

Voyage 1 Limited

22 Woodlands Road

Inspection report

22 Woodlands Road
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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 caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Summary of findings

Overall summary

About the service

22 Woodlands Road is a care home providing accommodation and personal care to people with a learning disability and/or autistic people. The home has communal lounges, a dining room and a kitchen. Bedrooms were set over 2 floors. The home is registered to support up to 3 younger adults. At the time of inspection, the service was supporting 3 people.

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

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.

Right Support:

People were mostly 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. However, we made a recommendation about capacity assessments and capacity records.

Care plans did not always contain correct, up to date factual information. We found incorrect and missing information within the care plans. However, staff and relatives told us that staff knew people well. Communication needs were not always reflective of people's current needs.

People's health needs were not always recorded. We found missing information regarding people's health and health results. However, we found no evidence of harm. People had a hospital passport and were referred to healthcare professionals as required.

Environmental risks had mostly been assessed and mitigated. The home had window restrictors and staff checked hot water temperature to protect people from scalding. The provider already had an action plan in place to update the environment to ensure the home decoration was person centred.

There was adequate staffing to meet people needs. Staff were safely recruited; staff received an induction and training before lone working. Staff felt supported within their roles.

Right Care:

People were put at increased risks from fire. During the inspection we found fire risks that had not been mitigated. Not all known risks had been recorded and mitigated. When mitigating strategies had been recorded, these were not always kept up to date and at times contained incorrect information.

Medicines required improvement. When 'As required' medicine was administered records were not consistently completed to evidence the reason or outcome of the medicine being given. Records of people's distress were not consistently completed.

People were supported by staff who knew them well. Relatives told us and we observed staff respected people and treated them with dignity and compassion. People were supported to maintain their privacy and promoted their independence.

Safeguarding policies and procedures were in place and staff knew how to report any concerns. Staff received training in safeguarding adults. The provider had engaged and notified the relevant partners when an incident occurred.

Right Culture:

Systems and processes did not always effectively ensure good oversight of the service. Audits had not always identified the areas that required improving found on inspection. The manager supported people who used the service and therefore, did not always have the time to complete the necessary relevant audits to review information recorded and ensure records were kept up to date and factual.

Complaints procedures were in place. Staff and relatives told us they knew how to complain, and any complaints had been addressed and rectified.

The provider asked for feedback on the service delivered. Staff and relatives were given an opportunity to complete a survey to raise any concerns or improvements required as well as to identify areas of good practice.

Staff felt supported within their roles. Relatives knew the manager and felt able to raise any concerns, issues or niggles. Staff were kept up to date on changes within the service and relatives were kept updated on any changes or incidents that occurred with their loved one.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good (published 29 September 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 22 Woodlands Road on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines and management oversight at this inspection.

We have recommended the provider review people's mental capacity assessments.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement 

22 Woodlands Road

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

22 Woodlands Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 22 Woodlands Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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.

At the time of our inspection there was not a registered manager in post. The provider had recruited a manager. However, they had not registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority 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 observed the interactions between staff and 3 people who use the service. We spoke to 2 people and 3 relatives about their experience of the care provided. We spoke with 8 members of staff, including the operations manager, home manager and care workers. We observed staff interactions with people whilst delivering care and support in communal areas.

We reviewed a range of records. This included 3 people's care records, 3 medicine records and daily notes. We looked at 3 files in relation to the recruitment and supervision of staff. We examined a variety of records relating to the management of the service, including policies and procedures, quality assurance audits, and health and safety records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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: Learning lessons when things go wrong; Using medicines safely

- People were at increased risk from fire. A fire risk assessment completed in 2021 and again in 2023, identified a door lock that required changing to support people to exit the building safely in the event of a fire. On the first day of the inspection we observed this door lock had not been changed. However, when we returned the following week, a new lock had been fitted.
- The provider had failed to address other issues with fire doors, such as holes made by star locks in fire doors and multiple fire doors that did not close fully. The provider told us they rectified the concerns with the fire doors after the inspection.
- Not all risks had been fully assessed and mitigating strategies recorded. For example, we found no risk assessments for scalding, and we observed not all radiators had covers on them.
- People were at risk of not being supported safely during periods of emotional distress. Plans were in place to reduce restrictive intervention. However, the details within these positive behaviour support plans were not always correct and staff had not always received the necessary training to follow the mitigating strategies. Risk assessments contained out of date, incorrect information regarding how staff should support the person when they were anxious or distressed. Records were not consistently completed when a person exhibited anxiety or distress, and staff had not recorded the details of the behaviour exhibited, any potential causes, duration or how staff supported them and the impact this had.
- As required medicines (PRN) were not always managed safely. There were protocols in place to guide staff on how and when to administer, however the reasons for administering the medicine were not always clear.
- People were at risk of overuse of medicines. When a person had 'as required' (PRN) variable dose medicine to help reduce anxiety or distress, we found they had been given the highest dose every time, with no rationale or reason for the highest doses being administered.
- The provider was not able to effectively analyse incidents, accidents or levels of distress people experienced to identify any trends and patterns to reduce the risk of reoccurrence due to the lack of recording of these incidents.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety risks had been assessed and mitigated. This included the use of window restrictors, recording hot water temperatures and following legionella prevention tasks.
- Staff had been trained in administering medicines and their competence regularly checked.

Staffing and recruitment

- Staff were recruited safely. The provider requested references from previous employment and the employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- The service had enough staff, including 1:1 support for people. Relative's and staff told us they felt there were sufficient staff on each shift. One staff member said, "There are enough staff to meet everyone's needs. On rare occasions where a staff cancels due to sickness etc then changes are made based on what activities were to be done so as to ensure people are still being supported in the way they should and offering alternatives where possible."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place regarding safeguarding people. Staff received safeguarding training and understood the signs of abuse and how to report any concerns. Relatives told us they felt safe with their loved ones living at 22 Woodlands Road. One relative said, "I feel safe with [person] being there, staff look after [person]."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who had been assessed as lacking mental capacity for certain decisions generally had assessments and any best interest decisions recorded. However, the rationale to ensure the mitigations used were the least restrictive option had not always been recorded.
- We found some decisions relating to health and environmental restrictions had not been recorded. However, we found no evidence these decisions caused people harm or unlawful restrictions. Relatives were aware and were happy with the support offered.

We recommend the provider considers current legislation to ensure capacity assessments are completed in line with The Mental Capacity Act 2005.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means. However, records were not always clear on the support a person received to make a medical or health decision.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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

- Staff did not always have the information required to support people safely. Not all care plans and risk assessments held up to date, factual information. For example, care plans did not include when a person was experiencing symptoms associated with the menopause, 1 person's care plan had conflicting information regarding their allergies and details of people's communication needs were not always up to date. However, staff told us they knew people well.
- People's care plans detailed their likes and dislikes. This included relationships, history, typical daily routines, and any cultural or religious needs.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from health care professionals as and when needed such as GPs, psychiatrist, opticians and occupational therapists. However, records were not always kept up to date regarding the outcome of these appointments or health results.
- People's oral health needs were assessed. Care plans included the support required, how often they visited a dentist and any known risks. However, staff had not consistently recorded when they supported a person with teeth cleaning. Staff received training in supporting people with oral care.
- People had hospital passports within their files and staff knew where to find them. Hospital passports are used by health and social care professionals to identify the support people require when accessing medical treatment.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to meet people's needs. Staff completed an induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member).
- Staff received ongoing training to help them to deliver good care and to maintain their skills and knowledge. Staff were positive about the training offered. However, staff had not received de-escalation/disengagement training at the time of inspection and staff had only received an awareness training in learning disability. Additional training was being arranged but had not been completed at the time of inspection.
- Staff were supported within their roles. Staff told us they were offered regular supervisions to discuss their progress, aspirations and any training needs. One staff member said, "I feel supported in my role and through supervision it helps me to make corrections and it is done every month."

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

- People were able to move around easily because there were visual aids in their home and staff had arranged the furniture to support this.
- People personalised their rooms. There were communal areas and outside space for people to access freely. However, the provider was aware and had an action plan in place to decorate communal areas to make them 'more homely.'

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

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A relative told us, "Staff support [person] to eat well, but [person] still has the choice."
- People were involved in choosing their food, shopping, planning and preparing their meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

- People were able to eat and drink in line with their cultural preferences and beliefs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- We observed positive interactions between staff and people. Staff showed warmth and respect when interacting with people. During the inspection we observed staff treating people with kindness and as individuals.
- Care plans recorded if a person had a preferred gender of staff, and how staff should meet peoples identified religious or cultural needs. Care plans also contained information about the person including their likes and dislikes. All staff received training in equality and diversity and were supported by a detailed policy.
- Relatives told us staff were kind and caring. One relative said, "They [staff] are lovely and look after [person] really well." Another relative told us, "[Person] always appears happy with staff. I know [person] is happy."
- Staff supported people with any festivities important to them, such as Christmas, Easter and New year etc.

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

- People were supported by a consistent staff team who knew how to support them in line with their needs and preferences.
- People were given choices in their day to day lives. A staff member told us, "All the people we support at 22 woodlands are always engaged in activities on a daily basis and are given the choice to decide what they want to do at a given time." Another staff member said, "The people we support have the right to choose in their day-to-day life, like what to eat, what to wear, where to go and what to do." A relative said, "Staff always give [person] the choice. [Person] always has choices."
- Staff supported people to maintain links with those that are important to them. Relatives told us that staff supported people to return to their family home and spend time with friends and relatives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and to learn new skills. Care plans detailed what people were able to do themselves, what support was needed for particular tasks and what learning and development people required support with.
- Staff knew when people needed their space and privacy and respected this.
- Staff told us how they always asked for consent before completing any tasks and understood how to protect and maintain people's dignity and privacy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed within their care plans. However, this information was not always kept up to date.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Relatives told us staff knew and understood people well.
- The manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language. We observed easy read and picture being used to support people's understanding.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs were assessed before they started using the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs.
- Staff understood the needs of the people living at 22 Woodlands Road. Care plans included information such as, routines, preferences, and people's individual likes/dislikes. Staff told us they had read and digest people's care plans. A staff member told us, "We [staff] know the [people] at 22 Woodlands Road, we understand their needs and always support them how they want to be supported."
- People were supported to learn everyday living skills and developing new interests. Records included how people wanted to be supported as well as what skills they wanted to learn.
- People had daily routines and activities recorded. People were supported by staff to choose how they would like to spend their day

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and relatives and staff knew how to complain.
- Staff and relatives told us they felt able to raise concerns, they would be listened to, and the manager would act upon any issues raised. A staff member told us, "I raised a complaint, it was dealt with and is all sorted now." A relative told us, "I raised my observations and the manager acted upon them."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The manager told us that if anyone required end of life support, they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.
- Care plans were in place for end-of-life care and included people's preferences and choice of care at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes required further work to ensure they captured information to ensure good oversight.
- The medicine audit had not identified the issues we found regarding the dose of PRN medicines and the recording of reasons and outcomes of PRN use. The medicine audit had also not identified when allergies had not been recorded.
- Systems and processes were ineffective as they did not identify or mitigate the risk of incorrect or missing information within people's care plans and risk assessments.
- Systems and processes had not ensured records were kept up to date and contained sufficient information. For example, daily notes were not reflective of the persons day including details of what they done and what support staff had offered them, daily notes did not correlate with PRN use.
- Systems and processes were not in place to ensure staff understood their roles and responsibilities. For example, we found staff had completed records of fire checks on the day of inspection, but when asked were unaware of what and how the checks should be completed.
- Systems and processes were not effective in ensuring health results, details of health conditions and referrals were followed up and actions recorded. For example, blood test results had not been recorded and speech and language therapists (SALT) advise had not been recorded regarding the strategies being implemented to reduce choking risks.
- Systems and processes were not in place to ensure full compliance with legislation, such as The Mental Capacity Act.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they were involved in the care planning process and had reviewed people's care plans and risk assessment. A relative said, "I have seen the care plan and was fully involved in the details."
- Staff told us they felt supported within their roles and were offered regular meetings and supervisions to share information. A staff member told us, "The manager is very approachable, listens to any worries and fosters unity at work." Another staff member said, "The manager shared information about changes with us."

Continuous learning and improving care; Working in partnership with others

- The manager was open and transparent throughout the inspection. The provider and manager made improvements immediately after the inspection.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice/ and improve their wellbeing.
- The manager and provider were aware of their roles and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC as required by law.

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

- Staff and people's relatives told us they had been asked to feedback on the service. A relative told us, "I have had many surveys over the years. The manager listens to us."
- Relatives confirmed they were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. A relative told us, "I am always updated. I am told of any changes or accidents."
- Relatives knew who the manager was and felt comfortable discussing things with them. One relative said, "[Manager] is such a calm person who listens to us."
- The manager completed spot checks to ensure staff were delivering good quality, safe care.

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 manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>