

Voyage 1 Limited Woodside

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

Woodside is a care home which provides long and short term residential care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eight people with a learning disability were receiving residential care at Woodside. They were between the ages of 21 and 59. Woodside is a large terraced house with accommodation over three floors adapted as a care home and three adjoining self contained flats.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

Why the service is rated Good

People were safe at the service because recruitment, finances, staffing, infection control, and arrangements for servicing and maintenance protected people from unsafe situations and harm. Medicine management was improved during the inspection and was safe. Individual risks to people were assessed and managed with as little restriction to the person as possible.

Staff knew how to protect people from abuse and discrimination. This information was clearly displayed and staff knew to report any concerns and ensure action was taken. The registered manager had acted appropriately where a potential safeguarding concern was identified.

Staff were supported to be skilled and efficient in their roles and spoke of good teamwork and how much they liked working at Woodside.

People's legal rights were understood and upheld with as little restriction as possible.

People's health care needs were met through working with external health care professionals and staff's detailed knowledge of the people using the service. Staff had acted quickly in response to sudden illness.

The service had identified that the premises was not conducive to a wide variety of activities but plans were in place to improve the amount of useful space available to people.

People received a varied diet and specialist dietary needs were met. Some people prepared meals

themselves with support.

Dignity and privacy were promoted. Individual needs were very varied but people received support and care according to their needs and preferences. People were treated with respect.

Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from health care professionals, who spoke highly of the service.

A variety of activities were sought and people were supported to enjoy an active lifestyle.

Leadership was skilled. Staff were supervised, supported and were clear what was expected of them. Audits and checks were carried out in-house and through the provider, so any problem could be identified and rectified.

The registered manager understood and met their legal responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Woodside

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 was planned to check whether the provider is 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.

This was a comprehensive, unannounced inspection. It took place on 15 and 19 February 2018.

The inspection team included one adult social care inspector.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

None of the people using the service were able to provide detailed feedback about their experience of life at Woodside. During the inspection we used different methods to give us an insight into people's experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. Our observations enabled us to see how staff interacted with people and see how care was provided.

We met all the people using the service. We spoke with two people's family members, five staff, a provider representative, and the registered manager.

We reviewed five people's care records, sampled information from on-line staff files, and looked at quality monitoring information relating to the management of the service and safety records. We looked at investigation records. We received feedback from two health care professional and saw other feedback from questionnaires the service had received during 2017.

Is the service safe?

Our findings

The service continued to be safe.

Most people were unable to tell us if they felt safe at the service but one said they did feel safe and two people's family members said people were safe at Woodside.

The arrangements for administering medicines protected people but medicine storage was not robust. For example, although medicines were kept in a key coded cupboard the medicines cabinets were left unlocked or with the key in them. The registered manager immediately reviewed the storage and introduced a safe protocol. The service already used effective protocols to check medicine stock.

Medicine management included some good practice. For example, where there needed to be hand written entries these were checked by two staff to ensure their accuracy. Medicines were administered individually according to the person's support plan. There had been one medicine error in the previous 12 months. This had been investigated and necessary action taken to reduce further risk of error.

People were protected from abuse and harm because staff had a good understanding of the types of abuse and how to respond to any concerns. All staff had received safeguarding training and this was regularly updated. The registered manager had informed the safeguarding team appropriately, when there had been a requirement to do so. Safeguarding concerns were handled correctly in line with good practice and local protocols. There was information about safeguarding and whistleblowing displayed for staff, including the local authority contact details.

Each person had risk assessments in place to protect them from harm. For example, relating to their finances and risk from choking. These were under regular review. Accidents and incidents were recorded, investigated and monitored by the provider organisation to look for trends and patterns toward improved safety. A health care professional said that risk was well managed and the registered manager took the initiative. They said, "The registered manager would seek additional support where necessary and think of other ideas to protect people where necessary".

People's rights were protected. There was an equalities and diversity policy in place and staff received training on equalities and diversity. Staff had a good understanding of their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, certain staff had particular confidence and competence to support one person who had little understanding of social boundaries when shopping, but who enjoyed time in the community. This meant that person was not restricted in their choice of activities.

Recruitment arrangements protected people. There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and

whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed; two said how they had to wait a month for the checks to be completed before they could start working with people at the service.

Sufficient numbers of staff ensured people were safe, in accordance with their assessed needs. Staff and people's family members said the staffing arrangements worked and they had no concerns about staffing. People were seen to be supported in a timely manner in a relaxed and unhurried way.

People were protected from infection. The premises was clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Some people had continence issues but the laundry equipment was suitable for the needs of people using the service. Staff received training in infection control and food hygiene.

The premises were kept in a safe state. The premises were maintained through a programme of maintenance and servicing. For example, checks were carried out in accordance with the level of risk. The provider organisation employed maintenance personnel for the upkeep of the premises. Staff said that any maintenance issue was dealt with quickly.

Vehicles were maintained in a safe state. Records showed that vehicles were checked to ensure they were safe.

People were protected should an emergency occur. For example, each person had an evacuation plan and staff received regular fire safety training. A sister home could be used if the premises had to be evacuated and a 'grab bag' ensured necessary equipment would be available to staff in that event.

People's finances were protected. People's allowances were kept securely on their behalf and records confirming an audit of safe financial management with audit checks in place. One person's family member said people's money was handled in a safe way.

Is the service effective?

Our findings

The service continued to be effective.

People did not comment directly on whether they thought staff were well trained. We observed staff understanding people's communication and providing for their needs in a timely and effective way. One person's family member described (the person) looking at staff and laughing, adding, "(The person) loves it there". Another said, "(The person) responds very well to staff".

Appropriate health care was provided in accordance with people's medical needs. For example, from a learning disability district nurse, speech and language specialist and epilepsy specialist. A health care professional said they had no concerns about the service and staff "Take the initiative".

Each person had a health care file which included a health care passport with information relevant to their support needs, should they require admission to hospital. Staff had acted swiftly when a person had a sudden and unexpected episode of illness and required hospitalisation. The registered manager said that currently there were no arrangements for people to receive 'well woman' or 'well man' checks but they would speak with people's GP about this.

Staff had completed an induction when they started work at the service, which included the nationally recognised Care Certificate as required. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. Staff said the induction helped them understand the work. Two staff member said how they shadowed an experienced staff member when new to the service and how this helped them understand each person's specific support needs.

People were cared for by a staff team who had the skills and knowledge to effectively meet their needs. The provider organisation provided regular training for staff. This included aspects of health and safety and training specific to people's support needs, such as understanding autism and epilepsy. Most training was e-learning and some staff said how much they enjoyed face to face training when this was provided. One said their training was, "Very useful. I've just done basic life support which was very interesting". Staff confirmed that they felt supported when it came to their professional development.

Staff received supervision of their work and a yearly appraisal. The registered manager said these were a little behind schedule but would soon be up to date. A staff member said of their supervision, "You get a chance to say what you want".

People's consent to care and treatment was sought where possible. Staff involved people in their care and gave them time to make their wishes known. Advocacy helped to ensure that people's rights were upheld where there was no independent person to speak on their behalf. An advocate said how the service had supported people through some difficult situations.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). No person using the service had

capacity to make all necessary decisions relating to their care and support. The MCA provides a legal framework for making 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. Records showed that people's capacity to make decisions was assessed and decisions were made in people's best interest where this was necessary, for example, in relation to where they lived.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There had been a DoLS application for each person who was a long term resident at the service for their protection and some legal authorisation had been agreed and put in place to lawfully deprive people of their liberty, for example, to stay at the service. The registered manager had a system for ensuring they reapplied for authorisations in good time for them to be reviewed.

Restraint was only used where legal authorisation had been granted to do so. Staff said that they received training in how to help people manage their behaviours and de-escalate any situation which had the potential to cause a person harm. Each person's care plan included how to support them emotionally and we observed staff recognising an escalating situation and managing it through redirection, and with skill.

People received a varied diet according to their preferences. Pictorial information helped people make menu choices. Specialist diets were being met in accordance with choice and health care needs. Some people chose and made some meals themselves, such as breakfast. One person's family member described the food as, "Excellent".

Staff had recognised that the premises could better meet people's diverse needs. Each person had their own bedroom. Long term residents had personalised their rooms in line with their interests and with regard to their care and support needs. For example, overhead hoists were in place in some rooms. Each person had access to an en-suite bathroom although two people shared that facility (with adjoining doors which were locked as necessary for people's privacy). However, communal space was a lounge area and a dining room. This limited the spaces for people to spend their time. We were shown buildings in the garden which were being considered for change of use. For example, as a space for additional activities.

Where people moved across services the service ensured their best interest was promoted. Some people had regularly moved into and out of Woodside because the service accepted respite residents, some times in an emergency situation. When this happened the service sought information about the prospective person so as to ensure they would understand and be able to meet their needs. One person's family member said, "There were questions, questions, questions and the transfer was very good. Family liaised all the way".

Is the service caring?

Our findings

The service continued to be caring.

The service was friendly, relaxed and people had fun. People were unable to tell us whether staff were kind but we observed that they were happy in staff company. For example, through smiling and laughing. People's family members spoke of the kindness and care provided by the staff who supported people, one saying, "(The person) responds very, very well with staff". One staff member, on arrival at a person's room, greeted them with "Hello gorgeous" and the person greeted them with a broad smile.

Staff adopted a positive approach in the way they involved people and respected their independence. A health care professional said staff were "Very proactive with people's independence". This showed people were given respect.

Staff demonstrated empathy in their conversations with people and in their discussions with us about people. For example, they understood the difficulties some people were having adapting to their new environment. When a person exhibited anxiety the staff understood this immediately and provided reassurance.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to use and understand non-verbal communication methods.

Communication tools helped to enable effective communication. For example, there was some pictorial information from which people could choose their menu preferences. Staff had become adept at interpreting verbal communication where a person's speech was unclear.

People's privacy was promoted and some people had chosen to keep a key to their room. It was provider policy that only female staff provided female personal care. People's family members said people were treated with respect, and this is what we observed.

Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated to provide support that was kind and compassionate. They understood the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. A staff member said they provided a "Calm, nice, happy environment".

Personal relationships were supported. The registered manager understood the importance of relationships with friends and family and did what they could to support them. For example, one person was preparing to meet friends at a disco and a staff member was giving the person ideas of what might be needed for the event.

Is the service responsive?

Our findings

The service continued to be responsive.

People received the care and support they needed and staff were responsive to their needs. Where a person was able to express their choices, either verbally or using non-verbal communication, those choices were met where possible. Where those choices could not be expressed people's family or representative were consulted. One person's family member said, "We are told about everything and asked about trying new things; we make suggestions". Staff followed people's wishes unless legally authorised to support them in a different way for their protection.

Each person had a support plan and health care file, which was regularly reviewed, taking into account the person's wishes and information from people who knew them best, such as family members. Support plans make sure that staff have all the information they need to provide care and support which is personalised to the individual, for example, a detailed plan of how a person was to receive the personal care which they needed.

Support plans were well organised with information easy to find and containing in-depth information relevant to the person. For example, people's preferred routine, what made the person happy and relating to people's safety, such as their type of diet. Each person also had a yearly review which included people relevant to their care.

Staff had important information about people available to them so people's support needs were understood. Care plans contained people's life histories and details of their family members, and people significant to their care. Some people had no family to provide that information but staff knew their preferred ways through the experience of supporting them.

People were supported to enjoy an active lifestyle according to their preferences. They had opportunities for meaningful occupation in accordance with their abilities and interests. For example, some people did their own grocery shopping. Staff described frustration that the weather was affecting people's preferred activities, such as walking. However, people went swimming, to the cinema, out for drives in the home's vehicle and there had been events at the service, such as a summer ball and autumn BBQ.

People were able to attend a weekly disco. The registered manager said, "The weekly disco has been a great success. It allows socialisation within the community and for people to form their own friendships".

Staff understood that people needed time and support to gain confidence and expand their interests. For example, some people had expressed that they did not want to leave the premises for any reason but during the inspection said they felt ready to try this now.

Staff were able to describe how they would recognise if a person was unhappy for any reason. People's family members said, "I would go straight to the registered manager" and "If any issue arises I speak to the

staff and they are dealt with".

A complaints procedure was openly displayed. Three complaints received at the service had been investigated in detail and found to be unsubstantiated. The Care Quality Commission had received those complaints and were fully satisfied with the way they had been handled.

Is the service well-led?

Our findings

The service continued to be well-led.

There was a registered manager at the service. They were registered with the Care Quality Commission in July 2014. 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 leadership was visible and accessible. The organisation's core values were displayed in the office. They were empowering, together, honesty, outstanding and supportive. We observed open, honest, skilled leadership at the service.

People using the service did not comment about the management but regularly came to the office. One person's family member commended the management for introducing them to any new member of staff. Another person's family member said, "We speak to (each staff member). Each knows what is going on". This showed an open, relaxed atmosphere.

Supervision meetings and shared staff meetings kept staff up to date and gave them a formal route for their views and ideas. One staff member said staff meetings were "Dealt with well. You have an agenda which you can add to".

Feedback about the service was sought through questionnaires, which included professional visitors and people's family members. Comments received about the service included: "Everyone gets on well and works as a team" and "Woodside has a lovely warm and welcoming atmosphere full of staff and people laughing and enjoying life". People's views were also sought on a day to day basis, using staff communication skills, and at care reviews.

The quality of the service was monitored and improvements planned. For example, following feedback from questionnaires an improvement plan would be produced. Where necessary staff performance was monitored and action taken, an example being following the one medicine error.

Systems for auditing and monitoring the service were effective. For example, audits of medicine management and risk management. Regular visits and monitoring audits from the provider organisation included: financial records, safety in the premises, staff files and how well people were being supported. These helped to make sure people received a good standard of care and support, which was in accordance with up to date good practice guidance.

The registered manager was supported through the provider on line systems, such as recording accidents and incidents, reporting maintenance issues and through regular contact with their line manager in the organisation.

The registered manager understood and complied with their Duty of Candour and understood and met their regulatory responsibilities.