Portland Care 4 Limited

Wood Hill Lodge

Inspection report

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Sheffield
South Yorkshire
S4 8LE

Tel: 01145513724

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30 August 2023

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19 October 2023

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Wood Hill Lodge is a care home that provides accommodation, nursing and personal care for adults living with physical disabilities and/or mental health issues, including older adults living with dementia.

The home can accommodate up to 99 people in one purpose-built building over four floors, each of which has separate adapted facilities. At the time of this inspection there were 46 people residing at Wood Hill Lodge.

People's experience of using this service and what we found
Risk assessments and care records for people were not always in place or up to date to provide staff with the information they needed to support people safely.

Accidents and incidents were recorded. However, there was no evidence to show lessons learned or that trends and patterns had been analysed to mitigate future risks.

We reviewed the staff training matrix and other staff training records and found training required updating to ensure all staff were trained in line with the providers policy.

Renewal of authorisations for Deprivations of Liberty Safeguards (DoLS) were not always completed within the required timescales.

We found governance and audit systems were not effective in identifying and reducing the risk to people's safety. There was a lack of effective leadership and oversight of the service.

Following the inspection, the provider completed an action plan to address concerns raised.

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

The last rating for this service under the previous provider was good (published 12 May 2021)

Why we inspected
We undertook this targeted inspection to check on specific concerns we had received about the service. The inspection was prompted in response to concerns received about risk management, governance, and oversight. A decision was made for us to inspect and examine those risks.

Based on our inspection we found that some of the concerns that had been raised with us were confirmed.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted

inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement
We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this full report.

Follow up
We have received an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wood Hill Lodge on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection we rated this key question good.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service well-led?

Inspected but not rated

At our last inspection we rated this key question good.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

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 Health and Social Care Act 2008.

This was a targeted inspection to check on concerns we had about risk management, oversight, and governance.

Inspection team
This inspection was completed by 4 inspectors.

Service and service type
Wood Hill Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wood Hill Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 30 August 2023 and ended on 20 September 2023. We visited the location's

service on 30 August 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 20 members of staff including the regional manager, registered manager, deputy manager, 2 nursing staff, 1 activities coordinator, 1 team leader, 12 care staff and 1 head chef.

We reviewed a range of records including 9 people's care records, risk assessments and daily care records. We looked at 2 staff files in relation to recruitment. We also reviewed a variety of documents relating to the management of the service, including policies and procedures.

After the inspection
We looked at further records and continued to seek clarification from the registered manager and nominated individual to validate evidence found. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Inspected but not rated

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. At our last inspection with the previous provider, we rated this key question good. We have not changed the rating as we have not looked at all of the safe key questions at this inspection.

The purpose of this inspection was to check concerns we had about risk management, oversight, and governance. We will assess the whole key question at the next inspection of the service.

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

- People were at potential risk of harm as the provider had not always identified, mitigated, or safely managed risks to people. Where risks to people were known, risk assessments and care plans were not always in place, accurate or sufficiently detailed to enable staff to support people safely.
- Records were not always up to date and accurate. For example, repositioning records for people at risk of pressure damage contained gaps. Therefore, it was unclear whether support had been provided at the required frequency. This had not been identified by the providers quality assurance processes.
- Incidents had not been consistently recorded, reported, or responded to. This meant people were placed at risk from harm. For example, where incidents had occurred, timely action had not been taken to update records or to provide training for staff to mitigate future risk for the person or others.

Systems were not in place or were not robust enough to demonstrate risks to people were assessed and mitigated and care delivered in a safe way. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider completed an action plan to address issues found.

Staffing and recruitment

- Not all staff had received appropriate training and support. We found not all staff had completed mandatory training such as First Aid or training to support people with health conditions such as pressure care. This was contrary to the providers policies and placed people at risk of harm.
- The frequency of staff supervision and appraisal was not meeting that required by the providers policy on supervision. There were no records of supervisions or appraisals for July 2022 to April 2023 and some staff were yet to receive a supervision this year.

We were not assured that staff had the appropriate qualifications, competence, skills, and experience to keep people safe. This was a further breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection, the provider completed an action plan to address issues found.

● We had received concerns around staffing levels. Observations on the day indicated that staffing levels were sufficient to meet people's needs. However, we noted staff were not always suitably deployed across all units to provide appropriate support. This was reflected in support being task focused with people not being engaged in activities or support being person centred.

The provider agreed to review staff deployment.

● We received mixed feedback from people and relatives about the support provided including concerns raised with us prior to inspection. On the day of inspection, one relative commented, "Can't fault staff, they are always willing to help, if anything is wrong, they will try and fix it."

● The provider had a system in place to safely recruit staff. Pre-employment checks were carried out prior to staff commencing in post. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● We found safeguarding concerns had not always been reported or reported to the local authority and not reported to CQC. All staff had not completed training in safeguarding and whistleblowing. We have reported on this in the well led section of this report.
● The provider had a safeguarding and whistleblowing policy which was accessible to staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was not always working within the principles of the MCA and, appropriate legal authorisations were not always in place to deprive a person of their liberty.

Following the inspection, the provider submitted DoLS authorisations for those people where authorisations had expired.

Inspected but not rated

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.

This is the first inspection of this newly registered service. At our last inspection with the previous provider, we rated this key question good.

We have not changed the rating as we have not looked at all of the safe key questions at this inspection.

The purpose of this inspection was to check concerns we had about risk management, oversight, and governance. We will assess the whole key question at the next inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to this inspection, we were made aware of concerns people had about the care and support people received. Some of those concerns were confirmed during this inspection.
- The management of safety, risk and governance had not been effective. Actions had not been taken by the provider or registered manager to ensure that systems and processes were robust and operated effectively. Audits did not always identify concerns and the service was not effectively learning and improving care.
- People's care records and service records were not always accurate and reliable. This meant staff did not have clear guidance about the care required and people were exposed to unsafe care and treatment.
- The management team did not have appropriate oversight of training, delegation of tasks, including monitoring of support provided, managing risk, or reviewing care records.
- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay. During this inspection, we found that CQC was not always notified or updated of reportable events within a reasonable time frame. This placed people at risk of harm.
- Staff were not always able to raise concerns through supervisions and meetings. Regular meetings including daily flash meetings were found to be inconsistent and the frequency of staff supervision and appraisal was not meeting that required by the providers policies.

The provider had not ensured there were effective systems and processes in place to assess, monitor and mitigate risk to service users. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Following the inspection, the provider completed an action plan to address all concerns raised.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) The provider had failed to ensure people received care in a safe way. 12 (2) (a) The provider had failed to assess the risks to the health and safety of service users of receiving the care and treatment. 12 (2) (b) The provider had failed to do all that is reasonably practicable to mitigate risks. 12 (2) (c) The provider had failed to ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1), (2) (b). The provider had not ensured there were effective systems and processes in place to assess, monitor and mitigate risks to service users. Regulation 17 (1), (2) (c). The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.