

# Horizon Care Homes Limited

## Wood Hill Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place 7 and 20 February 2017; this was the first inspection of this home as it was a new service which opened 19 December 2016.

Wood Hill Lodge is a purpose built 99 bedded home, which was only operating Derwent Unit, which is a 12 bedded provision offering respite and short stay care for people with multiple and complex disabilities which included both physical and learning disabilities.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was brought forward in relation to whistle blowing concerns which had been received. This meant the service had been operating for a very short period at the time of this inspection taking place. We did not find evidence to substantiate the concerns which were raised in the whistle blow concerns.

Staff had undertaken training and was able to demonstrate their knowledge and understanding of their role and responsibilities in keeping people safe from harm.

Risk assessments were in place for people who used the service, which identified specific risk and the measures needed to minimise those risks.

Medicines were managed safely.

Recruitment processes were followed and all appropriate pre-employment checks carried out to ensure staff were of good character and suitable to work with vulnerable adults.

Staff had undertaken an induction when first starting to work for the service and received adequate training to undertake and support their roles. Staff received a good level of support from the management team.

The service was working within the guidelines of the Mental Capacity Act 2005, and was found not to be depriving people of their liberty unlawfully.

People had access to a choice of food and drinks and enjoyed the food they were offered which was of good quality.

Staff were kind, caring, patient and sympathetic when supporting people. Staff maintained people's privacy and dignity. People were encouraged to be independent and develop their skills and capabilities.

Care plans were person centred and detailed. Information was organised and accessible. There was clear evidence of reviews taking place and additional information being added to care plans.

Complaints were recorded and dealt with in line with the organisations policy.

There was clear leadership and guidance. Staff of all levels felt well supported and able to carry out their roles.

There were processes in place to gather and analyse information to monitor the quality and safety of the service.

## 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.

Staff had undertaken training in safeguarding vulnerable adults and safeguarding concerns were being reported appropriately.

Risk assessments were in place which identified the potential risks to people and showed the measures needed to minimise the risks.

Medicines were managed safely.

Staff recruitment processes were followed and all relevant pre-employment checks were made.

### Is the service effective?

Good ●

The service was effective.

Staff had undertaken training to give them the skills and knowledge to carry out their roles effectively.

Staff had received regular supervision and were well supported in their roles.

The service was working within the guidelines of the Mental Capacity Act 2005 and had applied for Deprivation of Liberty Safeguards appropriately.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring, patient and sympathetic when supporting people in the home.

People were encouraged to be as independent as they were able, and people had made progress in their abilities whilst being supported in the home.

Staff maintained the privacy and dignity of the people they

supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were much improved on the second day of the inspection. They were detailed and referenced personal preferences and people's histories. Care plans were being regularly reviewed to ensure they reflected people's current needs.

Complaints were recorded, investigated and responded to in line with the organisations policy.

Whilst the service was designed for short term stays, staff made sure people were occupied during their stays with activities and trips out.

### Is the service well-led?

Good ●

The service was well-led.

There was strong leadership and guidance in the service, with a clear structure which meant people understood their roles and responsibilities.

There were processes in place to monitor the quality and safety of the service.

Records were of a good standard and were accessible. The service was building strong working partnerships with other outside agencies to ensure positive outcomes for the people they supported.

# Wood Hill Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 7 and 20 February 2017 and was unannounced on both days. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who attended the inspection had experience of caring for people with complex and multiple disabilities including learning disabilities.

We did not request a provider information return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from stakeholders who commissioned services prior to our inspection.

During the inspection we spoke with the Managing Director, the Registered Manager, Clinical Services Manager, Clinical Lead, Unit Manager, one nurse, the cook and four members of care staff. We also spoke with three people who were accessing the service, and four relatives of people who accessed the service. Throughout the inspection we observed the care and support which was taking place.

We reviewed a variety of records including the care records for five people, staff files for three staff, maintenance and safety certificates for the building, daily care records, auditing records and medication administration records along with the policies and procedures which were in place.

# Is the service safe?

## Our findings

Due to the nature of the health issues people who used the service had, some people had limited verbal communication and some people were not able to communicate verbally, however they had other methods of communication. We observed people were laughing and smiling when asked if they felt safe. One person said "The staff are great, they look after me", another person said "They are good, I like (care staff)".

Relatives we spoke with were very positive about the level of safety provided and told us, 'Yes [relative] is definitely safe here', "I have never had any qualms about our [relative's] safety", "We trust all the staff", "I have every confidence that Wood Hill provides a safe and happy experience for all its service users", "'Our [relative] is so safe and secure here, we have no worries" and "Safety is paramount, they are always checking things".

Staff we spoke with told us they had undertaken training in safeguarding people from harm, and were able to demonstrate their understanding of their role and responsibilities in keeping people safe. Staff told us, "I have done safeguarding training and feel confident I would know how to spot signs of abuse", "I know what I would do and who to report to" and "The people we work with are vulnerable and it's important we can protect them". A relative told us, "It is a little early to tell you if my son is feeling safe, but I have no worries at all. If I ever thought for one minute that [relative] was not safe they would not be here."

We reviewed the risk assessments which were in place for people. We found there had been a range of risk assessments carried out including moving and handling, skin integrity, nutritional risk and falls risk. We found the risk assessments were detailed and demonstrated the specific risks which had been identified and the measures which needed to be in place to minimise the risks. We found the service employed a lead therapist, who was qualified to carry out assessments particularly in relation to the use of equipment to support people who were not able to mobilise independently and this resource ensured the risk assessments were of a good standard and ensured the safety of the people who required assistance with moving around. One person who was using the service told us, "I love my new things (referring to ceiling hoist and other specialist equipment) that are for me."

We reviewed the safety of the building. The building was newly built and the Derwent unit had admitted their first service user on 19 December 2016. As we would expect all the required safety measures were in place and there was certification in place to confirm this.

The inspection was brought forward due to some concerns which had been raised by whistle blowing alerts which had come into the Care Quality Commission (CQC). We shared the concerns with the managing director who ensured that a full investigation had been carried out to clarify whether the concerns were valid and action could then be taken in a timely manner if needed. There was open communication throughout the process from the organisation, their stakeholders and the CQC. This meant the organisation dealt with whistle blowing concerns transparently and quickly.

We reviewed the plans which were in place for each person should there be an emergency. We found there

was a personal emergency evacuation plan (PEEP) contained in the care files for each person which would be available to staff in the case of an emergency. We were also assured that it was clear care staff knew the people they supported well, and understood their needs.

We looked at the records which were kept for accidents and incidents which had occurred. We found there were clear records describing each incident and the actions which had been taken at the time. There was a low incidence of accidents and incidents on Derwent Unit.

We found that whilst there were challenges with the calculation of staffing levels required due to people accessing the service for very short stays and service users changing regularly, we found there was sufficient staff to keep people safe and meet their needs. Relatives we spoke with told us, "There are always enough staff" and "It seems to me as though there are enough staff, but the service is not full yet."

We reviewed the recruitment process which was in place. We looked at three recruitment files and found in all cases the organisation's recruitment policy had been followed and all appropriate pre-employment checks had been carried out, including a disclosure and barring service (DBS) check and references from previous employers to ensure staff were of good character and suitable to work with vulnerable adults.

We looked at how the service managed medicines. We found that people were responsible for bringing their own medicines when they were admitted to Derwent Unit. The nurse in charge booked in the medicines and completed Medicine Administration Records (MARs) for staff to record when medicines were administered to each service user.

In each bedroom there was a locked medicines cupboard, and each person's medicines were kept in their own room. We noted during the inspection there was an issue with the temperature inside the medicines cupboards in one room, which exceeded the 25 degree Celsius recommended temperature for the storage of medicines (in line with manufacturer's guidance). We discussed this with the registered manager who told us they would ensure medicines were stored at the correct temperatures.

We reviewed the current MARs and found the medicines in the cupboard in their room and the records which were in place matched. Where people required as and when required medicines (PRN) we found there were protocols in place which described the medicine, the likely signs when the medicine was needed and the expected effect the medicine would have, for instance in the case of a person who had periodic pain and needed analgesia, the way in which they communicated pain was described in detail so care staff would recognise their need to have the medicine. One relative told us, "They ask [relative] if they have any pain and if they nod they give them pain relief straight away".

We checked procedures for the safe handling of controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found the service had a controlled drugs cabinet, which was situated inside a locked cupboard in the medication room which had a coded door lock to prevent access to any unauthorised person. We found there was a controlled drug register which had been correctly completed and the balances of controlled drugs shown in the register matched the stocks of controlled drugs which were in the cabinet.

Due to the complex needs of people who used the service, the registered manager was exploring ways of improving how they gained supplies of liquid medicines, as they were concerned it was very difficult to accurately book in an open bottle of medicine brought in by the person. There were a high percentage of people who accessed the service who had liquid medicines due to them receiving their medicines via a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube which is passed into a person's stomach



through the abdominal wall, most commonly to provide a means of feeding and receiving medicines when oral intake is not possible or adequate.

Medicines were managed by a qualified nurse at the time of the inspection; however there were staff who were undertaking additional training to become nurse assistants, which would allow them to undertake lower level nursing tasks.

Derwent unit was a newly built and had only been in service for a short time, the environment was well maintained and included a host of specialist equipment to ensure people's needs were met. The unit appeared to be clean during the inspection and domestic staff were on duty.

## Is the service effective?

### Our findings

People who were at the home told us, "The food is good" and "I like the Sunday dinners." We observed one person was smiling and laughing as we talked about the meal planned that evening and another person was looking happy and clapping as we talked about having cheese quiche for lunch." A Relative told us, "I really do trust the staff; they seem really competent and well trained."

The registered manager and managing director told us they had recruited the staff team for the Derwent Unit to start work six weeks before the unit opened. The rationale for this was they felt it was important for the staff team to get to know and trust each other and to build a 'team'. Staff told us, "We started work before the unit opened, we did work on getting the unit ready for people, we got to know each other, and it was really helpful."

Staff told us and records indicated they had undertaken an induction which included all mandatory training. Staff had accessed additional training for specific tasks and conditions since their induction, including Makaton (a form of sign language), Tracheostomy care, postural management and dysphasia awareness.

Staff told us they felt supported and received regular supervision sessions from a senior member of the team. Records showed this was the case and supervision records we reviewed showed staff had been asked about their roles and any areas of concern or development and showed action had been taken in response to points raised. Due to the short time the service had been operating none of the staff had reached the point where they would receive their annual appraisal.

Due to the complex needs of people who used the service, there were people who were not able to communicate verbally, but used their own methods of communicating for example by facial expression, sounds or specific behaviours. Staff we spoke with explained to us the needs of the people they were supporting and we observed staff communicating with people. A relative told us, "Staff have worked closely with us and our [relative] to learn and understand how to communicate with them."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We reviewed whether Derwent Unit was operating within the guidelines of the MCA. We found there had been applications made for DoLS for all people who accessed the service, this was appropriate as none of

the people were able to make a safe decision to leave the unit due to their multiple and complex needs as this would be unsafe and not in their best interests. The registered manager was working on ensuring there was documentary evidence of best interest decisions and mental capacity assessments in all care files at the time of inspection. The best interest process also included demonstrating that where people were not able to consent to the care they received and that this was in their best interest or there was a person who had the legal right to give consent on their behalf. Staff members were seen and heard asking for verbal consent from people before providing any care or support.

We observed that people's rights to make their own decisions, where possible, was protected and we saw care staff offering choice and supporting people to make their own decisions, for instance letting people lead staff to show where they would like to go and spend time. All relatives we spoke with told us they were involved in decision making about their family member's care and support needs.

We noted there was no functional kitchen area available for people and staff to use on Derwent Unit. There was a large catering area in the building; however this was not yet in use because there were not enough people in the home to justify staffing the facility. Meals were provided from the kitchen in the service next door (another home in the Horizon Group). Staff brought the food from the other home using an unheated trolley. Staff told us that sometimes the meals got cold if Derwent Unit was busy, however staff did add there was a microwave to re-heat meals if necessary.

The meals provided were based on people's stated likes and dislikes and people chose what they ate and when they wanted to eat. We did note the menus were not in any pictorial form, which would help people show staff what their choice was. On the first day of the inspection we observed a person preparing to go out for the day with their family. Breakfast was a sociable experience and people were asked what they would like to eat and drink. One person said that they love the food. Without exception relatives said they were happy with the food offered and that some people enjoyed preparing their own snacks and drinks where possible. Relatives of people who used the unit told us, "My [relative's] dietary needs are complicated and it is vital that the staff get it right - so far there have been no problems", "The food is good. It's just what [relative] likes. They never leave anything" and "My [relative's] dietary needs are very complicated, staff understand this." The cook told us, "We have meetings with the relatives and discuss all manner of dietary needs. I have an individual file for each person using the service. I meet with relatives and service users regularly. The training has been good, I have learnt so much. I did two weeks training around the dietary needs of the people we're supporting. The food that is purchased is really good quality there is no restrictions on the budget. I can spend what I need to."

We saw people eating in the dining kitchenette. This was a pleasant environment in which people enjoyed their meals and time together. Care staff was seen to be very calm and patient when delivering meals and reminding people what was on their plate. One person became very vocal and needed to walk around the room, care staff were very good at sitting with them and helping to calm them down, re-focusing them on their meal to ensure they ate an adequate amount.

Derwent Unit was purpose built, and was bright and well designed, with wide corridors and doorways, specialist equipment was built into some of the rooms to ensure specialist needs could be met safely and bathrooms were designed to allow room for staff to support people to bathe and shower.

Some of the rooms had been decorated using themes, for example pictures relating to a circus farm and there was a Tetris themed room. The decoration of these rooms had been led by the care staff during the period before the service opened. Whilst some of the rooms were childlike in their pictures, feedback from people who used the service and their relatives was that the rooms were appropriate and people really liked

them. There were other rooms which were not themed and remained plain in their décor. A relative told us, "This place looks fantastic; it is really clean and modern." All the relatives we spoke with were very happy that all areas of the home appeared clean, modern, and well presented. There was a spacious lounge with a television and a small sensory area that was used by people during the day to allow people who were wheelchair users for example to spend time relaxing in a safe soft environment.

Relatives told us that any health concerns were passed on to them. Relatives said, "The improvement in our [relative] is remarkable. The hospital consultant agrees", "The staff call us as soon as there is a problem", and "If there are any medical appointments the staff have her ready and we take [relative]."

## Is the service caring?

### Our findings

People who were at the unit told us, "Staff are good, they are great", "I love the staff they are my friends" and "The staff are alright I am new here." We also noted a person gave a thumbs-up sign when we asked if they liked the staff. Another person was showing signs of excitement and clapping as we talked with them about their favourite member of staff.

We saw people were treated with care, sympathy, patience and kindness. Staff showed great care when working with people and it was obvious they knew them well. Staff were observed to speak with people in a very gentle and delicate manner when supporting them with personal tasks such as using the toilet facilities. The observations of interactions between people and care staff showed positive caring relationships had been created. All of the relatives spoken with were very happy with the care their relatives received. Relatives told us, "I could tell when my [relative] came home that they had enjoyed their stay", "It's great to see our [relative] laughing and having a good time with the staff", "I am very satisfied with all the carers", "I give the staff ten out of ten for their care and consideration" and "The staff are trying really hard to get things right. I don't have a problem with any of them."

Staff told us, "I love this job it is very satisfying", "It's not just the service users we are supporting; it's the family as well" and "I certainly wouldn't be in this job if I did not care. It can be very difficult at times but always rewarding."

The registered manager told us "We live in a diverse city with lots of cultures. It is nice that people from diverse cultures are able to access our service and we are able to meet their needs. We have a diverse staff team some of whom are bi-lingual which really helps us understand people's needs and communicate with the service user and their family."

We found confidential records were securely stored in areas of the home which could not be accessed by unauthorised persons. Staff were thoughtful when speaking to colleagues about service users and ensuring confidentiality was maintained.

We observed staff recognised how to maintain and protect the privacy and dignity of people who used Derwent unit, for example we saw staff always knocked and called out to people before entering the person's room.

We saw staff encouraged and worked with people to improve their skills and capabilities by being as independent as possible. A Relative told us, "[Relative] is so much better since she has used this service, and we saw from a person's care records they had made significant progress with their behaviour and mobility since spending time at Derwent Unit.

## Is the service responsive?

### Our findings

People who were at Derwent Unit told us, "I love going out to the shops", "They take me out when I ask" and "They are good at helping me." We observed a person who looked very happy and was laughing when they were asked if they wanted to use the sensory area. Another person was putting their thumbs up as we talked to them about going outside in the sunshine.

We reviewed the care plans for five people who spent time at Derwent Unit. We found on the first day of the inspection care plans were not well organised and there was some conflicting information as a result of this. We discussed this with the registered manager, who told us they would take immediate action to improve care files and ensure the information was better organised and accessible.

On the second day of the inspection we found the care files had been organised into sections, which meant the information was easy to find. There had been audits of the care plans carried out by the Clinical Services Manager which clearly identified areas for improvement and there was evidence this work was partially completed and was in progress. We found there had been some information in one care plan on the first day of inspection which referred to a very restrictive practice, we discussed this with the registered manager who told us they had not used this practice and we found this information had been removed from the person's file on the second day which meant the risk of staff carrying out this highly restrictive practice was removed.

We found care plans were detailed and contained personal histories and medical histories which allowed staff to understand the person's life and what was important to them. We found there was reference to personal preference throughout the plans and it was clear that family members had been closely involved in creating the care plans. Relatives we spoke with confirmed they had been asked to come to the service to check over care plans and agree any changes which needed to be made.

Relatives told us of their confidence in the staffs' ability to relate and respond to their family member's needs. Relatives said that people's likes, dislikes and how they liked things done were often discussed with staff.

There had been some issues with information which had been supplied from other agencies in relation to specific care needs of some people, these included complex epilepsy and PEG feeding routines. The registered manager was working with other agencies to get the correct information and protocols in place to ensure people's needs were appropriately met.

Derwent Unit had only been open for a short time, however there was evidence that care plans were being regularly reviewed, and changes and additional information were included to ensure current care needs were reflected.

Most of the people who access Derwent Unit during the week also attend day care provision, where they participate in various activities. This meant the unit was very quiet during the day from Monday – Friday and was much busier at weekends when day care provision was not available. We saw there was an activity

room which offered a range of craft based activities which people could access as they wished with care staff. There was a lounge with a television, and there was a sensory area which people could use during their stays to allow them free time from the restraints of their wheelchairs for instance. One person told us, "I am very happy, I like it here. I can watch my favourite programmes." A relative told us "The staff team arranged a brilliant birthday party for [relative] they thought it was wonderful. "We saw staff took people out, and we observed a person enjoying ample opportunities to go outside into the garden to enjoy the sunshine.

There had not yet been any opportunities for people and their relatives to come together as a group to discuss their feedback or suggestions for the service, however both the managing director and the registered manager said they encouraged people and their relatives to feedback to them at any time.

Relatives we spoke with told us they knew how to complain and told us they would inform the staff if they were unhappy with their care in the first instance. Relatives told us, "I would not hesitate to take action if I had any concerns" and "I see the manager if there are any problems, if the manager is not here I see the unit manager." We reviewed the complaints file and found that where complaints were raised they were recorded, investigated and responded to in line with the organisations policy. A relative told us, "I have no complaints."

We spoke to the registered manager and managing director about the process which had taken place to transition people to accessing Derwent Unit. Most of the service users who would be using Derwent Unit had previously accessed another respite unit, which was no longer in operation. The registered manager and managing director described to us sending staff to spend time with people in the previous service, at people's day care provisions and with people in their homes to get to know them. Each service user and their family has had the opportunity to visit Derwent Unit and to spend time there until it was felt the service user was secure and happy to remain there without their primary carers. There had also been comprehensive assessments of each person's needs prior to this process to ensure the Unit could meet their needs when they visited.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection, who had worked for Horizon Care for four years and had been involved in the design and implementation of the Derwent Unit. The service had a staff structure which included a clinical lead, unit lead and an administrator. This meant the registered manager was able to oversee the running of the unit whilst working with outside agencies to gather critical information and to plan the implementation of the remaining units within the home.

Staff spoke very positively of the management team and told us they were approachable and accessible and they would be confident that action would be taken if needed. Staff told us there had been some ups and downs early on with the team; however the managers had done a lot to bring the team together. Staff felt they were part of a supportive team when we spoke with them.

People and their relatives were without exception positive about the registered manager and the unit manager and the way the home was run. Relatives told us, "Wood Hill Lodge is well run", "The managers and staff are all lovely people", "We know without a doubt that the manager would take any of our concerns seriously", "We have every faith that [relative] is in the right place. We can rest at night now, knowing [relative] is in good hands", "I would recommend this place to anyone" and "We can now have a holiday knowing that our [relative] is in good hands. I have said it before, I give this place ten out of ten."

Whilst there had not yet been any meetings held, relatives confirmed that they were invited by letter to spend time with the manager each month in the form of a 'Managers Surgery'. We saw there had been quality assurance questionnaires sent out very recently, these were in the process of being returned and analysed at the time of the inspection. Relatives told us, "We would definitely come to any meetings that invited ideas for improvements" and "We have had a letter with monthly dates on to spend time with the manager if we want to."

Staff spoke positively about the support they receive from the managers. Staff told us "All the managers are approachable and supportive", "We are all new staff working together, and there have been some ups and downs. The managers work hard to help us work together for the benefit of the people that use this place", "I was instantly made welcome and made to feel part of the team", "The unit manager helps us all work to our strengths", "The unit manager works alongside us, she leads by good example" and "We have regular staff meetings which I appreciate."

We found there was open, transparent communication evident in the service in relation to the whistle blowing investigations and in the senior manager's approach to the inspection team and stakeholders.

The registered manager understood their role and responsibilities in relation to their registration with the Care Quality Commission (CQC) and was notifying us of events and incidents which occurred. We found that whilst the service was very new and still learning about their service user's needs, they were proactive in gaining information and building processes based on feedback they received and events which had taken place. This demonstrated the service was using the information available and making improvements to



ensure the quality and safety of the service and outcomes for the people who used Derwent Unit.

We found there were processes which were in place to monitor the quality and safety of various aspects of the service, for example the environment and the quality of care plans. Whilst these processes were newly implemented they were being used to gather and analyse data.

We found records were of a good standard and were accessible to staff who needed them.

Derwent Unit was opened in partnership with the local Clinical Commissioning Group (CCG), due to the closure of a National Health Service unit which had provided respite care previously. Horizon Care as a whole were committed to building and maintaining partnership links with the CCG and other stakeholders in order to allow them to explore the best use of the remaining units within Wood Hill Lodge, to meet the needs of people within the Sheffield area.