

SHC Clemsfold Group Limited

Woodhurst 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodhurst Lodge provides nursing and personal care for up to 10 people living with physical disabilities, learning disability and a range of neurological conditions and/or acquired brain injury. At the time of our inspection, eight people were living at the service. The service is located in a rural setting and is purpose built to accommodate the needs of people with complex disabilities and neurological conditions. Accommodation is provided on one level. Communal areas include a lounge and dining room, with access to gardens and grounds.

The provider and its associated locations have been subject to a period of increased monitoring and support by commissioners. Investigations are ongoing by the local authority, police and partner agencies at some of the provider's locations, including Woodhurst Lodge. The police investigation is ongoing and no conclusions have been reached. Our inspection did not examine specific incidents and safeguarding allegations which have formed part of these investigations. We have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

We imposed conditions on the provider's registration. The conditions are therefore imposed at each location operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of locations operated by the provider. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

At the previous inspection in August 2018 we found two breaches of regulations in relation to person centred care, activities, monitoring and governance. At this inspection we found one breach continued in monitoring and governance.

Woodhurst Lodge has not been operated and developed in line with the values that underpin the Registering the Right Support and other best practice guidance. Woodhurst Lodge was designed, built and registered before the guidance was published. However, the provider has not developed or adapted Woodhurst Lodge in response to changes in best practice guidance. Had the provider applied to register Woodhurst Lodge today, the application would be unlikely to be granted. The model of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or autism should be operated to meet their needs.

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

The service did not always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for

people did not fully reflect the principles and values of Registering the Right Support for the following reasons. Parts of the service were clinical and unhomely. Many of the providers other services had been purpose built and looked the same. The service was not easily integrated in the community and access to the community was limited at weekends and during the evenings. People could not be fully integrated within society due to the remoteness and isolation of the service.

Although activities had improved since the last inspection, further work was required to ensure activities were assessed and based on people's hobbies and preferences. The evaluation of activities was not in place to assess whether the activity was meaningful for the person, what the desired outcome was or what people were trying to achieve. People's emotional needs were not consistently being met. Many people had experienced life changing injuries, yet how those injuries impacted upon their wellbeing was not factored into care planning. People were able to complain although information was not available in different formats to suit individual needs.

Although care plans contained detailed information, one person's file contained inaccurate information regarding their epilepsy and some staff were unclear about the support the person required. There was no positive behaviour support plan in place for one person and monitoring of incidents was inconsistent. Risks associated with the safety of the environment were identified and managed well. There was guidance to support people with their individual needs. People continued to be supported to have their medicines safely. Staff understood their responsibilities around keeping people safe and received safeguarding training. There continued to be enough staff to care for people safely. Incidents were learnt from to improve the support people received.

Staff had the right training and support to care for people effectively. People were supported to eat and drink safely and health needs were responded to and managed well.

Staff treated people with care, kindness and respect. People were supported to be involved in the service and staff engaged with people patiently and in their preferred way. When people were distressed staff responded promptly to support them.

The registered manager and staff were clear about their roles and responsibilities. People, staff and relatives were involved in improving the service and were asked for their feedback and thoughts about what could improve. Staff and people were positive about the registered manager and relatives told us they felt the registered manager was open and honest and things had improved since they had been in post.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 12 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made/ sustained and the provider was still in breach of regulations.

This service has been rated requires improvement for the last two consecutive inspections and remains rated as requires improvement at this inspection. We found some areas of concern in the Safe domain which has now been rated Requires improvement having previously been rated Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woodhurst 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one nurse with a specialism in learning disabilities.

Service and service type

Woodhurst Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people and five relatives about their experience of the care provided. We spoke to one visiting volunteer. We spoke to ten members of staff including the registered manager, deputy manager, administrator, activities co-ordinator, senior care worker, care workers, domestic staff, and another senior manager. Due to people's complex needs they were unable to tell us about their experiences of the service. We made observations of care to help us understand the experiences of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at staff files in relation to training, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement.

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

- Some people had epilepsy and there was guidance within the care plans to identify people's individual needs and what action staff should take in an emergency situation. We did note that one person's file contained inaccurate information regarding the last time they had a seizure and some staff were unclear as to when the person's last seizure had been. This did not demonstrate a good overview of the person's needs around their epilepsy and other health care professionals may be given inaccurate information. Not all staff were clear about the guidelines they should follow to support the person well. One staff member said, "(The person) is epileptic, and sorry I don't know the process of what to do if (they) have a seizure but there's guidance in place. (They) also take anti-epileptic seizure medicine." Another staff member was not sure who had epilepsy but said they would call the nurse in the event of a seizure. This is an area for improvement.
- Some people needed support to manage behaviours that could challenge to help themselves and others remain safe. Although one person's care plan reflected that they might get upset about a specific issue this emotional need was not factored into the care plan. There was no positive behaviour support plan in place. Behaviour charts were not consistently being completed which meant staff could not monitor behaviour to analyse triggers. Staff could not be sure the strategies used to support the person were consistent, sufficient or in their best interest. This is an area for improvement.
- The management of health needs such as epilepsy and support to help people manage behaviours that could challenge was an issue we have found at other locations run by the provider. We found the same issues at this inspection, which meant lessons had not been learnt, shared or embedded into practice.
- Risks associated with the safety of the environment were identified and managed well. Safety checks had been made on the environment, equipment and any faults reported, and action taken to rectify.
- There was guidance to support people with their individual needs. People had a range of complex needs and risks had been assessed so the appropriate support could be delivered to maintain their safety. Staff were knowledgeable about people's individual needs. Some people required fluid charts to monitor their hydration, bowel charts to manage and identify risks of constipation and weight charts to ensure their weight remained healthy. Charts and documentation were up to date and information appropriately recorded.
- Some people could not verbally say when they were in pain or discomfort. A Disability Distress Assessment Tool (DisDAT) was in place. The tool helps staff identify if the person might be in pain or discomfort and require medical attention. This is a nationally recognised tool designed to help identify distress in people who have severely limited communication. There was guidance in place for staff detailing the support people needed and what actions to take in the event of an emergency such as a choking incident.

- Some people needed to have their nutrition or medicines via a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Recordings and guidance around the management and cleaning of people's PEGs were appropriately completed to keep people safe.

Using medicines safely

- People continued to be supported to have their medicines safely. Medicines were stored at the correct temperatures in a locked room. Controlled drugs were stored and recorded appropriately following the required guidance. Medicines were regularly audited to identify errors.
- Some people were prescribed PRN medicines; PRN medicines are given 'when required'. There was guidance for staff to follow when administering PRN medicines and records showed when and why these had been administered. Staff had signed the required documentation when PRN had been administered.
- One person diagnosed with epilepsy required rescue medicine which had to remain with the person when they left the service to do activities. We noted this had not been signed in or out so was not always accounted for. We fed this back to the registered manager who immediately put a system in place to act on this concern and ensure the medicines were signed in and out from now on.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities around keeping people safe and had received safeguarding training. One staff member said, "If there's an incident, like finding a bruise, we complete a body map, inform the nurse and manager."
- Incidents had been escalated appropriately and had received proper scrutiny from the local authority to ensure that people were protected from further abuse. The registered manager understood their responsibilities around notifying other professional bodies about any suspected or witnessed abuse.
- Records confirmed that appropriate alerts had been made when concerns were raised in line with the provider's policy and with local safeguarding procedures. A relative said, "I feel much happier now. I've seen improvements, don't worry I would speak up if I was concerned."

Staffing and recruitment

- There continued to be enough staff to care for people safely. A dependency tool was used to measure the number of staff that were needed to care for people. The dependency tool considered people's individual needs such as mobility, communication, dressing, personal hygiene, continence, social dependency, behaviour, and eyesight.
- The service was reliant on agency staff to ensure safe staffing levels. Agency profiles were in place which demonstrated that agency staff had the required training and induction before working at the service.
- A safer staffing tool had been implemented which used a colour system to determine risks around rostering staff (green, amber and red). The tool highlighted staffing numbers, agency numbers, balance of staff gender, training, and staff trained in specific areas. Recently, at the weekend agency staff did not arrive for their shift. The safer staffing tool was used and assessed the risk as amber which resulted in the deputy manager being called in to provide support.
- People had call bells in their rooms but not everyone was able to use the system. The registered manager told us people who were unable to use the call bell system were frequently checked by staff and we observed people being checked and supported by staff throughout our inspection. People told us that staff responded to call bells and always supported them when they asked.
- Staff records showed that new staff were recruited safely. Relevant Disclosure and Barring checks were completed, references obtained from previous employers and employment histories checked.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. The domestic staff said, "The cupboard (containing cleaning materials) is kept locked at all times. I have enough PPE and never run out of stock, I order each week."
- The service was clean and tidy and free from any unpleasant odours.
- Infection control audits had been completed to check the service was clean which minimised infection control risks.

Learning lessons when things go wrong

- Incidents were learnt from to improve the support people received. Accidents and incidents were monitored, recorded and reviewed so additional measures could be implemented to prevent repeated incidents. The registered manager said, "We've been learning from other inspections and feedback is shared. Networking with the other managers has been really good. It's much easier to learn from your peers sharing information and experiences to learn."
- One person had been admitted into hospital earlier in the year. The person had been discharged but had been re-admitted a few days later. The registered manager said, "A discharge meeting had not taken place between us and the hospital following first admission. Yes, we have learnt lessons and (from now) we would only take (person) back home when I had checked they were okay and assessed their health."
- Previously, recordings of fluids and bowel monitoring had not been robust or accurate. The registered manager said, "Yes, we have learnt lessons, we weren't recording fluids so could not evidence that (person) was drinking so now we have charts in place for most people. Bowel monitoring had been incorrectly completed. The importance of documentation is discussed at staff meetings and handovers. We learnt lessons about having better communication with family. We've allocated staff as key workers, so they should be speaking to families more and be upfront and honest. I don't think we were recording things well." The long-term impact of this had not been tested. We will follow this up at our next inspection.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people living at the service had a DoLS authorisation granted by the local authority. Some authorisations had specific conditions attached which were being met.
- Some people lacked capacity to make specific decisions about their care and treatment. Appropriate decision specific Mental Capacity Assessments were in place and best interest decisions made when people were restricted were recorded. However, we did note one person had certain equipment to keep them safe which restricted their movement and some people had flu vaccinations. Best interest documentation was not available to show this had been discussed and agreed as being in the person's best interest. This was a recording issue and the specific restrictions placed on people had been discussed. During the inspection the registered manager took action to rectify this.
- Staff sought consent from people when supporting them with everyday tasks.

Supporting people to live healthier lives, access healthcare services and support

- People continued to have their health needs supported, throughout the inspection we observed staff responding to people's individual needs. Staff were knowledgeable about people's individual health needs and how they should monitor and report concerns.
- People had hospital passports which contained important information should they need to be admitted to hospital. We noted one person's hospital passport missed information about their epilepsy diagnosis, although this information was available in other parts of the care plan. We fed this back to the registered manager who took action to include this information.

- There were good systems in place to ensure important health needs were not missed. A white board was used in the clinical room which stated when people needed assistance with particular health needs such as tracheostomies or pegs. The white board gave clear concise information such as when tracheostomies or pegs needed to be changed.
- People had access to opticians, dentist and other health care professionals such as chiropody and appointments were up to date. The GP visited the service once a week to support people with their health needs.

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, timely care

- Assessments were completed which followed recommendations made by other healthcare professionals. For example, physiotherapy assessments had been made which gave guidance about the correct position people should be in when seated in wheelchairs, when in bed, or using slings and hoist. Assessments had been made around suitable exercises designed to meet people's needs.
- The service was using nationally recognised, evidence-based guidance, to assess people's health. For example, assessments had been completed in relation to skin integrity and MUST. (Malnutrition Universal Screening Tool is used to assess if people are malnourished, at risk of malnutrition or obesity). DisDAT were used to help staff recognise when people were in pain and staff used NEWS to assess people's health. NEWS is a standardised system for recording and assessing baseline observations of people to promote effective clinical care. For example, it will include a baseline for what a person's temperature, pulse rate and oxygen saturations should be and what actions nurses should take if physiological checks they take are outside of the baseline and a person's health deteriorates further.
- Care records documented that people were supported by a range of healthcare professionals, such as GPs, physiotherapists, speech and language therapist (SALT) and specialists for specific health conditions.

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

- People were supported to eat and drink enough.
- Some people were at high risk of choking and required a modified diet. People at risk had guidance from the speech and language therapist (SALT) to help them to eat safely. Staff prepared and assisted people with their food following the recommended guidance.
- Staff monitored people's nutrition and recorded fluid and food intake on charts. Weights were reviewed, and referrals made to the dietician where needed.

Staff support: induction, training, skills and experience

- Staff continued to be trained and supported to do their jobs effectively. New staff could shadow other staff for two weeks or longer if required. Staff attended a four-day induction and staff new to care completed The Care Certificate. The Care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered if staff are new to care and forms part of a robust induction programme.
- People and relatives told us they felt confident staff had the right knowledge and skills to support people well and we observed good staff practice throughout our visit. For example, some people had a tracheostomy. A tracheostomy is an opening created at the front of the neck, so a tube can be inserted into the windpipe to help you breathe. Only trained staff who had been competency checked provided support to people with a tracheostomy. We observed a staff member assisting one person with this procedure. The staff member told the person what they were doing and sought their consent before taking any action. Throughout the procedure the staff member spoke kindly and reassuringly to the person to make sure they were comfortable. One relative said, "I've got no concerns with staff. Before health not well monitored now

they are really good, and they care." We observed staff responding to a person who was distressed. The staff member understood it was important to talk to the person at eye level and put on a particular kind of music to help relieve their anxieties.

- Staff continued to feedback positively about the training and support they received. A staff member said, "Induction was a week shadowing and did e-learning. Still doing the care certificate. Training is E-learning and face to face training. Four-day induction and training around swallowing, trachy (tracheostomy) care. When I first started, I had training on a disease a person has." Another staff member said, "When I first joined I did two weeks of shadowing and then had induction for four days. The mandatory training was very good and I'm still working on my care certificate. I'm starting to feel very confident with the job."
- Records confirmed staff attended training in areas such as, safeguarding, autism awareness, awareness of epilepsy, dementia awareness, nutrition, recognising deteriorating patients, moving and handling, end of life care and specific training about people's individual health needs.
- The registered manager and deputy manager monitored staff through competency assessment, regular supervision and annual appraisal. Other health professional came to the service to offer training and advice about the specific conditions people had.
- All staff were expected to complete training including staff in different roles such as drivers and the administrator. The deputy manager was in the process of completing their level 5 qualification in leadership. There was a pathway of progression for staff to follow to develop their careers.

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

- The service provides accommodation for people on one level. Corridors and communal areas were spacious, enabling people who use wheelchairs to navigate easily.
- There were accessible garden areas for people to enjoy.
- Rooms were personalised and tailored to meet people's needs. Adaptations had been included to meet people's needs. For example, bedrooms were equipped with overhead hoists to support people to move between their bed and chair. Rooms had 'en suite' bathrooms that were large enough for people to have a shower using specialist equipment.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People and relatives spoke positively about the care and support staff delivered. A relative said, "Staff are great, I've been happy with the care and management of health." A volunteer said, "I've found staff to be excellent. They always ask me if I would like a drink and welcome me."
- One person told us they were a private person and staff respected this but if they needed support staff always came if they used their call bell. The person said staff helped them arrange transport to visit friends. The person went on to say staff were all caring and very good at supporting their health needs, and one staff member in particular was "really on the ball."
- Throughout the inspection we observed staff supporting people in a caring and respectful way. Staff knew people well and how they preferred to be communicated with.
- Some people had cultural beliefs which were recorded in care plans. Some people received visits from individuals from the church at their request.
- People were supported to express important aspects of their identities although their lives may have changed due to their conditions. One person was previously very active in politics. The registered manager said they had tried to think of ways the person could continue this aspect of their life and suggested to the person they may like to attend a protest about a hospital closing down. People were supported to express important aspects of their identities although their lives may have changed due to their conditions.

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

- One person called out when they were distressed. Staff responded to this immediately offering reassurances and asking the person how they could help. Staff knelt down next to the person and held their hand to comfort them.
- If people were unable to express clearly what they needed staff were patient and explored different solutions. For example, one person called out, "I don't want it". Staff asked the person to point to what they did not want and offered the person a cup of tea to distract them from their agitation.
- One person was having their nails painted. Staff showed the person different coloured polishes explaining what the colours were and asking the person to choose. Staff complimented the person and said, "Oh look at your nails, they look lovely." Another staff said "I like your top today, it's very pretty. I love the flowers."

Respecting and promoting people's privacy, dignity and independence

- There was a relaxed atmosphere and people were included and involved by staff. One staff member was

singing with a person and asked if they liked the music and encouraged them to dance.

- The registered manager spent time with people and had built a good rapport with them. They said, "I'll sit between you too, the thorn between two roses." They said to a person, "Do you want to put your hand in my hand?" and began to massage it. When another person came into the lounge the registered manager said, "Come on, join the gang."
- People were supported to maintain their independence. For example, a staff member handed a person a cloth to wipe their mouth independently rather than doing it for them. We have reported more on how people were supported with skills and independence in the Responsive domain.
- People had decorated their bedrooms in a personal way. People had many personal objects and decorations in their rooms.
- Before staff entered people's bedrooms they knocked and asked for permission. Before we spoke to people in their personal space, staff obtained their consent and arranged a suitable time to suit the person. Staff asked a person if they wanted them to stay whilst we spoke and respected their wishes when they declined.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant people's needs were not always met.

At our last inspection the provider had failed to provide person centred care and people did not receive personalised care that met their needs and preferences. People had not always been supported to have enough to do. Some people were spending their time in their bedrooms and were isolated from social activity in the service. Whilst some people were being supported with activities that were meaningful to them this practice was not fully embedded and sustained to ensure that every person's need for social stimulation was being met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvement had been made such as an activities co-ordinator being employed, and people being offered more activities. However, further work was required to continue to implement and embed person-centred practices.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's emotional needs were not consistently being met. Many people had experienced life changing injuries, yet how those injuries impacted upon their wellbeing or their family's wellbeing was not factored into care planning.
- Some staff did not know some people had partners or ex partners and there was little evidence on how staff supported people with maintaining or encouraging relationships. How people's emotional wellbeing could be supported on a day to day basis had not been factored into care planning, so people may not receive the emotional or psychological support required.
- We asked one person about the emotional and psychological support they received. They said, "How do I get this?" The person told us they did not have anyone they could speak to about their future or their worries and they would like to have a person they could cry with. They said they felt they kept their sadness 'inside' and did not feel staff were the right individuals to speak to although staff helped them in other ways.
- Other areas of care planning were detailed and included important, individualised information about people's support needs, likes, dislikes, preferences and communication.

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

- Activities were not planned to meet assessed goals or aspirations.
- Although the amount of activities offered to people had increased the assessment of activities was not always based on people's hobbies or potential skills. The evaluation of activities was not in place to assess

whether the activity was meaningful for the person, what the desired outcome was or what people were trying to achieve. Although people went out daily notes failed to reflect that people were accessing the community on a regular basis.

- A programme of activities was in place from Monday to Friday. Activities included trips to Day Space which is a day centre, outing with families, church visits, nature walks, museums and shopping trips. Staff told us activities were based on people's likes and dislikes and centred around their individual ages and needs. However, the programme of activities planned was for everyone. This meant activities were not consistently person centred. One person enjoyed a particular music artist as a teenager, but their taste may have changed as they got older. Although other music was played to monitor the person's reaction, an analysis had not been carried out to determine what was successful.
- There was a designated driver five days a week. The driver was not available at weekends, but the service could borrow other drivers. This therefore entailed planning and did not allow for spontaneous trips out at the weekend and activities in the evening were sparse. A relative said, "Before (she) wasn't going out only watching DVDs. Just weekends not a lot going on, maybe due to staffing." Another relative said, "Really happy, doing so much more with (her). They look healthier and going out more. Since the registered manager has been here doing much better. Before (she) was just left in their room."
- Activities were not based on rebuilding skills following a brain injury or how to support people to regain control over aspects of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was not always presented in a way that made it easy for people to understand. For example, some people's care plans said they needed large print, but people had not been given large print documentation. This is an area of improvement.
- Some people were supported to help write their care plans and relatives had been asked to provide information about people's histories, so information could give a full picture of a person's life to help staff understand them more and build a good rapport.
- Although not consistent, some people were supported to pursue hobbies which were in their interests. For example, one person enjoyed riding horses before moving into the service. They were supported to access a specialised service twice a week where they could continue this passion. The person was also supported to pursue a course at college in an area of interest.
- Some activities had been thought about to be more meaningful for people. For example, arts and crafts were based on life events, which helped aid reminiscence. An arts and craft activity was centred around the 50th anniversary of the Moon landing.
- In July 2019 a barbeque was held for people and their families and the service arranged for the Zoo Lab to come to the service where people could meet various exotic animals.

Improving care quality in response to complaints or concerns

- Relatives and some people told us they felt comfortable to make complaints. One person regularly emailed the registered manager directly to raise any concerns or complaints which were responded to. A relative said, "We feel confident to complain." Another relative said, "I'm much happier, don't worry I will say if I'm not happy."
- Although a complaints policy was available for people, relatives and other individuals' information was not offered in other formats to suit people's individual needs. This is an area that requires improvement.
- When complaints had been raised they were recorded in the complaints file with any action that had

resulted from the concerns raised. We noted that one person had raised complaints about a specific issue, but no action had been documented to show how the complaint had been resolved. The deputy manager said, "You are right this hasn't been documented so it looks like we haven't followed up on what people have told us, but I did talk to (person who complained)."

End of life care and support

- There was nobody receiving end of life care at Woodhurst Lodge.
- End of life booklets had been implemented and relatives had been asked to be involved in 'planning for the future'. Some people followed particular faiths but how their spirituality would be incorporated practically at the end of their life had not been documented into their plans. This is an area for improvement.
- The registered manager said some people and their relatives were not keen to discuss this topic which was respected. The registered manager said, "We have chats with families and reviews yearly."
- Staff had received training in end of life care to support people should there be a need in the future.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection the provider had failed to ensure there were appropriate systems implemented to assess, monitor and improve the quality of the service. This meant that there had been a failure to fully address and sustain improvements and this was identified as a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

This was the third inspection where we found Woodhurst Lodge to be 'Requires Improvement.' There continued to be concerns over the course of those inspections about embedding a consistently safe approach to managing people's needs associated with epilepsy and challenging behaviours. There continued to be areas for improvement in providing person-centred care and supporting people to communicate and engage positively. Whilst some improvements had begun in these areas, the improvements had not been fully implemented or embedded in practice. The provider did not have effective systems or processes to assess, monitor and improve the safety and quality of care for people at Woodhurst Lodge as there were persistent areas for improvement that were not fully resolved at this inspection. We will be writing to the provider following this inspection to request information about how they will implement and sustain improvements at Woodhurst Lodge.

Continuous learning and improving care

- At our last inspection we had identified two breaches of regulation. At this inspection we found a regulations continued to be breached and the Safe domain had deteriorated from Good to Requires improvement.
- The management of health needs such as epilepsy and support to help people manage behaviours that could challenge was an issue we have found at other locations run by the provider. We found the same issues at this inspection, which meant lessons had not be learnt, shared or embedded into practice.
- The registered manager conducted various audits to check the quality and safety of the service. Audits included areas such as health and safety, maintenance, risk management, infection control, and food safety. Action plans were created, and timescales documented to assess the progress of improvements made at the service. Despite this, quality audits had not always been effective in identifying shortfalls and driving improvements.

- We previously reported that governance systems, audits and a quality system were in place, but had not been successful to assess whether improvement had been made. There lacked consistency in practice and there continued to be shortfalls around person centred care and meaningful activities for people. Although further improvement had been made since our previous inspection this continued to be an area that was inconsistent for people and required further work. Some people continued not to be provided with regular meaningful opportunities of social, emotional and educational activities to enhance their lives. Audits had failed to identify the areas of concern we found around epilepsy and supporting people with behaviour which can challenge.
- The registered manager acknowledged further improvement was required around person centred care which had been slow to progress as recruitment of an activities person had taken time. However, they felt with the newly appointed activities co-ordinator this aspect of people's lives would continue to improve and develop.
- The provider employed a senior leadership team who conducted their own quality checks and used a quality development audit tool to assess the service. The most recent audit was in June 2019. This had failed to identify the concerns we found around personalised care and the records relating to epilepsy. We had raised similar concerns with the provider at their other locations, but they had not used this information to effectively check Woodhurst Lodge. The provider was failing to monitor records robustly and could not be assured people received appropriate care and support.
- The provider did not always promote the principles of Registering the Right Support or seek the views people living at the service.

The above evidence demonstrates that the provider had failed to ensure there were appropriate systems implemented to assess, monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- There was a clear management structure and staff understood their roles and responsibilities.
- We asked the registered manager what their biggest challenges were, they told us, "Activities main area, I've told the staff we will have bumps on the way and were going to learn as we go along. Embedding good practice like the fluid charts, bowel charts, key things that should be open and transparent and I think we're getting there. I want to pass things down. I want to go away and feel they can function without me and people are getting safe care and support."
- The provider had displayed its rating which is a requirement. Notifications that the provider were required to send to us by law had been completed and sent to the CQC as needed.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The registered manager and staff had a clear vision and purpose. The registered manager said, "Before activities were sparse and bad, there's much more now like pampering sessions. It's breaking an old culture where care assistants are also doing activities as well as care needs. Me and the activities co-ordinator were talking this morning at their supervision about us breaking the culture more and how (she) can help do this. We were saying how the care staff would benefit a lot from doing the fun stuff as well as the 'care' needs."

- People, relatives and staff fed back positively about the registered manager. One staff member said, "I've received great support" another staff member said, "I can make suggestions and they are acted upon. Everyone is dedicated to doing the job properly. We care for the residents." A relative said, "The manager was very open with us, it's a weight off our shoulders, no concerns and happy."

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

- A staff member said, "We say good morning family at handover as we are a family." The service worked in partnership with other healthcare professionals and sought advice when specialised support was required.
- The registered manager held flash meetings with staff, they said, "Flash meetings are five-minute meetings. We bring staff in and show them bad practice and document how we are trying to improve. It's just a chance to tell staff what we need to improve. To be honest most of it is around documentation. We do table top training."
- People and relatives were involved in the service. Questionnaires were sent to relatives to obtain feedback about the service their loved one received.
- Meetings were arranged which gave people and relatives the opportunity to raise concerns, ask questions and share their views about how the service could improve.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a lack of appropriate systems implemented to assess, monitor and improve the quality of the service.