

Voyage 1 Limited

# Woodrow Cottage

## Inspection report

Hill Close  
Fair Oak  
Eastleigh  
Hampshire  
SO50 7HJ

Tel: 02380693957

Date of inspection visit:  
09 May 2019

Date of publication:  
19 July 2019

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Woodrow Cottage is a residential care home providing personal care and support for up to eight adults who have learning disabilities and / or autism. At the time of the inspection eight people were living at the home.

The home is based on three floors which are connected by stairs. On the ground floor there are communal areas and access to a garden. On the second and third floor there are single occupancy bedrooms. There is a separate annex located at the front of the home which has accommodation for one person.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

The provider and staff put each person at the heart of the service. Their approach to each individual had been effective in reducing people's behaviours that challenged and supporting people to continue to live active lives. A relative told us there was "An ethos of building a service around the individual's needs, individual personalities and behaviours". Another person's relative said that, as a family, "The support we (also) got was way over and above".

The provider sought out best practice to improve the lives of people using the service. The service had taken innovative steps to meet people's information and communication needs.

People's needs were assessed and care and support plans were person-centred and reviewed. People were supported to maintain their mental and physical health and the service had good relationships with external professionals. The service was responsive to people's needs and staff listened to what they said. Any concerns or complaints were dealt with appropriately.

Staff were friendly and caring and treated people with respect. Relatives comments included, "Amazing care"; and "There is always a nice atmosphere". Staff demonstrated a good knowledge of people's individual needs and preferences regarding their support. People were empowered to be involved in making decisions about their care and support and how the service was run.

There were systems and processes in place to protect people from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. People's medicines were stored and well managed to ensure their safe and proper use.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

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.

There was an open, inclusive culture and ethos within the service, which empowered people and promoted positive outcomes. The registered manager and staff engaged well with people using the service, their relatives, and external stakeholders. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 14 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

Woodrow Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The registered manager had completed a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we met people who used the service and spoke with the registered manager and four members of the care and support staff. We reviewed the care records of three people. We also looked at recruitment checks for four staff and other records relating to the management of the service such as

medicines administration records, audits, staff training and rotas.

Following the inspection, we spoke with five relatives by telephone. We also received feedback from one of the five health and social care professionals we contacted.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people, and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns.
- Staff were also trained in recognised management and intervention techniques to help staff cope with escalating behaviours in a professional and safe manner, which included knowing how to choose the least restrictive intervention.
- The provider employed a behaviour therapy team to provide support for staff when required, including the development of support plans focused on individual behaviour and needs. Staff demonstrated their knowledge of people's behavioural support plans and appropriate action such as reassurance and redirecting people to other activities.
- Notifications we received included details of appropriate actions taken by the service.

Assessing risk, safety monitoring and management

- A relative told us they were "Very confident about the care, that his needs are met, not only socially but also safety wise". Another relative said, "As a parent, safety is always a concern. I know when he is out or in the house he is perfectly secure".
- Risk assessments were in place to enable people to be as independent as possible.
- Staff could describe people's risks and what they did to support people safely. For example, a member of staff being present in the room when a person was eating, as there was a risk the person may eat too fast and choke.
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits.
- Incidents and accidents were clearly recorded, investigated and actioned.

Staffing and recruitment

- Staffing levels were based on people's assessed needs and kept under review. Records were held showing how each individual's support hours were monitored and planned to provide flexible support.
- Staff were present when people spent time in the communal areas and people who were spending time in their rooms were suitably supported. Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection.
- Safe recruitment practices were followed before new staff were employed to work with people. The provider carried out checks to ensure staff were of good character and suitable for their role.

Using medicines safely

- Medicines administration systems were robust and well organised to help ensure people received their

medicines when required.

- Staff received training in the safe administration of medicines and this was followed by competency assessments, which were updated at least annually.
- Medicines were checked on a daily basis so that any potential administration errors would be identified quickly and action taken.
- Medication audits took place every month.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and were equipped with personal protective equipment, such as disposable gloves and aprons, for use when providing personal care and carrying out domestic cleaning tasks.
- The provider and registered manager carried out IPC checks and audits as part of the monitoring of the safety of the service. Policies and guidance were available and reviewed.
- The home was clean and tidy and cleaning materials were kept locked away when not in use.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was appropriately recorded and reported. The provider and registered manager analysed this information for any trends.
- Staff told us that any incidents or safeguarding issues were discussed within the team, so that learning took place and team responses were formulated.
- Records showed that following a medicines administration / recording error, for example, the member of staff concerned received further training and a competency check before giving medicines again.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager took part in pre-admission assessments in order to help ensure the service could meet each person's needs and that there was compatibility between people living in the home.
- Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded.
- Staff sought and acted on appropriate support and advice from services such as Learning Disability Health Teams, GP and other health and social care professionals.
- The provider promoted equality and diversity in the service through their policies and core values.

Staff support: induction, training, skills and experience

- Staff confirmed they received training and regular updates to support them in working in line with best practice and meeting people's specific needs. Training included safeguarding, health and safety, equality and diversity, fire safety, basic life support, and food safety. Staff were also encouraged and supported to undertake diplomas in health and social care. A system was in place to track and record the training that each member of staff attended.
- New members of staff received induction training based on the Care Certificate, which sets out common induction standards for social care staff. During their induction period, new staff were supported to get to know people using the service by shadowing experienced staff.
- New staff were also required to complete service specific training including autism and epilepsy.
- Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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

- Each person had an eating and drinking support plan based on their requirements, routines and preferences. Plans included support guidelines for mealtimes and where necessary, speech and language therapy (SALT) assessments were sought to assist staff to minimise the risk of choking for people who may have difficulty swallowing.
- Staff used pictures and other methods to help people make choices about what they ate and drank.
- A relative told us, "The menus, the food is great. He has a healthy living plan. He goes shopping. They have a Sunday roast in the evenings".

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

- The environment was appropriate for the care and support of people living there.

Assessments had been carried out to assess the impact the environment could have on individuals with

Autism and adaptations were made when necessary to meet people's changing needs. For example, following incidents of self-injurious behaviour, modifications had been made to a person's bedroom to reduce the risk of them self-harming. This had been effective in reducing the need for physical interventions.

- People had individual bedrooms that were personalised to their own style and tastes. People had access to communal areas including a private garden. There were plans drawn up to create a sensory garden and work on this had begun.
- There was a schedule of maintenance, renewal and decoration that had recently included, for example, a new bathroom, and carpets in the hallway, stairs and lounge. A person's bedroom had been redecorated and fitted with new flooring and a new bed.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Each person had an annual health check and medicines review as a minimum. People had health action plans and staff were proactive in requesting visits or reviews from GP's and other health professionals. Staff recorded all contacts and visits from health professionals in people's care plans and followed up any appointments where required.
- People also had a 'hospital passport' in readiness should it be necessary for their health and support information to be shared with external professionals in the event of their admission to hospital.
- Relatives confirmed the service provided effective healthcare support. One relative told us, "(Person) has recently had his medicines reduced to a very low dose", which was due to "Effective behavioural support. The decision was made with the family, GP and staff".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met".

- Staff completed training and showed an understanding of The MCA and DoLS.
- Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others. Care plans provided staff with guidance about how to involve people as fully as possible in making decisions.
- The provider had applied for appropriate DoLS authorisation where required. Where necessary restrictions were in place, these were documented in people's support plans.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service ensured that people were always treated with kindness. This was reflected in the feedback from relatives, who were consistently positive about the caring attitude of the staff. Comments included, "Staff are always very caring and welcoming". "There is a lovely vibe in the house. Always a happy environment". "I know he is safe and well cared for and loved".
- The positive effects of a caring environment were clear from the feedback, "The barometer is how happy (person) is. He is always happy to go back to the home after a visit". "Always wants to go back home, he obviously loves being there. That's the best thing". "Absolutely second to none, it is a fantastic service. He loves it there. He is always excited about getting back home".
- People were treated with dignity, respect and kindness during interactions with staff. We observed staff treated people as individuals and quickly responded to their needs. Relatives commented, "The staff are amazing. They know everyone's limitations and plus points". "There is a nucleus of (long-term) staff who have been there some time".

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

- A relative told us, "He won't tell you what he likes or dislikes. It's a case of getting to know him over time. There are some long-term staff there, who pass information on to other staff".
- Induction training for new staff included time shadowing experienced staff, so they could get to know people and how they communicated their needs.
- The staff rota was organised around people's preferred activities and to meet their needs in a personalised way. Staff developed an activity planner with each person, which helped them to pursue their personal interests.
- Regular meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Formal reviews were held with the involvement of the person's family, staff and external professionals.

Respecting and promoting people's privacy, dignity and independence

- People had as much choice and control as possible in their lives. This included choice in relation to the staff who provided their personal care and support. A person had chosen the registered manager to support him to go to a weekend football match. Whenever possible, staff interests and skills were matched to the person and activity they were supporting.
- People were supported to maintain and develop their relationships with those close to them, their social networks and community.
- Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. People's care and support plans were written in a respectful way that promoted their dignity and

independence.

- Some people needed close supervision to keep them safe. Staff however respected people's privacy as much as possible, for example when people chose to spend time relaxing in their rooms this was respected.
- A relative said, "I am pleased, the home interacts with (the person's) family life". "He is quite settled and well. He likes familiarity and routine and knows he can go to his room and have some time out if he feels like it".
- Another relative told us, "It is more of a family type arrangement" within the home; "No rigid rules or ideology". They said staff had told them, "They are not there to instruct, they are there to help him to live the life he wants". They added, "He gets great benefit from it. I can't praise them enough".

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual. People's care and support plans were comprehensive and staff completed daily records of the care and support people received. Support plans included individual sensory profiles, social histories, typical daily routines, communication and decision-making.
- Records showed any health concerns were addressed and referrals sought from appropriate professionals when needed. A relative said staff were "Proactive, for example any physical issue is dealt with promptly". They told us "(Person) had an ear problem. Staff noticed and arranged appointments and followed this up with a hearing test". They said the manager was "Very on the ball, very methodical and caring. She wouldn't let anything go undealt with".
- Relatives told us they were "Fully involved in reviews and surveys, which are held regularly". They also said the registered manager sent them emails and that "Communication is very good". A relative commented, "I receive copies of his activities calendar, which is also in pictures. He points to it and we talk about it. He enjoys horse-riding".
- Staff had received training in relation to actively supporting people with learning disabilities to gain more control over their own lives, and to engage in meaningful activities and relationships. A member of staff told us, "It's about involving people more in their day to day lives. It takes time". We observed staff interacting with people in the home and involving them in daily tasks. Staff we spoke with were aware of the need to be flexible and spontaneous in responding to people's moods and activity choices.

- The provider and staff put each person at the heart of the service. Their approach to each individual had been effective in reducing their behaviours, and supporting people to continue to live active lives.

A relative said there was, "An ethos of building a service around the individual's needs, individual personalities and behaviours". "It suits him well". They told us, "(Person) hasn't had a behaviour for a long time. He had a period of challenging behaviour which threatened to stop him going out, but they worked around that, so it didn't happen". Staff had sought and found activities outside of the home that provided low stimulus settings to suit the person's needs at that time.

- Another relative told us that during a period of increased anxiety and challenges, "(Manager) and the team never gave up. They had confidence they would get (person) through it". The service was "Able to see her triggers and do the necessary interventions" and, "Staff continued to support (person), for example going out to places where there was less of a risk". The relative added that, as a family, "The support we (also) got was way over and above".

- The provider employed a behaviour therapy team that assisted staff in developing specific emotional and behavioural support guidelines for individuals receiving care.

- Staffing levels were planned to suit individual needs and choices, including a variety of community activities such as theatre shows, music festivals, hovercraft trips, fun fair and circus trips, monthly night club visits, family contact and social interaction. Whenever possible, staff interests and skills were matched to the person and activity they were supporting.
  - A relative told us, "The service provides a really good curriculum of activities that varies and takes into account individual needs, likes and dislikes". They said this included "Singing, music and acting" and, "Lots of social events during the day and evenings; and a holiday every year". One person was planning to go to Greece.
  - Another relative told us "Educationally he's very active. He has a programme of activities, he is very keen". Another relative said "Any care plans, activities, are tailored to the individual". They mentioned regular activities such as a night club and visit passes to a zoo and an adventure park. "He really enjoys these. They have good ideas".
  - During the inspection we observed staff supporting people going out, engaging people in a painting activity, and an external facilitator came in to do a dancing activity with people. Records showed there had been a recent trip to the theatre to see The Rocky Horror Show, a boat trip, and planning was in progress for a trip to see a circus.
- 
- The provider had policies and procedures which referred to the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need.
  - The provider sought out best practice to improve the lives of people using the service. Working with The National Autistic Society, the provider had implemented a 'local autism procedure' to support the delivery of a policy on meeting the needs of people living with autism. This included individual sensory assessments and profiles, and environmental assessments.
  - The registered manager and staff paid a lot of attention to people's individual communication needs so everyone was supported to have their say about their own preferences. Everyone had a key worker allocated who supported them in a wide range of ways including keeping contact with family and maintaining friendships that were important to them.
  - Each person had their communication needs assessed and documented as part of their care plan and was supported accordingly.
  - The service had taken innovative steps to meet people's information and communication needs. For example, the registered manager had just received delivery of different coloured 'talking buttons' that could be voice recorded to support people with communication. For example, 'I'm hungry' or 'I'm tired'. For one person, the registered manager told us, "We use a sand timer to help give him a sense of time".
  - The service had their own in-house trainer in a recognised form of sign language, who delivered training sessions for the staff team around the specific needs of the individuals living in the home.
  - Relatives told us staff were, "Good at communicating with (person) They seem to know him well and respond to his needs"; and "Really tuned in to the individual. Working through communication issues".
  - A community health professional told us person centred planning meetings took place, which included assessing people's communication needs. They told us "During my visits the staff have always been approachable and the manager is willing to engage and develop effective ways of supporting the service user's skills".
  - All staff had completed equality and diversity training to give them confidence in supporting people in a person-centred way in accordance with their protected characteristics.

#### Improving care quality in response to complaints or concerns

- A complaints procedure was given to people when they first moved into the home and was also displayed around the home. This was made available in an easy read picture format for people who were unable to

read complex information.

- No complaints had been received since the previous inspection.
- Relatives told us that they would be comfortable raising any complaints with the staff or registered manager and they were confident they would deal with the matter confidentially and effectively. Their comments included, "I can phone and talk about anything. Nothing reaches the level of a concern". "I feel I have a voice, as a family member. I feel I have access to the manager. I feel I can say if I am unhappy and they will take that on board". "Communication is good. They respond to anything. I can talk to the key workers".
- Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

End of life care and support

- Any advance decisions, end of life care and support plans were reviewed with the involvement of people's family members and other representatives.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A relative told us, "(Manager) is an amazing manager. Nothing is too much trouble. She manages an amazing team well"; and there was "Always a very open working arrangement".
- The registered manager was promoting an open and inclusive culture within the service. They maintained a presence within the home and had an open-door policy for people living there, staff and relatives.
- The registered manager was well organised and supported by a motivated staff team, which helped to ensure the planning, ongoing assessment and review of service delivery was effective and opportunities for improvement were acted upon.
- Staff were aware of and worked within the values and aims of the service, which included promoting people's rights, independence and quality of life. Staff spoke positively about "Good team working".

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

- A relative told us, "It is a very tight ship with (manager) in charge. She is approachable. She and the whole team work jolly hard and it shows".
- The registered manager said she felt well supported by senior managers and also that "We all support each other within the team".
- Staff team meetings were recorded and regular agenda items included policy updates, safeguarding people, health and safety, and discussion about ensuring good practice.
- Regular audits of the quality and safety of the service had continued to take 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.
- Procedures were in place for responding to and reporting accidents and incidents. Where necessary, action plans were created and followed up until the actions were completed.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

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

- A relative told us the registered manager was, "Everything you'd want in a manager. She leads the team well". This included working 'on the floor' delivering care.

- Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. The views of people using the service were also sought via meetings with their key workers.
- Staff also had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any issues or concerns with the registered manager and were confident that they would be addressed.
- The registered manager was keen on developing staff and best practice within the service. For example, a member of staff had a role as an autism ambassador promoting awareness. Staff had annual reviews of their performance and also opportunities for career progression, further training and development within the organisation. One senior member of staff was working on a level 4 diploma in health and social care and some had received training for management roles, such as developing and getting the best from staff.

#### Continuous learning and improving care; Working in partnership with others

- A relative told us, "There is a good culture. They tend to learn from past incidents and build on them". Other comments from relatives included, "A very good home"; "Never any issues with the level of care"; and "I can't fault it".
- Records confirmed the registered manager had completed further training and study in keeping up to date with best practice. This included implementing a recognised model of behaviour support, leading person centred practice, and promoting good practice in support of people with autistic spectrum conditions.
- The provider had carried out specific autism support assessments and worked in partnership with the National Autistic Society in developing services.
- The provider had other locations and the registered managers had regular meetings in order to discuss how to improve the quality of services and keep up to date with developments within the care sector.
- The service worked in partnership with other agencies, including community health and learning disability teams, to support people's needs and promote good practice.