

Voyage 1 Limited

# Woodham Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Woodham Lodge is a residential care home providing support to 6 people at the time of the inspection. The service can support up to 6 people. The service comprises of one purpose-built bungalow.

We expect health and social care providers to guarantee people with a learning disability and autistic people ; respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

### Right Support

Care plans and monitoring records were not always in place for people to support them with their physical health needs.

The service didn't support people to have the maximum possible choice, control to be independent over their own lives. Aspects of peoples lives such as sharing a bedroom were not recorded or discussed as part of a decision-making process.

We have made a recommendation regarding recording decision making.

People were encouraged to set targets and achieve goals in some areas of life for example, planning a holiday and building relationships and contact with family members. However, this wasn't consistent.

The service didn't always support people in a safe, clean, well equipped, well-furnished, and well-maintained environment. Due to a kitchen refurbishment people were exposed to unplanned risks as well as infection prevention and control issues. Regular fire drills were recorded as taking place however, there were some issues with people's personal evacuation plans as the kitchen refurbishment disruptions hadn't accounted for these risks.

Medicines were managed and administered safely. However, cleanliness of storage needed to be improved. Records and systems to monitor medicines were in place. Staffs' competencies to administer medicines was checked. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right care

The service acted to protect people from poor care. Staff knew how to report any concerns to the appropriate places. Staff had training on how to recognise and report abuse.

The service had enough staff to meet people's needs and keep them safe. However, some staff training was not up to date or completed.

We have made a recommendation about staff training.

People were supported by person centred practices; however, some support plans were more personalised than others and this wasn't consistent. People were encouraged to take positive risks. Risk assessments were in place for most people. However, there were some gaps.

We have made a recommendation about care plans.

#### Right culture

People were supported to lead inclusive and empowered lives and make choices with the support of advocates where needed. However, some choices were not documented appropriately. The quality assurance processes in place were not always effective in identifying and addressing shortfalls in a timely manner.

Safe recruitment processes were followed. People and those important to them, were involved in planning their support. The service enabled people where appropriate to work with staff to develop the service. Staff felt supported by the manager.

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 the last inspection and update

The last rating for the service was good, published on 1 November 2017.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time since the previous inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodham Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified breaches in relation to assessing and managing risks, premises, records, infection control, safe care and treatment, and manager oversight at this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

## Is the service safe?

Requires Improvement 

The service was not always safe

Details are in our safe findings below

## Is the service effective?

Requires Improvement 

The service was not always effective

Details are in our effective findings below

## Is the service well-led?

Requires Improvement 

The service was not always Well-led

Details are in our well-Led findings below

# Woodham Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

An inspector and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodham Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Woodham Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. The service had a manager registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent time with all the people who use the service. We spoke with 2 people who used the service who were able to speak with us and 3 relatives about their experience of the care provided. We also spoke with 4 members of staff including the registered manager and support workers.

We reviewed a range of records. This included 3 people's care and 6 medication records. We looked at 1 new starter staff file in relation to recruitment. A variety of records relating to the management of the service, including risk assessments and procedures were reviewed. We also carried out a visual inspection of the premises.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Potential risks to people were not always assessed, monitored, or mitigated. Risk assessments for people's support and care were not always in place.
- Specific risks regarding the environment had not been addressed to meet people's fire safety evacuation plans.
- People's care records were not always updated to include all the information needed to provide safe care.
- Cleaning products from the kitchen were out in the conservatory and not kept safe in the locked cupboard as per COSHH (control of substances hazardous to health) policy.

Failure to assess, monitor and mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records of incidents and accidents were effective, and any outcomes or lessons learnt from them were shared with staff and the appropriate bodies.
- Staff had training on how to recognise and report abuse and they knew how to handle any allegation of abuse appropriately and were confident to report them.

### Preventing and controlling infection

- The service didn't always use infection, prevention, and control measures to keep people safe.
  - The service didn't always keep the premises clean. The laundry did not have a clean and dirty system in place and cross contamination risks were found.
  - The medicine storage was not always clean, and this was not included in the medicine's checks.
- Failure to operate effective infection, prevention, and control to reduce the risk of spreading infections is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Visiting in care homes

#### Using medicines safely

- Medicines were managed, recorded, and administered safely.
- Where people were prescribed "when required" medicines. Specific guidance for staff to follow was in place.
- People received the right medicine at the right time from staff who were appropriately trained to provide this care safely. one relative told us, "Our relative has tablets and there's no issues about giving medication."

They watch them take it and check that its taken properly. Staff have talked with family about medication."

- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both).

#### Staffing and recruitment

- Recruitment checks were completed to help make sure suitable staff were employed. one relative told us, "We know the staff very well. Most of them have been at the home for a very long time. New staff are always introduced to us when they start."
- The service had enough staff, including for one-to-one support for people to take part in activities and visits. We spent time with people and their staff during their one to ones and after an outing for a coffee." One person told us they were planning, "Seeing Robbie Williams tribute act."
- Safe recruitment practices were in place and staff received an induction to be able to provide safe care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were not being met by the environment. There was a kitchen refurbishment taking place and contingency plans and risk assessments were not followed and people who used the service suffered disruption as a result.
- Staff were using the bathroom as storage for mobility equipment and to carry out washing up.
- People's living environment was disrupted, the dining room was used for food preparation and conservatory area was being used to store the kitchen contents.

Failure to maintain a safe environment to meet people's needs was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support; induction, training, skills, and experience

- Some staff training needed updating and specific training to meet people's needs was required. Such as skin integrity and the most recent recommended learning disability training.

We recommend that the manager reviews staff training to follow current best practice.

- Staff received regular supervisions with the registered manager.
- 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Consent to care was recorded in people's support plans. Not all people had the capacity to make decisions about their care and make their wishes known to staff.

- Some decisions made for people who lacked capacity to make choices were not always recorded.

We recommend that all best interest decisions are reviewed and recorded appropriately.

- Management and staff were aware of their obligations of working within the principles of the MCA.
- People were seen to make their own choices which staff supported. Staff respected the rights of the people to refuse support.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law; Staff working with other agencies to provide consistent, effective, and timely care.

- Pre-admission assessments had taken place to ensure the service could meet people's needs.
- People were supported to access support from speech and language therapy and had guidance in place and. However, records of visits by some professionals were not always recorded.

Supporting people to eat and drink enough with choice in a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to eat and drink enough to meet their needs
- People received effective support to maintain a balanced diet and personalised menus were available for people.
- People who required support to maintain a balanced or specific diet had detailed care plans in place to guide staff to support them.
- People who required support were consistently weighed to monitor their health. One relative told us, "So far, the improvement has been immense. Our relative still doesn't eat proper food, but they are given fortified drinks and has gained weight. looks so much better now."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care and working in partnership with others.

- The registered provider had a business continuity plan. However, this was not followed and people at the service suffered major disruption and potential risks from renovation work taking place with little notice that was not planned effectively.
- People's support plans and relevant documentation were not always in place. This included risk assessments to reduce risks for people and support plans for staff to follow regarding skin integrity and mobility equipment.
- The service worked in partnership with advocacy organisations, social workers and other health and social care organisations to develop their service to meet people's needs. However, issues found during our inspection with support plans were not always discussed or reviewed with professionals.
- One person who was receiving care from the district nurses did not have a care plan or any records in place in the service documenting this care and treatment.
- Audits were carried out by the manager. However, these did not identify and address issues effectively.

Failure to maintain accurate, complete, and contemporaneous records and effective governance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture at the service did not always support person centred practices as two people shared a bedroom and there were no support plans or best interest decisions in place to support this.
- People had support plans in place that included outcomes that were meaningful to them however, this was not consistent in all support plans.

We recommend the provider review all support plans regarding outcomes and specific decisions such as living arrangements as per current best practice.

- Staff felt able to raise concerns with the management and told us they were supported by the registered manager.

- People's relatives shared their feedback with us about the service. One relative told us, "I do know how to raise issues; I would go to the Manager first, then check their policy. I've never needed to though." another relative told us, "The care is excellent; second to none. Our relative is treated as part of the family. Been living there for 30 years and most of the staff have been there that long too."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility under the duty of candour regulations.
- There had been no recent incidents that required a response under the duty of candour.

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

- Regular staff and meetings with people were held which gave the opportunity for them to raise any concerns and for the management team to communicate with staff.
- The provider had an action plan for the service that highlighted areas for improvement. One relative told us, "We have been asked by the manager for any ideas about what could be done in the future in the home. That was quite recently."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always protected from Infection prevention and control risks. Risk assessments for people were not always in place or followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People were not supported in a safe environment and access to equipment was disrupted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People didn't always have appropriate governance, records or support plans in place to enable their safe care and treatment.