breakfast and we saw that this happened on the day of our visit. There was another plan for when people retired to bed. This meant staff were provided with the written guidance to help ensure people's needs were met.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. There had not been any complaints made since the last inspection of the service. Relatives told us the manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation. One relative said, "[Manager] is very approachable."

We saw records to confirm that the service received many compliments. One compliment read, 'The staff give the residents every care and attention they need with lots of patience. It is a pleasure to visit here.' Another compliment from a professional read, 'It is a lovely environment and the staff are very welcoming

and caring. The care staff are a credit to the residents with the excellent care they provide on a day to day basis.'

## Is the service well-led?

### Our findings

The home had a manager who has worked at Woodham Lodge for 11 years. A relative told us they thought the service was well led and that the manager was supportive and approachable. A staff member we spoke with said, "I have worked here for 20 years. This is a lovely place to work. The atmosphere is great. People have a good quality of life and get excellent care. We don't have a high turnover of staff. We all care about the residents and about each other. There is good teamwork."

The manager was not present for the inspection, however a manager from another of the provider's services and staff who work at the service were able to assist us.

The manager was supported by an operations manager who visited the service on a regular basis. During these visits they carried out audits and monitored the quality of the service provided. The audit was created around the five key questions the Care Quality Commission check for at inspection, is the service safe, effective, caring, responsive and well led. Any areas identified as needing improvement during the auditing process were analysed and incorporated into an action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Staff had a clear sense of the culture and values which they described as providing good quality care and treating people as individuals. One member of staff said, "This is a really good place to work. They [people who used the service] get the best care, attention and respect they deserve."

Feedback was sought from staff, relatives and professionals visiting the service through annual questionnaires. We looked at the results of recent surveys which were very positive.

The majority of staff had worked at the service for many years and people had lived at the service for over 20 years. It was evident from discussions with staff that they knew people extremely well. Staff spoke with people on a daily basis to seek their views.

There had been a staff meeting in July 2017; however the last meeting before that was October 2016. Staff told us they would like more frequent meetings so they could come together as a team to share ideas. We pointed this out to senior staff who told us they would inform the manager on their return to work so that meetings could be organised.

The provider had achieved accreditation with Investors in People. The Investors in People Standard is underpinned by a rigorous assessment methodology and a framework which reflects the very latest workplace trends, essential skills and effective structures required to out-perform in any industry. The provider recognised best practice and was a member of the British Institute of Learning disabilities (BILD).

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate

action had been taken.