

Horizon Care (Wood Hill Lodge) Limited

Wood Hill Lodge

Inspection report

522 Grimesthorpe Road
Sheffield
South Yorkshire
S4 8LE

Tel: 01909517737

Website: www.woodhilllodge.org

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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

About the service

Wood Hill Lodge is a nursing and residential home, which at the time of this inspection was providing personal and nursing care to 50 adults and older adults, some of whom were living with dementia. The home comprises of four floors. The service can support up to 99 people.

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

The service continued to provide a good standard of care and the leadership team demonstrated a commitment to continuously improving the service. The registered manager was supportive, responsive and promoted a culture of person-centred care at the service. The registered provider had an effective system of governance in place to monitor and improve the quality and safety of the service. Most minor improvements identified during the inspection visit the senior management team were already aware of and actively working to address.

The service used a number of creative methods to ensure people and relevant persons involved in their care had a voice, which was valued and listened to. Overall, people were satisfied with the care they received and throughout the inspection we saw very caring interactions between staff and people who used the service. Some people gave mixed views about the provision of activities and food available, which we shared with the management team. 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's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. People were supported to receive their medicines when they needed them and records showed people had regular access to healthcare professionals to make sure their health care needs were met. People's nutritional needs were met and the menus we saw offered variety and choice.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was relevant to their role and people's needs. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been reported to the local authority as per the reporting procedure.

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 good (published 21 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wood Hill 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 team comprised of four inspectors and one expert by experience. 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

Wood Hill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service about their experience of the care provided and six relatives. We spoke with 17 staff members, including the registered manager, regional manager and two directors. We spent time observing daily life at the home.

We reviewed a range of records, including medication administration records (MAR's), care records staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse.
- The service had a safeguarding policy and staff confirmed they had read them.
- The safeguarding lead told us they quality check all safeguarding incidents at the home and where appropriate, will suggest investigative or improvement actions to the registered manager to keep people safe. They said, "We always try to look at key areas on the back of safeguarding concerns to ensure we continue to be safe at the service."

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

- Staff and the management team had a very good understanding of each individual and how to support them safely.
- People had a range of risk assessments and care plans in place, which provided relevant guidance for staff to follow, such as how to support a person safely with their mobility. Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's assessed needs.
- Staff completed a record each time they provided a person with support or when an aspect of their health needed to be monitored for safety reasons, such as a person's weight or skin integrity. Records were mostly up to date and contained relevant information to facilitate effective monitoring of people's health and wellbeing. We found people's daily records were sometimes task focussed and could be further improved by including more detail to reflect their choices and mental-wellbeing.
- Accidents, incidents and untoward events were monitored both within the service and at provider level. The provider's system to analyse incidents and assess future risk at the home were effective.
- One staff member said, "The managers are responsive, in fact they go the extra mile. For example, staff were thinking how could we make [person's name] life better and we thought of specific equipment necessary to support their mobility. We spoke to the managers and within 24 hours they had bought the equipment."

Staffing and recruitment

- There were enough staff deployed to ensure people's support needs were met. In conjunction with the permanent staff team the service regularly used the provider's own agency staff firm to maintain safe staffing levels at the home. This provided higher-levels of continuity of care for people than can ordinarily be achieved by using agency staff from an external provider, as most of the agency staff were familiar with the service and the provider's policies and procedures. One staff member said, "We are fully staffed, always. The organisation has an agency who provide cover staff and they are all trained to the same standards as us."

- Staff were recruited safely and all the appropriate checks were carried out to help protect people from the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed by their health professionals. We saw all medicines and medicine administration records were correct.
- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence to administer medicines.

Preventing and controlling infection

- People were protected from the risks of infection and the home was clean and tidy.
- Staff had access to the appropriate cleaning materials and equipment.

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

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.

Staff support: induction, training, skills and experience

- Staff received ongoing training, which was tailored to the needs of the people who used the service. For example, staff were trained to deliver care for people whose behaviour can be challenging or were living with dementia. One staff member commented, "There are three trainers and they are all brilliant."
- Staff spoke highly of the support and supervision they received from the management team.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

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.

- The service was working within the principles of the MCA and care was delivered in the least restrictive way possible. Staff benefitted from a senior management team with a strong understanding of the MCA. We spoke with one of the directors, who was a qualified barrister and the service's 'Safeguarding and MCA lead'.

They said the standard of MCA practice at the home was good and "From time to time we provide workshops to try to demystify the MCA. It is my bugbear that just because it is an act of parliament it is complicated because it is not."

- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- Consent was consistently sought from people before they received a service.

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

- Since we last inspected the provider had made improvements to the environment to create further points of interest for people living with dementia or complex conditions. For example, we saw sensory wall decorations for people to interact with. On one floor there was a virtual laundry and on another a virtual shed to encourage activity within the service. Generally, we found the décor was fresh but neutral in colour, which made the service appear less 'homely' as a whole. The registered manager told us in certain areas of the service this was a deliberate design choice in order to meet the needs of the people living there, for example, if they preferred a low stimulus environment.
- Corridors were wide, well-lit and people's bedrooms were clearly marked. We saw evidence of dementia friendly signage on each unit, such as the names of staff who were on duty, activities and meals of the day.
- Risks in relation to premises and equipment were identified, assessed and well managed.
- A relative told us about an example where the service had gone above and beyond to ensure their family member's bedroom was tailored to their needs. They told us, "My dad tried to abscond about 2 years ago and lived on the basement floor with garden access you see, he loves that. Instead of a knee-jerk reaction we had a meeting (with the management team) to discuss how we move forward. We thought the service would move him but instead they raised the fences and got in new measures to keep him safe. I was really impressed."

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

- Staff worked well with different health professionals and services to meet people's needs. For example, community nurses, dieticians and speech and language therapists had been involved in people's care.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.
- The service had recently received recognition from a visiting professional at a nearby community health team for the support Wood Hill Lodge had provided. They praised how well the staff on the Hollingsworth floor had supported this person and the positives they had seen in their health and wellbeing since they moved to the service.

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

- The service supported people to eat, drink and maintain a balanced diet. We received mixed feedback about the quality of the food, but all said there was enough food and drink on offer throughout the day. Comments included, "It's alright", "It's good", "It's quite good actually, it's not one hundred percent", "Adequate. You can ask for more it's just the same sort of thing every day", "What I've been offered today is a square bake and mushy peas, it's dry" and "Occasionally, in the main, the food is edible, the dinner time experience is like being at school".
- We discussed this feedback with the registered manager and the senior management team. They assured us they will continue to work with people to ensure their needs and preferences were listened to and had a number of mechanisms in place to collect and respond to people's feedback.
- Plans for eating and drinking were developed collaboratively with health professionals, people and their

representatives.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people and staff were comfortable and relaxed with each other. Relatives commented, "They [staff] look after her well, they do care for her, they're friendly and there's no animosity or bitterness", "Yes, they're [staff] all caring, I was told a bad thing about this place, but I make my own decisions" and "They're [staff] all good, I can't fault them".
- We observed care workers knock on people's bedroom doors before entering and address people by their name. Care staff interacted in a positive and warm manner. It was clear through observation care staff were familiar with people's needs.
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.

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

- People, their relatives and representative were involved in devising care plans to ensure these fully involved people in making decisions about their care.
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Generally we observed positive practice throughout the inspection and staff treated people with dignity and respect. Through discussions with staff we were satisfied staff had the practical knowledge and skills of how to promote people's dignity and independence. One relative commented, "Dignity, yes they do. I would have taken her home if not".

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were assessed, and clear and detailed plans of care put in place. People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Through the effective use of technology, the service was responsive to people's changing needs. All staff accessed information about how to support people on the provider's system through a laptop or tablet. As people's care plans were electronic changes to people's care records were instantaneous and staff received a corresponding alert to notify them of the change. One staff member said, "The system is absolutely brilliant, really good. I can access my manager and get a quick response or access daily notes to see if there are any changes." Another staff member said, "We have unit meetings about once a month, but if there is something that our team leaders need to communicate quickly to us they do this over Fusion (the provider's electronic care planning system) or via an email."
- Staff effectively supported people with behaviours which may challenge. Staff had received relevant training and we saw people had personalised plans in place to give staff the skills and confidence to support people effectively in this area. For example, one person's care plan guided staff to talk to them about topics that are known to refocus their attention, such as their past job occupation, Sheffield, family or favourite music artists. A staff member told us, "The unit has a strong team that works together. On this unit we work with mental health and challenging behaviour, so every day is different. What we do is set by the people and how they are on the day." A relative said, "[Staff] manage his behaviour really well, the use of medication is minimal. He was on anxiety disorder medication, which has now drastically reduced. Staff know how to support my dad."
- There was a varied programme of indoor and outdoor activities available to promote people's wellbeing and interaction. However, some people and their relatives we spoke with gave mixed views about the quality of the activities provided. Some suggested there was not enough activities available or the activities were not stimulating enough. Comments included, "I'm quite lucky, I like playing snooker and sometimes we go to the working men's club", "Very bored, there's nothing to do, if the weather is nice I walk up and down, I find something to do", "There are some days when I've not left this room" and "The main thing I get upset about is the lack of activities".
- During this inspection we saw activities were mainly overseen by an activities coordinator and care staff occasionally spent their available time to interact with people. For example, we saw the activities coordinator support people with bird house making in the afternoon, which some people appeared to take enjoyment from. The activities coordinator told us they link in with resident meetings to gather feedback and ideas for future activities. They also said, "I speak to residents and create activities that are meaningful for them, we understand that moods change, but we are flexible. What I find is little groups are better, because that's where they feel more comfortable". The service also ran a 'birthday wish' programme and we heard positive examples where the service had supported people to fulfil their wishes.

- This feedback was shared with the management team. They assured us they will continue to work with people to ensure their needs and preferences were listened to and had a number of mechanisms in place to collect and respond to people's feedback. The management team showed us a 'lifestyle and therapy survey' which they were piloting and had sent out the day before the inspection. This survey focussed on gathering feedback about what activities people wanted to see at the service.

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.

- People's communication needs were recorded and staff knew how to communicate with them and meet their needs. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. Since we last inspected we saw the provider had followed their complaints procedure.
- Information on how to complain was clearly displayed in the home.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff received training in the provision of end of life care. They worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 good. At this inspection this key question has remained the same. 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

- Through good integration of technology the management team had oversight of the service and were able to monitor people's care in real-time. This enabled the service to respond quickly to potential safety concerns.
- Systems continued to be in place to monitor the quality of the service. Checks were completed by the management team as well as staff working at the service. This helped to ensure all areas of the service were monitored and reviewed. As identified in the 'safe' section of the report, some minor improvements were required to ensure records were consistently up to date. Discussions with the management team showed they had already recognised this was an area for improvement. The regional manager said, "Over the last 6 months the audits have got better and [the registered manager's] focus has been on getting more analytical to ensure when lessons are learned, these are acted on."
- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.
- The provider had policies and procedures in place which covered all aspects of the service. With the exception of the provider's Statement of Purpose, the policies and procedures seen had been updated and reviewed to reflect changes locally or when practice guidance and legislation had changed.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider's ethos, vision and values were person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- There was an open, honest, caring culture across the service. People told us the management team were supportive and approachable. One relative said, "I just wanted to praise Wood Hill Lodge and [the registered manager]. They do such a good job for my dad. They are really supportive the management team".
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities. Staff spoke highly of the registered manager and the way the home was run.

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

- People's feedback was sought through a variety of mechanisms, such as meetings, drop-in surgeries, ward

rounds, one to one reviews and surveys. Surveys were sent out regularly to assess people's level of satisfaction with the service. During the inspection we received mostly positive comments about the service, but two themes for improvement emerged based on people's feedback, which was the quality of the food and activities provided.

- Staff and management meetings were held providing opportunity for information sharing as well as enabling staff to share their views and ideas. Recent staff surveys showed high levels of job satisfaction within the home and 100% of respondents felt they were well trained and supported by the management team.

Working in partnership with others

- The management team had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.
- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.