

Voyage 1 Limited

Woodside

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodside is a residential care home providing personal care and accommodation to up to 11 people. The service provides support to people who have a learning disability. At the time of our inspection there were 11 people using the service.

The care home is made up of 1 large house which accommodates 8 people and 3 self-contained flats for people who prefer to live on their own.

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 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.

People lived in a residential area of Minehead. This enabled them to easily use community facilities such as shops and cafes.

Staff supported people safely with their medicines. Staff worked with other professionals to avoid people taking unnecessary medicines.

People were supported to take part in activities which interested them and maintain contact with friends and family.

Right Care

People felt safe at the home and with the staff who supported them. Staff knew how to recognise and report any suspicions of abuse. This helped to keep people safe.

Risk assessments were carried out to promote people's safety and wellbeing. Staff worked with other professionals to make sure people received the care and support they needed.

People were supported by adequate numbers of experienced and well-trained staff.

Right Culture

The registered manager led by example to make sure people received care which was personalised to the individual and was in accordance with their wishes.

Staff knew and understood people extremely well and were responsive, supporting them to live a quality life of their choosing. Everyone was cared for and valued as the individual they were.

People were cared for by staff who felt well supported and were highly motivated to provide good quality care and support.

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 this service was requires improvement (published 22 April 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced focused inspection of this service on 28 January 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

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 requires improvement to good. 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 Woodside on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodside

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

The inspection was carried out by 1 inspector who visited the home and an Expert by Experience who made telephone calls. 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

Woodside 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. Woodside 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

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 information gathered as part of monitoring activity that took place on 8 November 2022 to plan and inform our judgements.

During the inspection

We spoke with 4 people who lived at the home and 4 members of staff. We spoke with 7 friends or relatives on the telephone.

We looked at a variety of records relating to people's individual care and the running of the home. These included 4 care and support plans, a sample of medication administration records, health and safety records and minutes of meetings.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection we found that people were not always protected from the spread of infection. This was because staff were not following Government guidelines of the time, or the provider's policy, when admitting new people to the home. This was a breach of regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the service was no longer in breach of regulations.

- We were assured that the provider was admitting people safely to the service.
- 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 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 able to have personal and professional visitors at any time.
- People were supported to visit friends and family.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because staff had received training in safeguarding people and knew how to raise concerns. All staff spoken with were confident action would be taken to protect people if concerns were shared. One member of staff said, "Something would definitely be done."
- People looked calm and relaxed with the staff who supported them. One person said, "Staff are nice. I feel safe." A relative told us, "Generally I am happy. I feel they are safe there." Another relative said, "I absolutely feel I am leaving them in safe hands."
- Some people had restrictions placed upon them. This included having some items locked away. The reasons for the restrictions were not always clear and although the restrictions were being reviewed there was no information to suggest that less restrictive practices had been considered. We discussed this with the registered manager who gave assurances that action would be taken in regard to this.

- The provider had policies and procedures to make sure staff had ways to share concerns even if they felt unable to raise them within the home. There were posters outlining the provider's 'See Something, Say Something' policy on display.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were minimised because risk assessments were completed to enable people to receive safe care with minimum restrictions.
- People received care in accordance with their risk assessments. Staff were able to describe the control measures in place for individual people to make sure they received care safely.
- Where equipment, such as bedrails, were in use, there were risk assessments to ensure they remained safe. Staff received training in their safe use and regular checks were carried out.
- The registered manager audited all incidents within the home. This enabled them to review risk assessments to make sure changes were made when needed.
- The registered manager used incidents and errors to learn lessons and drive improvements. For example, following a medicines error additional training was put in place for staff.

Staffing and recruitment

- People were cared for by adequate numbers of staff to meet their needs. We saw people were supported by staff when they needed them. There were enough staff to make sure people had access to social activities and were able to safely go out to follow their hobbies and interests. One member of staff said, "There have been some issues but now we always have enough staff. We have never gone below our safe staff levels but it's good to have more which we do now."
- The provider followed safe recruitment practices to make sure people were cared for by suitable staff. Staff spoken with said they had not been able to commence work until suitable checks had been carried out. Recruitment records confirmed this.
- All new staff shadowed more experienced staff when they began to work at the home. This enabled people to become familiar with new staff and for staff to understand how people liked to be supported.

Using medicines safely

- People received their medicines safely from senior staff who had received specific training and had their competency assessed.
- There was guidance for staff to follow to make sure people were given medicines in accordance with their wishes. This included protocols for medicines being given on an 'as required' basis.
- Clear medication administration records were kept. Staff signed when administered or refused. This enabled the effectiveness of medicines to be monitored.
- Staff liaised with other professionals to make sure people were not taking unnecessary medicines. As part of the STOMP initiative (Stop The Over Medication of People with a learning disability) some people had had medicines reduced or stopped.
- Staff monitored people's health and worked with relatives and professionals to make sure people had the right medicines. One relative told us it had been a "Group effort" in getting a person's medicines sorted out.
- Topical creams were dated when opened to make sure they were only used when at their most effective.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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.
- No conditions had been stipulated where DoLS applications had been authorised for people.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At the last inspection we found that the provider's policies were not being followed in relation to admitting people safely to the care home. At this inspection we found that improvements had been made and policies were being followed.

- There was a staffing structure at the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy and a small team of senior carers. The registered manager told us, in a commitment to ongoing improvement, they were employing a senior carer to cover night shifts. This meant people and staff would have access to senior staff on site 24 hours a day.
- Staff worked together to provide good quality care to people. Staff told us there was excellent teamwork and all staff had a 'Common goal' which was to ensure people had a good quality of life. One new member of staff said, "I was so welcomed by the team. It's such a rewarding job."
- The provider had effective systems to monitor standards and plan improvements. This included in house audits and quality checks carried out by the operations manager and provider's quality team. From these, action plans were developed to make sure they led to improvements for people. The most recent action plan shared with us showed a number of points for improvement had been identified and addressed.
- People lived in a home which was well maintained, and regular safety checks were carried out. This included checks on people's individual equipment and on systems within the building such as the fire detection system and water temperature and quality.
- The registered manager had an excellent knowledge of the people who lived at the home and was very visible in the home. This enabled them to constantly monitor standards and seek feedback from people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a culture which was person centred and empowering. Staff spoken to were committed to this culture. One member of staff commented, "We want everyone to have the best day possible and to do whatever makes them happy." Another told us, "We are able to work around what people want. We try to accommodate whatever they want."
- Relatives told us they were mainly happy with the care people received. One relative told us, "It ticks all the boxes really. I have no concerns whatsoever." Six of the 7 relatives spoken with said they would recommend the home to others who had similar needs to their loved ones.

- People lived in a home where staff were well motivated and happy in their roles. This created a happy and relaxed atmosphere for people. One member of staff told us, "I feel really lucky to work here."
- Throughout the day we saw happy and respectful interactions between people and staff. Some people enjoyed friendly banter with staff which demonstrated an inclusive service.
- People were supported to try new interests to promote their wellbeing. We heard how one person had begun to use a sensory room which they were enjoying.
- The registered manager and provider were open and approachable. This enabled people and staff to raise issues without fear. All said that they were confident that anything raised would be taken seriously and responded to. One relative told us, "There have been a few little things that we have flagged up but each time I've asked them about something we've always had pretty open-minded discussion. I do feel they are approachable as well."
- The service was inclusive. People told us that staff helped them to celebrate special occasions. One person said they had a birthday party with chocolate cake. We also heard how people, staff and their relatives had all gone out together for a Christmas meal.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People lived in a home where staff worked in partnership with other professionals to make sure they had the care and support they needed. For example, one person had been seen by a speech and language therapist and staff were following their recommendations.
- The staff tried to involve people as much as possible in planning their care. This included asking people about their needs and wishes, but also observing and recording things that gave people pleasure if they were unable to verbally express themselves.
- Some relatives felt that communication between themselves and the staff was good. One relative said, "When they first moved in there, they were brilliant at the whole transition process and lots and lots of emails. What I am trying to say is that communication is good." Another said, "Always someone you can have a chat with." However, other family members told us they did not always feel listened to and were not invited to reviews about their loved one's care.
- Staff felt involved and engaged. There were formal meetings, staff supervisions and opportunities for staff to raise issues and make suggestions on a more informal basis.
- People and staff had links with local organisations to make sure people were able to access leisure and education facilities in accordance with their wishes.