Care Quality Commission

Voyage 1 Limited
Woodham Lodge
Inspection report

Burn Lane
Newton Aycliffe
County Durham
DL5 4PJ
Tel: 01325 319899
Website:

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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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 20 July 2015. The inspection was unannounced.

The home provides care for up to six people with complex physical and learning disability needs. On the day of our inspection there were six people using the service. All six people had lived at Woodham Grange since the home opened in 1993.

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.

We spoke with care staff who told us they felt much supported and that the registered manager was always available and approachable. Throughout the day we saw that people and staff were very comfortable and relaxed

Summary of findings

with the registered manager and staff on duty. The atmosphere was calm and relaxed and we saw staff interacted with people in a very friendly, affectionate and respectful manner.

Care records contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary. We saw records were kept where people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users or their representatives to understand by using pictures and symbols. We saw evidence to demonstrate that people or their representatives were involved in their care planning.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were very responsive to people's needs and wishes.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face and e-learning training to maintain their skills. They told us they had regular supervisions with a senior member of staff, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and very caring when supporting people. Written comments from relatives were very consistent stating they were extremely happy with the care, treatment and support the home provided. Other professionals we spoke to were very positive about the care provided at Woodham Lodge.

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spending time engaging people with people on a one to one basis, and others went on an outing in the mini bus. We saw holidays had been planned for people using the service.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices. For those people that required assistance to eat their meal, this was carried out in a dignified and discreet manner.

We found the building met the needs of the people who used the service. For example, the environment was suitable for people who used a walking aid and wheelchair users. We were told that work on the refurbishment of the home will commence in August 2015.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint.

We found an effective quality assurance system operated. The service had been regularly reviewed through a range of internal and external audits. Prompt action had been taken to improve the service or put right any shortfalls they had found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

Summary of findings

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

People were safe.

People's rights and were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected

The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

Is the service effective?

Good

The service was effective.

People and their representatives could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care. People were aware of, and had access to advocacy services that could speak up on their behalf.

Care plans reflected people's current individual needs, choices and preferences. Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

People had the support and equipment they needed to enable them to be as independent as possible.

Is the service caring?

Outstanding

The service was very caring.

People were treated with kindness and compassion and their dignity was respected.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

Staff showed genuine concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

People and their representatives were assured that information about them was treated in confidence.

Is the service responsive?

Good

The service was responsive.

People and their representatives were given the information they needed at the time they needed it.

Summary of findings

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities and holidays that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends, relatives and the local community.

The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs.

Is the service well-led?

Good

The service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

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 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.

The inspection took place on the 8 and 9 July 2015 and was unannounced, this meant the provider and staff did not know we would be visiting. The inspection was led by an Adult Social Care Inspectors.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their breakfast and lunch. We did this to help us see what people's mealtime experiences were. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

We also reviewed two people's care records, we found these were person centred and had enough detail to reflect people's care, treatment and support needs.

We found appropriate systems in place for the ordering, administration, storage and disposal of medicines.

We spoke with two people who used the service and four staff. We also spoke with the registered manager and the operations manager.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Safeguarding, Clinical Commissioning Group (CCG), Infection Control and Commissioners of services. No concerns had been raised by these professionals.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service before an inspection. During our inspection we asked the provider what the service does well and improvements they planned to make. We saw that the registered manager worked in partnership with other professionals to make improvements to the service.

Good

Is the service safe?

Our findings

Two people were able to tell us that they felt safe living at the home. Other people had very complex needs and were unable to verbally communicate with us. During our inspection we saw that people did not hesitate to go to any of the staff members when they wanted support or assistance. This showed us that they felt safe around the staff members. We spoke with two people using the service, comments included; “Safe.” “Good” and “My home.”

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at two people’s care and support plans. Each had an assessment of people’s care needs which included risk assessments. Risk assessments included accessing the community, traveling in the homes mini bus, support in managing people’s distress and nutrition. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting people to be independent and still take part in their daily routines and activities around the service and in their community.

The provider had guidance in each individual’s care plans on how to respond to emergencies such as a fire or flood damage This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid. The service also had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again

When we spoke with staff about people’s safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person’s behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff and they had easy access to information on the home’s safeguarding procedures and a list of contact numbers was available. The registered manager was fully aware of local Authorities safeguarding procedures and their responsibilities to report any concerns to the local authority.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns they had witnessed.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed ‘as and when required’, for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given. In addition, in people’s health files, we saw detailed information about people’s conditions, such as cerebal palsy, underactive thyroid, and phobic anxiety. These included symptoms and side effects to watch out for. These also included written confirmation from each person’s GP stating that in his opinion, staff at Woodham Lodge were fully trained and to administer medicines to people such as midazolam.

We looked at three staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which were in line with the provider’s recruitment policy.

Through our observations and discussions with people and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Woodham Lodge. The registered manager showed us the staff rotas and explained how staff were allocated for each shift. This demonstrated that sufficient staff were on duty across the

Good

Is the service safe?

day to keep people using the service safe. When we spoke with staff, they confirmed that there was always enough staff on duty to meet people's care, treatment and support needs. The staff told us that agency staff were never used and that they were happy to provide cover when staff were on annual leave.

The provider had a policy in place to promote good infection control and cleanliness measures within the service. The service had two infection control leads to ensure there were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned each day. We found all areas of the home to be clean. We saw one person liked to help out with household tasks. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home's infection control procedures. We saw that the service had a recent infection control inspection carried out; there were a couple of minor issues highlighted that had been immediately rectified.

Good

Is the service effective?

Our findings

Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their preferences.

We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures, this approach supported staff to create meaningful interactions with the people they were supporting. Care records contained clear guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to how they wanted to spend their day, what to eat and drink and about their care and support.

People had access to food and drink throughout the day for example snacks and hot and cold drinks in between meals. Staff told us menus were based on people's preferences and their likes and dislikes. If a person didn't want what was on the menu then an alternative was always available. Staff told us "There are always different foods available; people can choose what they want." We conducted our SOFI observation during the breakfast and lunchtime meal. We saw staff interacted very positively with people in a friendly and supportive manner, addressing them by name and showing they were fully aware of individual likes and dislikes. Staff were friendly and they had an excellent approach towards people using the service. Staff continued to pleasantly chat with people, whilst assisting them. Staff were consistently smiling and they looked genuinely happy to be at work. We saw staff ate their own lunch with people and this promoted a social and enjoyable family mealtime experience for people using the service. We saw all people who used the service had a nutritional assessment completed.

People were supported by a very stable staff team who had the opportunity to develop their skills and knowledge through a comprehensive training programme. The staff we spoke with confirmed they attended both face to face and e-learning training to maintain their skills. Staff told us their training was relevant and covered what they needed to know. When we looked at the staff training records we saw all staff that the provider had identified training that all staff were expected to complete. Other training included; mental capacity, deprivation of liberty, equality and diversity, autism, challenging behaviour and positive approach, nutrition, dignity, health and safety, posture care, inclusion, person centred approach and food allergens.

As part of their induction staff spent time shadowing more experienced members of staff to get to know the people they would be supporting before working alone. They also completed an induction checklist to make sure they had the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the Diploma in Social Care. Training needs were monitored through individual support and development meetings with staff. These were scheduled every two months. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had.

Staff confirmed that communication was good within the service. They told us they had a communication book that was used during staff handovers. They said this ensured everyone was kept up to date with people's changing needs.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, specialist epilepsy trained nurses and occupational therapists if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and also attended regular appointments about their health needs. For example during our inspection, one person was accompanied by a member of staff to visit a chiropodist in the community.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to

Good

Is the service effective?

submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications for all six people had been submitted, by the provider and authorised. In addition, the registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken. For example, one person had just been assessed as needing a self-propelled wheelchair and this had been approved.

We told that the home had been purpose built in 1993 and had been adapted to meet people's needs. The registered manager told us that major refurbishing of the home was planned to commence in August. This would include; a new roof and windows, a wheelchair access wet room and WC, new flooring in the rear corridor, decoration throughout and a new drive.

Outstanding ☆

Is the service caring?

Our findings

During our inspection there was a calm and relaxed family orientated atmosphere in the home. We saw staff interacting with people in a very caring, affectionate and professional way. We saw people responded to staff positively and there was lots of laughter and friendly interactions.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing care practices in the communal areas of the home. We saw that people were respected by staff and treated with great kindness. We saw staff communicating effectively with people, and for some people, understanding their gestures and the body language of people. We saw staff understood people's non-verbal communication and responded to these appropriately. We saw communication plans were in place and speech therapy involvement had been sought when needed.

The majority of staff had worked at Woodham Lodge for many years, some since the home opened in 1993. Staff knew the people they were supporting very well. All six people had lived together since the home opened. The staff were able to tell us about people's life histories, their family members, their interests and their preferences. We saw all of these details were recorded in people's 'personal profiles'. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. We could see how people valued their relationships with the staff team and we saw how the staff go 'that extra mile' for them. For example, by respecting people's advanced decisions and informing others that these exist and where these were kept. Staff also dedicated a lot of their own time fund raising in the local community. Comments included; "It is all so worthwhile and we always make fundraising a fun time by involving people using the service." And, "It's a way of keeping everyone involved with community life. We find that people do genuinely care and we get really good support from the community." We saw people's rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "My home," when pointing at staff in an affectionate way.Another person said, "Out for walk, coffee." A member of the staff a short while later took this person for a coffee in the town.

We heard staff address people respectfully and explaining to people the support they were providing. Staff were friendly considerate and very polite and understood the support needs of people in their care. We saw and heard staff knocking on people's doors and waiting for a response before entering. Staff were patient and waited for people to make decisions about how they wanted their care to be organised and closely followed people's way of communicating. For example, we observed how staff offered people to have a choice of having a shower or a bath after their breakfast.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or when supporting people in an unhurried manner, chatting and often having a laugh and joke with them. We saw staff knelt or sat down when talking with people so they were at the same level. We saw people had trust in the staff, often reaching out to them and embracing them or holding their hands. When we spoke with staff, they talked about each person with loving care. One member of staff said, "Most of us have all been together since 1993, they are all part of my extended family. Another said, "It is a privilege to work here, I once left to work elsewhere, but I couldn't wait to come back, we are all so close. We are like big happy family. I love working here."

Throughout the inspection, we saw people's lives were enhanced by kind, caring and compassionate staff. We could see that people using the service valued staff, they clearly placed a great deal of trust in them and responded to them positively.

We saw people or those close to them had been fully involved in making decisions about their care and that a positive approach was adopted to people taking risks, with a 'can do' attitude, promoting people's right to independence. For example, one person liked to keep the lounge tidy, and helped to clear away the crockery after meals.

We saw there was information displayed in the home about accessing external advocates who could be appointed to act in people's best interests when necessary. The senior staff were aware about how to contact an Independent Mental Health Advocate (IMHA). IMHA's are a safeguard for people who lacked capacity. We saw three people who used the service had an advocate who visited them every two weeks. This ensured they were able to make some

Outstanding ☆

Is the service caring?

important decisions on behalf of the people who lacked capacity. All of these measures meant, where people did not have the capacity to consent the provider acted in accordance with legal requirements.

The registered manager told us that if anyone was admitted to hospital, a member of staff stayed with them day and night to ensure people received appropriate care and did not become scared, anxious or felt lonely or abandoned. This meant people using the service had someone with them who knew them well so they felt secure and cared for when spending time away from the service.

The registered manager told us how important it was to have information available to people in a range of different formats so people could make decisions and take control of their lives. We saw how pictures and signs were used for information on a range of topics such as activities, holidays, meal choices and healthcare. This meant people were supported with a range of communication techniques to keep them informed about things that mattered to them.

For two people who used the service, their close family members lived abroad. The registered manager told us staff e-mailed them each month to keep them informed of their relative's progress. They also wrote a letter every month enclosing photographs and drawing completed by their relatives. This meant people were supported to keep in touch with people who were important to them.

People were given support when making decisions about their preferences for end of life care. All six people had a pre-paid funeral plan in place. We saw that people, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their future wishes for before, during and after death. These plans ensured the person would have their dignity, comfort and respect maintained at the end of their life. We saw all had requested to end their days at Woodham Lodge. The registered manager said, "When the time comes, we will do our utmost to make this happen." We saw that the provider was following the NHS deciding right document 'Your life, Your Choice' guidance. This meant people's physical and emotional needs would be met, their comfort and well-being attended to and their wishes respected.

Good

Is the service responsive?

Our findings

People's representative's feedback about the responsiveness of the service described it as consistently good. Feedback forms that we looked at stated; "Issues are always dealt with immediately and never swept under the table." One person commented, "I am delighted with the way my relative is encouraged to make decisions about their care."

We observed how people received consistent, personalised care, treatment and support. They and their family members were involved in identifying their needs, choices and preferences and how they should be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

Two people told us they were going on holiday, one said, "Blackpool." Staff told us, "It's their favourite place." We saw holidays had also been booked for the other four people who used the service.

People were actively involved in developing their care, support and treatment plans including all aspects of their social life and were supported by staff that were competent and had the skills to assess their needs. Staff made every effort to make sure people were empowered and included in this process. They involved family, friends or advocates in decisions about the care provided, to make sure that the views of the person receiving the care were known, respected and acted on.

We saw people, were fully supported with activities in the local community visiting local shops, restaurants and leisure centre. Staff told us they were all well-known and respected within the local community and that people in the town actively got involved in raising funds for the service.

We saw people also visited the theatre, pantomimes being the most popular. We saw there were lots of in-house activities such as; baking sessions, arts and crafts, music therapy and growing plants from seed. We also saw that in each person's bedroom, there were sensory lighting and objects. Staff told us this were an effective relaxation therapy and had proved to have a calming effect which people enjoyed. All of these things meant the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain their hobbies and interests. The service clearly had good and beneficial links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They were thorough and reflected people's needs, choices and preferences. People's changing care needs were identified promptly, and were regularly reviewed. There were systems in place to make sure that changes to care plans were communicated to those that needed to know such as family members. We saw the plans used pictures and symbols that helped people to make decisions and choices about their care.

Care planning was focussed upon the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. All the records we saw included detailed health action plans, including a hospital passport.

The service had clear systems and processes that were applied consistently for referring people to external services. When people used or moved between different services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission. We saw strategies were in place to maintain continuity of care. Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their preferences.

There was a range of ways for people to feedback their experience of the care they received each person had a key worker and three people had an advocate and they supported people to help them to raise any issues or

Good

Is the service responsive?

concerns they may have. People also had access to a pictorial complaints booklet that enabled them to raise concerns more easily. We found concerns and complaints were always taken seriously, explored thoroughly and responded to in good time. The service used complaints and concerns as an opportunity for learning.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had worked at the home since 1993 and became the registered manager been in 2000.

We saw that the registered manager worked alongside staff, and provided guidance and support. People, who used the service, and comments from their relatives, told us, "It's a well-managed home." Staff we spoke with told us the registered manager was approachable and they felt very supported in their role. One member of staff told us, "We work as a team, it's essential."

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, a care plan and medication audit every month, an infection control check every week, a health and safety audit every month and a quarterly safeguarding audit. We saw copies of the most recent audits. All were up to date and included action plans for any identified issues.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out. All these measures meant the provider was carrying out ongoing checks to ensure the care provided and the environment people lived in was maintained to a good standard.

We saw the provider had surveys completed by people's families and also professionals that visited the home such as, GPs, occupational therapists and nurses. Feedback was consistently good. Some of the comments from families included, "I am perfectly happy with my relatives care." Another said, The care provided at Woodham Lodge is excellent, the staff are caring and we are always made to feel welcome."

The service had a strong, visible person centred culture at helping people to express their views so they understood things from their points of view. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. For example, the registered manager said the underlying ethos of good care practice in the home was based on human rights perspectives and on the use of un-restrictive practices. She said, "We always support every individual in person centred ways. Staff have had training to promote and reduce reliance on restrictive practices within a human rights framework, and to support this practice, we work in collaboration with health care professionals at the local learning disability team and independent advocacy agencies." This meant the provider adhered to the Human Rights Act principles and Equality Act to avoid any discrimination in order to meet the standards of care set out in these regulations.

We saw leadership was transparent for example, we saw how people and those that mattered to them were proactively supported to express their views in meetings and reviews and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with people using the service, no matter how complex their needs.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met, such as, Department of Health, Local Authorities, including SALT, Tissue Viability staff, Occupational and Physiotherapists, and Posture Clinic. This meant the staff in the home were working with other services to meet people's needs.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.