

# SHC Clemsfold Group Limited

# Woodhurst Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

The inspection took place on 14 August 2018 and was unannounced.

Services operated by the provider had been subject to a period of increased monitoring and support by commissioners. As a result of concerns raised, the provider is currently subject to a police investigation. The investigation is on-going and no conclusions have been made. We used the information of concern raised by partner agencies to plan what areas we would inspect and to judge the safety and quality of the service at the time of the inspection. Between May 2017 and July 2018, 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.

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. Woodhurst Lodge is registered to provide accommodation and nursing care for up to 10 people with physical disabilities, learning disabilities and a range of neurological conditions and/or acquired brain injury. At the time of the inspection there were nine people living at the home. The home is located in a rural setting and is purpose built to accommodate the needs of people with complex physical disabilities and neurological conditions.

The home has a registered manager and they were present throughout 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 last inspection on 19 July 2017 identified three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had completed an improvement plan following the last inspection to show what they would do, and by when, to improve the key questions of is the service effective, caring, responsive and well-led, to at least good. At this inspection on 14 August 2018 there had been improvements in some areas of practice to address the identified breaches. However, in the key questions of responsive and well-led, it remained that some areas of practice required further improvement.

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 this 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 and scale 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.

These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen, but this was not always the case for people. Woodhurst Lodge is a large clinical setting rather than a small-scale homely environment. Woodhurst Lodge is geographically isolated in a rural area. For some people, there were limited opportunities to have meaningful engagement with the local community. Most people's social engagement and activities took place at Woodhurst Lodge.

Whilst improvements had been made to ensure that people's social needs were met this was not consistent for everyone. Some people were not receiving the stimulation and social engagement that they needed to improve their quality of life. We identified this as an area of practice that continues to require improvement.

The registered manager was in the process of recruiting a suitable staff member to support people with personalised activities and meaningful occupation. Whilst some improvements were evident the registered manager acknowledged that the planned improvements were not yet fully implemented. This meant that governance systems had not ensured improvements were consistent for all areas of the service and improvements were not yet fully embedded and sustained. This was an area of practice that continues to require improvement.

People, their relatives and staff spoke positively about the registered manager and changes that had been implemented at the home. One relative said, "The atmosphere has changed, staff are less anxious and more welcoming than before."

People told us they felt safe living at the home. Risks were identified and managed effectively. Care plans provided clear guidance for staff in how to care for people safely. Incidents and accidents were recorded and monitored. There were enough suitable staff on duty and people received their medicines safely.

Staff had received the training and support they needed to enable them to be effective in their roles. One staff member told us, "The training has been really helpful and induction for new staff is very good." Staff demonstrated a good understanding of their responsibilities including in safeguarding people, seeking consent and the Mental Capacity Act 2005. Assessments and care plans were holistic and identified people's needs and preferences. Staff supported people to have enough to eat and drink and to access the health care services they needed. The home was accessible and had the adaptations and equipment needed to meet the complex needs of the people living there.

Staff were kind and caring in their approach. They knew the people they were caring for well and treated them with dignity and respect. People were supported to express their views and staff involved relatives appropriately. One relative told us, "Things have really picked up, we have noticed a lot of improvements, we are more involved in things again now."

People were supported to plan for care at the end of their life if they wanted to do so. Staff were responsive to complaints and took appropriate actions to resolve concerns raised by people or their relatives.

There were effective systems in place to provide management oversight. Lessons were learned when things went wrong and changes were made to improve the service. People and their relatives were involved in developments at the service and their views were sought.

We identified two continued breaches of the regulations. This is the second consecutive inspection where the overall rating has been Requires Improvement.

We imposed conditions on the provider's registration. The conditions are therefore imposed at each service 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 services 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.

## 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 understood their responsibilities for safeguarding people. Risks were assessed and managed effectively. Lessons were learned when things went wrong.

There were enough staff to care for people safely.

Medicines were managed safely. People were protected from infection by prevention and control measures.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed. They understood their responsibilities with regard to seeking consent and the Mental Capacity Act 2005.

Assessments were holistic and took account of people's diverse needs. People were supported to have enough to eat and drink and to access health care services when they needed them.

The environment was accessible and adaptations were suitable for people's needs.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and treated people with respect.

Staff knew people well and supported them to express their views.

People's privacy and dignity was respected and confidentiality was maintained.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Some people were not supported with meaningful social activities to enhance their quality of life. People could not always access local amenities or be part of the local community.

Staff were responsive to complaints and concerns and sought to resolve issues.

People were offered support to plan for care at the end of their life.

**Is the service well-led?**

The service was not consistently well- led.

The provider's governance systems had not assessed the quality of changes made to the service. Improvements were not yet fully embedded and sustained.

Visible leadership was evident.

People, relatives and staff were positive about improvements in the management of the home.

**Requires Improvement** 

# Woodhurst 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 was planned to check 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 14 August 2018 and was unannounced. The inspection team consisted of two inspectors and a specialist nurse advisor.

Prior to the inspection we reviewed the information we held about Woodhurst Lodge. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). A PIR 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.

Due to the nature of people's complex needs, we were not always able to ask people direct questions. However, we did speak with two people, talked with others where possible and observed them as they engaged with their day-to-day tasks and activities. We spoke to three relatives by telephone during the inspection to gain their views of the care provided to their family member as well as one visitor. We spoke with the regional operations director and the registered manager. We also spoke with four members of staff. We spent time observing the care and support that people received in the lounges and communal areas of the home.

We reviewed a range of records relating to people's care which included five care plans. We also looked at four staff records which included information about their training, support and recruitment. We reviewed people's Medication Administration Records (MARs). We looked at audits, minutes of meetings with people and staff, policies and procedures, accident and incident reports and other documents relating to the management of Woodhurst Lodge.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe at Woodhurst Lodge. One person told us that they felt safe and would speak to their friend or send an email if they had concerns. A relative said, "We are always reassured by the staff, they look after people very well and I know he is happy here." Another relative told us, "Hospital staff recently commented on how well my relation was being looked after. We have no concerns, I am very confident that they are safe here."

People were being supported to have their medicines safely. Medicines were ordered, administered and stored safely. Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. There was clear guidance for staff in when to administer PRN medicines and records showed when and why these had been administered. Some people lacked capacity to consent to their medicines and were receiving their medicines covertly, that is without their knowledge and agreement. Appropriate assessments were recorded and included decisions that had been made in the person's best interest in line with the Mental Capacity Act 2005. We observed people receiving their medicines in a person-centred way. For example, one person had their medicine early as they were going out. Staff told us that they were flexible when possible and respected people's right to refuse medicine although they said they would always offer to come back later and try again. The provider had robust systems in place to ensure that medicines were managed safely and an external pharmacy also undertook regular audits.

Staff had received safeguarding training and demonstrated that they understood their responsibilities for safeguarding people. Staff described the signs that might indicate abuse and one staff member said, "We know people very well and any safeguarding concerns are raised and dealt with immediately." Records confirmed that appropriate alerts had been made when concerns were raised in line with the provider's policy and with local safeguarding procedures. This meant that incidents had been escalated appropriately and had received proper scrutiny from the local authority to ensure that people were protected from further abuse.

People and their relatives were encouraged to raise any concerns. One person told us that he had spoken to a staff member and an issue was quickly addressed. A relative told us they had raised a safeguarding concern and the registered manager had been proactive in ensuring that the matter was investigated. They described the registered manager's attitude as, "Wanting to be open and transparent." The relative told us that whilst the matter had not yet been fully resolved they had felt assured that the registered manager had taken appropriate actions, saying, "I don't think it will happen again." Records confirmed that the person's care plan had been amended and manual movement guidance had been modified following this incident. This showed that staff had learned lessons and had acted to improve safety following a safeguarding incident.

People were living with a range of complex needs. Risks to people had been assessed and were managed effectively to maintain their safety and support their freedom. Risks associated with people's health needs were identified and assessed. Each person needed support with moving and changing position. Detailed



manual movement risk assessments had been completed and care plans provided comprehensive guidance in how to support people to move safely. For example, one care plan included guidance on the angle of tilt required for the person's wheelchair. Another described how to achieve the best position to support the person's posture. We noted that staff were knowledgeable about people's individual needs. We observed how they assisted one person to transfer from their wheelchair to a chair with the use of a hoist. Staff followed the guidance in the care plan, checking that they had the correct size of sling. Staff were gentle in their approach, explained to the person what they were going to do and checked that they were happy before proceeding. They provided reassurance to the person throughout the manoeuvre and completed the process efficiently and confidently.

Some people were assessed as being at risk of developing pressure sores. Care plans included clear guidance for staff in how to maintain people's skin integrity for example, indicating when a person needed to be supported with repositioning. Records showed that staff were following care plans and had identified when there were changes in people's skin. Advice from health care professionals such as a Tissue Viability Nurse (TVN) was evident within people's records and care plans had been reviewed and adjusted to include their advice.

Some people were at high risk of choking and required a modified diet. There was clear guidance in place for staff detailing the support that people needed and what actions to take in the event of an emergency such as a choking incident. Where people required a tube to keep their airways clear, advice was provided to staff on when to suction the person's airway and included an upper airway suctioning care plan. We observed staff assisting one person with this procedure. The staff member was kind and gentle, talking to the person and using gentle touch to reassure them. The registered manager explained that only staff who had received appropriate training and were assessed as competent were able to provide suctioning for people. They confirmed that there was always a staff member on duty with these skills.

Some people needed to have their nutrition, fluids and medicines via an enteral feeding system. This is a flexible tube that enables fluids and liquid foods to be delivered directly into the gut. Risk assessments and care plans provided clear guidance for staff in how to support people with the enteral feeding system, including daily care of the tube and the site of the tube. A protocol was in place if the tube was to become blocked or fall out. Records confirmed that staff were following the guidelines and protocols that were in place. Only staff who had received training and were competent were able to support people with enteral feeding systems.

People were supported to be involved in making decisions about how risks should be managed and their views were respected. For example, a TVN had recommended equipment for one person. However, the person had decided that they preferred not to use this equipment and this was recorded. A staff member told us, "People have a right to make decisions about their care, even if we think it's unwise."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Personal Emergency Evacuation Plans were in place and gave clear guidance on the support people would need in the event of an emergency evacuation. The provider had a detailed policy to support infection control. Regular audits took place to ensure that standards of cleanliness were maintained and that infection control procedures were followed. A detailed contingency plan was in place to support the management of any outbreak of infection at the home.

There were enough suitable staff to care for people safely. The provider used a dependency tool to measure the number of staff that were needed to care for people. Records of staff rotas showed that staffing levels

had been consistently maintained. There was regular use of agency staff to ensure that the required hours were covered. People had call bells in their rooms but not everyone was able to use the system. One person told us that staff came promptly if they activated the bell. The registered manager told us that only regular agency staff were used due to the complex needs of people at the home. They explained, "We are currently recruiting to vacant posts so we hope to reduce our reliance on agency staff. We provide additional training and support to agency staff so we can be sure about their competency."

The provider had robust recruitment procedures in place. Relevant checks had been undertaken to ensure that staff were safe to work within the health and social care sector. Prior to their employment commencing, staffs' employment history and references from previous employers were obtained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

Incidents and accidents were recorded, monitored and escalated appropriately. Records showed that each event was reviewed to ensure that appropriate actions had been taken at the time and following the incident. For example, an incident had occurred which resulted in a person being admitted to hospital. The actions taken at the time were recorded. The registered manager reviewed staff training to ensure that all staff were competent and knew what to do if a similar incident occurred. Additional checks had also been put in place to prevent a further occurrence. This showed that staff were learning lessons and identifying ways to improve practice.

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 guidelines providers must follow if things go wrong with care and treatment.

# Is the service effective?

## Our findings

At the last inspection on 19 July 2017 we identified a breach of Regulation 18 because staff had not all had the training they needed to fulfil the requirements of their role. At this inspection on 14 August we found that improvements had been made to meet this breach.

Staff told us they had received training relevant to the needs of people they were caring for. One staff member said, "I have done a lot of training, especially in the last year." Another staff member described useful training that had been arranged. They gave examples of specific training that had been tailored to address the needs of people living at the home. This included manual movement training to enable staff to support one person with their posture and positioning and autism training that provided guidance on specific techniques for supporting one person. Staff said that this training had helped them to provide more effective care to people. Records showed that agency staff had completed training and the registered manager confirmed that agency staff were able to attend additional training that was specific to the needs of people living at the home. One agency staff member told us that this training was helpful saying, "It tops up the training I have already had and it's more relevant to the people here at Woodhurst Lodge." The registered manager explained that they received information from the agency to confirm the training that staff had received including for example, enteral feeding system training for nursing staff. They had introduced additional checks to ensure that agency staff were competent and had the skills and knowledge they needed to meet people's needs.

Records confirmed that staff had attended training to refresh their knowledge and skills in areas such as learning disabilities, safeguarding, infection control, assistance with meal times and epilepsy. Staff had attended or were booked to attend, updated manual movement training and basic life support. A relative spoke positively about improvements they had noticed saying, "I feel confident that staff know how to look after people here. That wasn't always the case but I am more comfortable with them now, even the agency staff." Some staff were qualified nurses and records confirmed that they had undertaken training to maintain their clinical skills. Registered nurses had up-to-date PINs which meant they had been validated to practice through the Nursing and Midwifery Council.

New staff received a thorough induction and described being well supported. One new staff member said, "Permanent staff have really looked after me, they are so knowledgeable." They explained that they had completed a week's induction before coming to the home and described a mixture of both classroom and practical learning. They were given time to read information and spent time shadowing experienced staff until they felt confident. One staff member told us, "We can't rush the induction process because of the complexity of people's needs. Staff have to be competent and feel confident in what they are doing."

Staff told us they felt well supported and records showed that staff were receiving regular supervision in line with the provider's policy. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that they were able to raise any concerns during supervision and described supervision meetings as "Useful, regular and helpful."

People and their relatives told us that they had confidence that staff were well trained. One person told us they were, "Very happy with the staff," and that staff, "Know what they are doing." A relative told us, "I think all the regular staff are very well trained." Another relative said, "The staff are good, they have the skills they need. I think they have been trained well." Our observations of staff practice during the inspection, together with people's comments showed that improvements in training and support had been effective in ensuring good care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff had received training in the Mental Capacity Act 2005 (MCA) and showed a good understanding of their responsibilities with regard to the legislation. One staff member told us they had found MCA to be a complicated subject, however they were able to describe the principles of the Act and described the rights that people had to make decisions, including unwise decisions if they had capacity to do so. All the staff members were spoke with provided clear examples that demonstrated their understanding. Examples included, the importance of respecting people's rights and involving professionals and family members when making decisions in people's best interests.

Some people lacked capacity to make specific decisions. Records showed that mental capacity assessments had been undertaken to confirm their lack of capacity. The process for making decisions in people's best interest was recorded clearly. This showed that relevant people had been consulted and that consideration had been given to ensuring that the least restrictive option was chosen.

Some people had been assessed as needing specific equipment to keep them safe. This included bed rails, lap belts and other straps that could restrict their movements. Staff had recognised that where people were not able to consent to the use of such equipment, a best interest decision was needed and was recorded within their files. The registered manager had recognised that some people were potentially being deprived of their liberty and had made appropriate DoLS applications. A system was in place to ensure that conditions imposed within DoLS authorisations were being met and that applications were submitted to the local authority in a timely way to ensure that people were not being deprived of their liberty unlawfully.

People's needs and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs. Assessments included people's personal history and background as well as relevant assessments relating to their needs, interests and choices. Care plans included relevant information from people's assessments including details of any equipment or technology that supported effective care. For example, some people used electric wheelchairs to enable them to move around independently. Care plans guided staff in the position and posture needed to enable people to operate their wheelchairs independently.

Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, physiotherapy assessments had been undertaken and each person, with an identified need for physiotherapy, had an individual support plan. This included details of exercise programmes that were

designed according to the person's needs. We observed people receiving physiotherapy support from the home's physiotherapist during the inspection. A relative told us, "Having regular physiotherapy has made a difference, it's very good."

People were supported to have enough to eat and drink. A Malnutrition Universal Screening Tool (MUST) was used to identify risks of malnutrition. Where people were identified as being at risk of malnutrition a care plan was put in place to ensure that the persons nutritional needs were met and that their weight was regularly monitored. One person was identified to have had an unplanned weight loss. Their diet was adjusted to increase the calorific content. Records indicated that the person had begun to put weight back on.

Risks associated with eating and drinking were identified and managed. Some people needed to use an enteral feeding system, others needed food and fluids in a modified form to reduce risks of choking. Staff had received relevant training in supporting people at meal times. Advice and guidance from health care professionals, such as Speech and Language Therapist (SALT) and Dieticians was included within people's care plans. Records confirmed that staff monitored people's food and fluid intake and people's dietary needs were regularly reviewed.

Staff described positive team work and effective communication. Records showed that staff meetings were regular and staff told us that they felt able to contribute. One staff member described the value of discussing specific issues in a team meeting. They explained how this had led to people receiving more effective support. One staff member said, "We communicate well and staff meetings are useful." Another staff member said, "All the staff are happy to work here, it's a good team." A third staff member described effective communication between nursing staff and care staff. They gave an example of how a member of care staff had noticed a change to one person's skin and had reported this to the nurse of duty. They confirmed that a referral was made to the GP quickly as a result. A communication book was used to pass important information on within the staff team. We noted that the registered manager regularly checked this book and identified issues that needed to be followed up.

People were supported to access the health care services they needed. Staff were familiar with people and spoke knowledgeably about their individual health needs. The provider employed a physiotherapist and each person had an individual physiotherapy programme in place. We observed people receiving support with physiotherapy during the inspection. Records confirmed that people were supported to attend routine health care appointments. Staff described positive working relationships with a range of health care professionals and records confirmed the involvement of the GP, community diabetic nurse, SALT, dietician, tissue viability nurse and autism nurse.

Woodhurst Lodge is a purpose-built home which is designed to support the complex needs of the people living there. The facilities were modern and spacious and this enabled people who used wheelchairs to move around with ease. Adaptations had been included to meet people's needs. For example, bedrooms are equipped with overhead hoists to support people to move between their bed and chair. Ensuite bathrooms were designed as wet rooms to enable accessibility. The home had a spa area to support physiotherapy and a sensory room. The registered manager said that the sensory room was not well used by people and said there were plans to make changes to this area of the home. People could access the garden and grounds either with support or independently. We observed some people being supported to go outside during the inspection.

# Is the service caring?

## Our findings

At the last inspection on 19 July 2017 we found that some aspects of the service were not caring. This was because people's views were not always sought. Care was delivered in a task-led way and staff did not always communicate with people. At this inspection on 14 August 2018, we found that improvements had been made and staff were providing a more caring service.

People and their relatives spoke highly of the caring nature of the staff. One person said, "I'm very happy, the staff are really caring." They described changes that had made a difference saying, "I can go to bed and get up when I choose now, things have improved a lot." A visitor told us, "From what I have seen, the staff are really quite caring." A relative told us, "On the whole the care is very good. Most of the staff are very caring people." One relative gave an example of a staff member's kindness. They explained, "She's lovely, she goes out of her way to help, for example, by colouring my relative's hair."

Throughout the inspection we observed staff interacting with people in a kind and caring way. They were attentive to people's needs and responded quickly when people needed support. The atmosphere was happy, people were engaging with staff, smiling and laughing. We observed how staff included people in conversations, explained what was happening, maintained eye contact and offered reassurance to people.

One relative told us that they felt their relation was happy at the home. They explained how they would recognise from their relation's expressions and body language if they were uncomfortable with a particular staff member, saying, "I would know if there was a problem, I can see from their expression that they have a good relationship with the staff." Staff told us that they had developed positive relationships with people. Staff knew people well and spoke knowledgeably about people and their needs. Staff demonstrated good insight into people's emotional needs and spoke about them with respect and affection. One staff member said, "It's a privilege to work here." Another staff member told us, "People do need a high level of support but it is very rewarding working here. The residents are amazing people."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. Services must identify, record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. People's communication needs were identified and recorded within their assessments and care plans. They had specific communication care plans to guide staff in how to support the person to communicate. This included identifying specific facial expressions, vocal sounds or gestures that the person used to communicate. Important information was included within care passports which were designed to provide essential information for any health and social care staff who were working with the person, for example if they were admitted to hospital. People's communication needs were highlighted within these documents and included details of how they communicated and any tools that they used such as pictures, signs or electronic equipment.

People were supported to express their views. Staff communicated with people in different ways according

to their needs. For example, some people received information in written form, others preferred emails and some needed verbal communication. Some people used pictures or signs to help them to communicate their needs and views. Where appropriate care plans included pictures, photographs or symbols to help people to be involved in planning their care. This showed that a person-centred approach was used to support people with communication.

Some people attended resident's meetings. Other people were not able to engage in this process and the registered manager took an individual approach to meeting with them to gain their views on the home. Some people used computers to communicate their views and staff supported them when necessary.

Advocacy was available for people who needed support to be involved in decisions about their care and support. Staff also consulted people's family or representatives where appropriate. Two relatives we spoke with described being involved in reviewing people's care needs. A relative commented, "Things have really picked up, we have noticed a lot of improvements, we are more involved in things again now."

People's relatives said that they felt welcome when they visited. One relative told us the atmosphere at the home had improved, saying, "The staff are more welcoming now." A visitor told us, "I am always made welcome and offered a drink." People told us that staff treated them respectfully and protected their dignity. One person told us they never felt uncomfortable, and said all the staff were very respectful. A relative described how staff supported their relation to maintain their dignity saying, "They always look nice, appearance is important to them so it's good that the staff acknowledge that." Staff used signs on people's doors to protect people's privacy and we observed that staff knocked on people's doors before entering their room. People's personal records were kept securely and staff were aware of the importance of maintaining confidentiality and respecting people's privacy.



## Is the service responsive?

### Our findings

At the last inspection on 19 July 2017 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive care that reflected their preferences. The provider created an action plan to identify how they would address this breach of the regulations. At this inspection on 14 August 2018, some actions had been taken and improvements were evident. However, the improvements were not yet fully embedded and sustained. Therefore, this remains an area of practice that requires improvement.

People were not always supported to have enough to do. Some people were spending their time in their bedrooms and were isolated from social activity in the home. A staff member spoke about one person who needed support to move around and who spent every day in her bedroom. They told us, "They only come out when their relation visits once a week." Records showed that in the previous 21 days the person had only left their room for a short time on six occasions. We asked the registered manager about whether this was the person's choice. They acknowledged that this person was not supported to come out of their room as much as they could be and said that this was due, in part, to the complex nature of their needs. Daily records showed that the person spent most of their time in bed watching television. Their care plan stated that they enjoyed visiting parks and garden centres but there was no record of when this had last happened.

Two relatives we spoke with raised concerns that people did not always have opportunities to go out or to be involved in meaningful activities. One relative explained that their relation had always enjoyed going out, liked music and concerts and loved animals. They said, "I worry that they must be very bored and they just don't have enough to do, it's not stimulating, I wish they could go out." Another relative said, "There have been improvements but I think they definitely need more entertainment."

The registered manager said that they were in the process of recruiting an activities co-ordinator who would be responsible for improving opportunities for meaningful activities. They explained, whilst some improvement had been made, the activities programme was not yet as focussed as they would like. Work had started on developing individual activity plans for people. This included identifying people's interests and hobbies. For example, one plan showed that a person had previously enjoyed reading books and suggested that audio books might be enjoyable for them. Another suggested activity included pet therapy as the person liked animals. However, there was no record that these planned activities had taken place.

Some people told us that they could follow their interests and we saw that some people were supported to go out. For example, one person had been carriage riding and another had been out with staff to a local garden centre on the day of the inspection. A relative spoke positively about improvements in social activities and said that they were aware that their relations went out and about a lot. Staff were aware of people's interests, for example we observed staff interacting with one person who was watching a musical DVD that they enjoyed. Staff were chatting with the person and encouraging them to join in with the singing. Another person was being supported to do some art work and was clearly enjoying this. Staff were supporting another person to do a puzzle and another person was supported to go out in the garden for a walk. 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.

There was a continued failure to consistently provide person centred care for some people. This was identified as a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person was living with learning disabilities. 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. The home was designed, built and registered before this 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 and scale 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. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen, but this was not always the case for people. Woodhurst Lodge is a large clinical setting rather than a small-scale homely environment. Woodhurst Lodge is geographically isolated in a rural location. For some people, there were limited opportunities to have meaningful engagement with the local community amenities. Some people had limited contact with specialist health and social care support in the community due to specialist staff (physiotherapy) that were employed by the provider. Most people's social engagement and activities took place at Woodhurst Lodge. This meant that people were not always able to access local amenities or to participate in the local community.

People were supported to maintain relationships that were important to them. Relatives told us that communication with them had improved. One relative said, "I am kept informed about what's happening, appointments that are planned, and I am generally more included than before." Another relative told us that they had been invited to a review of their relation's care and described feeling that their views were valued. A third relative said that they spoke with staff on the phone regularly and were confident that they would be informed of any significant changes. All the relatives we spoke with described a welcoming atmosphere at the home. A visitor described how staff supported people to keep in touch with friends and family. They said, "They are always very welcoming. I've got to know the regular staff quite well. They are very helpful and caring people." A relative told us that the registered manager had been supportive in arranging for their relation to visit the family home on a regular basis. They described the positive impact that this had for their relative in maintaining contact with family life.

People and their relatives told us that they were confident that regular staff would notice any changes in people's health. One person told us, "Yes, they know me well, they would notice." A relative told us, "The regular nurse is very good, she noticed when my relation was not well and recognised the symptoms. They were very on the ball there." Another relative said, "They keep an eye on him and would definitely notice any changes." Staff told us that they knew people well and understood their needs. One staff member described how the use of recording charts supported staff to identify when people were unwell and prompted staff to make appropriate referrals in a timely way. Another staff member described how one person had been supported when their health condition deteriorated and became unstable, records confirmed that appropriate actions had been taken.

Staff knew people well and demonstrated a clear understanding of people's individual needs, preferences and interests. One staff member explained how information in people's care records had helped them to get to know people and to understand their individual needs. Assessments and care plans were holistic and

comprehensive. They reflected people's diverse needs and preferences. For example, information included details of people's background and personal history, including their cultural and religious beliefs, sexual preferences and previous occupations.

Staff described how their knowledge of people assisted them to communicate more effectively and helped them to recognise changes. For example, one staff member described how they recognised changes in a person's body language, vocal signs and expressions. They knew when the person was distressed or experiencing pain or discomfort and described the signs that would indicate this. A disability distress assessment recorded these signs and behaviours to guide staff who were less familiar with the person. We observed how staff could recognise signs that indicated when someone was in discomfort. We heard them offering reassurance, assessing what was wrong and checking this with the person before taking appropriate action. It was clear from the way that staff read the person's body language and mannerisms that they knew the person well and could be responsive to their needs.

People and their relatives told us that they would feel comfortable to raise any complaints and knew who they would speak to. One person told us that they would email the registered manager and described them as being responsive to any questions or concerns that they had. One relative said, "We have had some concerns previously but I feel that the new manager is very caring and would try very hard to resolve any issues." Another relative said, "I have no complaints but I would definitely raise them if I did have." The provider had a robust complaints system in place. Complaints were recorded together with actions taken to resolve the issue. People had received apologies for any shortfalls and appropriate actions had been taken to address their concerns.

Not everyone at the home had an end of life care plan in place. The registered manager said that this was because some people and relatives had not wanted to engage with this process. They told us that they had made links with staff from a local hospice and had sought advice from them when one person had required end of life care. The registered manager described how they would support people to plan for care at the end of life in a person-centred way and said that it was their intention to instigate further discussions with people to ensure that staff were aware of people's wishes.

## Is the service well-led?

### Our findings

At the last inspection on 19 July 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not effective systems in place to assess, monitor and improve the quality of the services provided. At this inspection on 14 August 2018 improvements had been made but were not yet fully embedded and sustained. This remains an area of practice that requires improvement.

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 home had been through a period of instability. The registered manager told us that they had been in post since September 2017. Whilst we recognised that the new registered manager was making changes to improve the quality and care provided to people, further time was needed to ensure that improvements made would be sustained and embedded over a period of time.

Following the last inspection, the registered manager had created an action plan to address the breaches of regulations that we had identified. They explained the actions that had been taken to make improvements, for example a training plan had been implemented to address shortfalls and gaps in staff training. Care plans had been reviewed and systems were in place to ensure that staff read and understood updated information. We found that staff demonstrated good knowledge and understanding of people's individual needs.

There was a clear governance system in place, however checks the provider was carrying out had not always assessed whether improvements had been made. Audits and quality monitoring systems were completed regularly and action plans were developed to ensure any shortfalls were addressed. Whilst governance systems have improved they have not yet ensured consistency in practice. For example, to provide a person-centred approach to meaningful activities for people and to ensure people's right to access and be part of their local community were upheld.

It is clear improvements have been made, however, there are still some areas of inconsistency in person centred practice. The manager had not yet been able to embed the improvements to ensure it was consistent for all. There was inconsistent practice about providing personalised care and activities. This meant that some people were not provided with regular opportunities for meaningful social activities that enhanced their quality of life. The registered manager was aware that some shortfalls remained and acknowledged that this area of practice had been slow to improve. They explained that plans were in place to recruit a lead for activities but the person was not yet in post.

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 meant that there had been a failure to fully address and sustain improvements and this was identified as a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a firm understanding of the day to day culture within the home. Their oversight was evident, for example, they commented on entries in the daily communication book to prompt staff to take appropriate actions and follow up on information received.

People and their relatives told us that they had confidence in the management of the home and had noticed positive changes since the last inspection. People spoke highly of the registered manager. One person said, "She is very good, I can go to her for advice, I trust her." A relative told us, "The place is well managed now, it has picked up a lot." Another relative said, "I have confidence in the manager. When there's a problem she resolves it. The home has a better atmosphere now." All the people we spoke with described a different atmosphere at the home. They described it as "welcoming," "more comfortable", and "much happier." The registered manager told us, "We are working at improving the culture and making it more open and honest. Staff seem happier as a result."

There was a clear management structure and staff understood their roles and responsibilities. Staff described good leadership and spoke positively about the management of the home. One staff member said, "There has been a significant improvement, I feel much better supported and my views are listened to." Another staff member said, "The manager is very nice and works closely with the staff to support individual residents." A third staff member said, "Management is good, you can talk to the manager straight away and she will listen." Notes from staff meetings confirmed that staff could contribute their views and ideas about developments at the home.

People and their relatives were encouraged to be involved and express their views on how the service was run. Some residents and relative's meetings had been held but the registered manager said that talking to people individually seemed to be more effective. For example, one person had provided valuable feedback to the registered manager about the call bell system and had been involved in testing and choosing a new system.

Systems were effective in identifying patterns to drive improvements in the service. The registered manager had oversight of incidents, accidents, safeguarding events and complaints. They used this information to make improvements. For example, an analysis of an incident identified that systems were not always effective in ensuring that agency staff had the required level of competency for specific tasks. Whilst checks were in place to ensure they had received training this did not always ensure that they were confident and competent to support people's complex needs. The registered manager made changes to their systems to ensure that all staff had the necessary competence to care for people safely.

The registered manager had a clear vision for the service and had identified a number of areas of practice that they wanted to improve upon. They told us that feedback from this inspection was consistent with the areas from improvement that they had already identified.

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 9 HSCA RA Regulations 2014 Person-centred care  Activities provided were not consistently personalised on behalf of service users
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective monitoring and checks made to improve the quality and safety of care provided to service users.