

Horizon Care (Wood Hill Lodge) Limited

# Wood Hill Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# 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 41 people residing at Wood Hill Lodge.

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

Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to help people keep safe. There were systems in place to recognise and respond to any allegations of abuse. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed.

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 enjoyed the food served at Wood Hill Lodge and were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through meetings, supervisions and appraisals.

The service was well-led. The manager was responsive to any issues raised. There were effective systems in place to monitor and improve the quality of the service provided. The service had policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 January 2020).

### Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of staff and the standard of facilities provided to people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this report. The overall rating for the service has remained as good.

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](http://www.cqc.org.uk)

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of three inspectors.

#### 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.

There was a manager in post and they were in the process of applying to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

#### During the inspection

We spoke with five people who lived at Wood Hill Lodge about their experience of the care provided. We met with the manager, support manager, director, and safeguarding lead. We spoke with 16 members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included five people's care records and three staff files. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included supervision and training data, and quality assurance records.

# 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.

### Staffing and recruitment

- The process of recruiting staff was safe. Staff personnel files contained detailed information to help ensure people employed were of good character. A weekly rolling recruitment process had been introduced to fill vacancies promptly, increase permanent staff members and therefore reduce the use of agency staff.
- There were enough staff employed to help keep people safe. The manager used a staffing dependency tool alongside assessments of people's care and support needs to work out staffing levels. This was reviewed every six months or sooner if a person's needs changed. A member of staff told us, "There are enough staff. Cover is provided when we need it."
- There were concerns regarding the consistency of staff, specifically on one of the units. One person told us, "They [managers] change the staff, I get used to them and then they change, it's not right." A member of staff said, "Residents don't know staff, it takes them a while to get used to them and then we [staff] are moved to another unit."

We spoke with the manager about this. They confirmed the use of agency staff had only recently reduced and was still needed to cover staff sickness absence. However, this reduction was now beginning to have a positive impact on permanent staff being allocated to specific units. A member of staff confirmed, "We have less agency than we used to. It's [staffing situation] getting better."

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to keep people safe. One person told us, "I'm very well looked after, they [staff] have helped me and they look after me."
- Staff were aware of how to report unsafe practice. The provider had clear safeguarding and whistleblowing policies and procedures available for staff.
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults from abuse. Staff were confident any concerns they raised would be taken seriously by managers and acted upon appropriately. The manager kept a record of safeguarding concerns raised with the local authority, action taken and the outcomes.
- The provider was responsible for safely managing small amounts of money for people living at Wood Hill Lodge. Accurate financial records were maintained for each person.

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

- Incidents and accidents were responded to and recorded at the time they occurred. Reports were then reviewed by managers and action was taken to reduce the risk of repeat events, where appropriate. The manager analysed these, including any safeguarding concerns to establish whether there were any trends and any lessons learnt to be shared with staff.

- People's care records contained risk assessments. The level of risk to a person was identified and reviewed regularly. We saw these assessments contained information and guidance for staff on how to reduce any identified risks.
- Regular checks of the buildings and the equipment were carried out to keep people safe.
- Risks from the environment had been assessed and actions taken in response. For example, people had individual personal evacuation plans to be followed in the event of an emergency.

#### Using medicines safely

- People's medicines were managed safely.
- Medicines were stored securely and disposed of correctly. Clinical rooms were clean and organised. Regular temperature checks were undertaken of clinical rooms and fridges to ensure medicines were stored within safe temperature ranges.
- People received their medicines as prescribed and this was confirmed by their electronic medication administration records.
- Staff who supported people with their medicines were appropriately trained. Regular checks of their practice were carried out to make sure they were following the correct procedures.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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.

Staff support: induction, training, skills and experience

- Staff were provided with the support they needed to undertake their jobs effectively. Staff received an induction. This included mandatory training and shadowing more experienced members of staff.
- Staff received regular ongoing training relevant to their job role. This was via a mix of eLearning and face-to-face training.
- Staff received ongoing support through team meetings, supervision and appraisals. Staff told us they felt supported by managers and colleagues. A member of staff told us, "Yes, [name of manager] is definitely supportive. They are great."

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

- People enjoyed the food served at Wood Hill Lodge. Comments included, "The food is beautiful, it's well cooked and well presented, there's nothing wrong with it" and "I get regular food. I get plenty of choice."
- Lunchtime was a relaxed and pleasant experience. Staff encouraged and supported people to eat and drink as required. We saw staff were patient with people and supported them with dignity and respect.
- Specific dietary needs for health or cultural reasons were catered for. The cook was knowledgeable about people's likes and dislikes and special dietary requirements. However, it was not clear to us how kitchen staff communicated these needs to care staff. We spoke with the manager about this and they explained there was a clear process in place. The manager confirmed this was reviewed with staff following this inspection.

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

- People were supported to access a range of health and social care professionals. Care records were updated to reflect this.
- Staff were made aware of any changes to people's needs through regular handovers and daily 'flash' meetings with representatives from all departments.

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

- The service had been designed to meet the needs of people living with dementia. Communal areas were signposted and there were pictures on the walls to aid reminiscence.
- The premises were accessible for people with mobility difficulties. The premises were purpose built with wide corridors and lift access to all floors.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and

choices; delivering care in line with standards, guidance and the law

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 manager understood their responsibilities under the MCA and had made appropriate applications to the local authority for DoLS authorisations. The manager tracked and monitored these to ensure people's support needs were legally met.
- Conditions on authorisations and action taken to meet these conditions were clearly recorded on people's care records.
- Staff received training on understanding mental capacity and DoLS. Training records confirmed this. Staff understood how to give people choices and provided people with a range of options. For example, what they would like to eat.
- People's care records contained consent to care documents. We saw records showing best interest meetings had taken place when significant decisions needed to be made for a person lacking capacity.
- Care records were person-centred and regularly reviewed.

# 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 now 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

- There were effective quality assurance and governance systems in place to assess the safety and quality of the service. For example, there were regular audits of medicines management and infection control. Any issues identified were recorded and acted upon.
- The quality assurance and compliance manager kept oversight of the service by regularly visiting and completing provider audits.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. These were up to date and therefore reflected current legislation and good practice guidance. Electronic versions were available to staff and they knew how to access them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had been in post for a short time, however prior to this they were the clinical lead at the service for a number of years. They clearly knew people well.
- The manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the reception area and on their website.

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

- There were staff champions whose role was to ensure staff were supported and engaged in different aspects of service delivery. For example, nutrition and hydration champions.
- The service had an open, positive culture. Staff told us they felt part of a team that was committed to providing good quality care. Comments from staff included, "I love working here and the standard of care we provide" and "People are safe here, there is a good mix of staff. We are a good team."
- Staff told us the manager had an 'open door' policy and they felt able to speak with the manager if they had any concerns or queries. Comments from staff included, "[Name of manager] is very approachable. They have an open door policy" and "Management are lovely, they all show you respect no matter what your position is."

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

#### characteristics

- There were systems in place to ask people using the service, their relatives and staff for their views on the service. This included sending out surveys and conducting care plan reviews.
- There were regular meetings held with staff and people living at Wood Hill Lodge. There were records kept of these meetings taking place and any agreed actions.
- Relatives meetings had not recently been held on the premises as a result of the visiting restrictions imposed by the COVID-19 pandemic. However, relatives were kept informed via newsletters and continued to be asked for their views via surveys. The manager had recently held a successful online video meeting with relatives.

#### Working in partnership with others

- The manager worked well with Sheffield local authority to monitor and improve the service.
- The manager was keen to re-establish links with the local community following the easing of lockdown restrictions.