

Horizon Care (Wood Hill House) Limited

# Wood Hill House

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Wood Hill House is a care home that provides accommodation, nursing and personal care for adults living with a range of care and support needs, including people living with a physical disability, people with mental health needs and people with a learning disabilities or autistic spectrum disorder. The home can accommodate up to 83 people in one purpose-built building over four floors, each of which has separate adapted facilities. At the time of this inspection there were ten people residing permanently at Wood Hill House and three people in receipt of respite care.

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

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in safeguarding vulnerable adults. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. Medicines were stored safely and administered as prescribed. We were assured there were effective systems in place to help prevent and reduce the spread of infections.

Staff were provided with an induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through team meetings, supervisions and appraisals. 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 were supported to eat and drink to maintain a balanced diet. People were encouraged to maintain good health and have access to health and social care services as required. Positive and supportive relationships had been developed between people living at Wood Hill House and the staff. People's right to privacy was respected and staff ensured people's dignity was maintained. Care records provided person-centred information to enable staff to meet people's needs and preferences.

The service was well-led. Comments about the manager were overwhelmingly positive. There were effective systems in place to monitor and improve the quality of the service provided. The provider had a comprehensive set of policies and procedures covering all aspects of service delivery.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting one of the underpinning principles of right support, right care, right culture. People's individual needs were not fully met by the size and design of the

service. The service can accommodate up to 83 people and as result there were large communal areas that were not conducive to meeting the varied and complex needs of some of the people who used the service. The premises had not been personalised to reflect the individual preferences of the people living there. The type and layout of the building therefore did not meet all the components of right support, right care, right culture.

Best practice guidance regarding accommodation for autistic people recommends it should usually be provided in small, local community-based units. Best practice guidance for people with a learning disability recommends living alone or with a small number of other people in shared housing that has a small-scale domestic feel. The manager and provider told us they had long term plans to improve the design of the service and reduce the bed capacity.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 under the previous provider was good (published 29 June 2018).

Why we inspected

This was a planned inspection of the new registered provider.

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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Wood Hill House

## 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 two inspectors.

#### Service and service type

Wood Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager had been in post for approximately five months at the time of this inspection. They were in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived at Wood Hill House about their experience of the care provided. We met with the manager, deputy manager, regional manager and director. We spoke with 11 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 three people's care records and five 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 the results of recent satisfaction surveys.

# 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 with the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from abuse.
- Staff were aware of how to report any unsafe practice. Staff were familiar with the provider's safeguarding and whistleblowing policies and procedures.
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding vulnerable adults. Staff were confident any concerns they raised would be taken seriously by the manager and acted upon appropriately.
- The provider had a clear system in place to keep a record of safeguarding concerns raised with the local authority, action taken and any outcomes.
- The provider was responsible for safely managing small amounts of money for people living at Wood Hill House. Financial records were kept for each person. We suggested these could be improved to include a running total of the amount of money available for each person.

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

- Risks to people were assessed and recorded. Care records included guidance for staff on how to best manage these risks.
- Accidents and incidents were recorded on the person's care record with details of the action taken by staff at the time. Each one was then reviewed by managers and further action was taken to reduce the risk of repeat events, where appropriate. The provider had a clear system in place to track and analyse events, including any safeguarding concerns, to establish whether there were any trends and any lessons learnt to be shared with staff.
- Regular checks of the buildings and the equipment were carried out to help keep people safe.
- Risks to people in the event of a fire were regularly reviewed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

Staffing and recruitment

- The process of recruiting staff was safe. Staff personnel files contained enough information to help ensure people employed were of good character. The provider kept accurate records of the recruitment and induction process for newly recruited staff.
- There were enough staff employed to help keep people safe. Due the complex needs of some of the people living at Wood Hill House they required high levels of support at all times. The manager told us there had been a high dependency on agency staff, however this was reducing as more permanent staff were employed. Staff confirmed this to be the case.

### Using medicines safely

- Medicines were stored safely and securely, administered as prescribed and disposed of properly.
- Staff with responsibility for medicines had received training in medicines management and their competency in this area was regularly checked.
- Staff were patient with people while supporting them with their medicines. We checked some people's medicines administration records (MAR) to confirm the person had taken their medicines as prescribed. We found they had been completed appropriately.
- There was clear guidance for staff on when a PRN 'as and when' medicine may be required by the person.

### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 with the previous provider this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not fully met by the design and decoration of the service. The premises looked clinical and were not personalised enough to reflect the individual preferences of the people living there.
- There were a range of communal spaces which were used for a variety of activities, such as access to gym equipment and an activities room. However, these were large, shared areas that were not always conducive to meeting the varied and complex needs of the people who used the service. This meant the type and layout of the building did not meet the principles of right support, right care, right culture and therefore this key question cannot be rated as good.

Staff support: induction, training, skills and experience

- Staff received the support they needed to undertake their jobs effectively.
- New staff completed a comprehensive induction. Staff told us they had an induction specific to their job. The induction included mandatory training and shadowing more experienced members of staff. The manager told us they liked to meet with every new member of staff on their first day to share their values and vision for the service.
- Staff received regular training. This was via a mix of eLearning and in-house face to face classroom style training. The manager kept an electronic record of staff compliance in this area so they could track if any training was overdue.
- Staff received ongoing support through supervisions and a yearly appraisal, as well as through regular staff meetings. Not all staff confirmed they received regular supervision. The manager told us they had plans in place to rectify this.

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

- People's nutritional needs were met. Specific dietary needs for health or cultural reasons were catered for. The cook was very knowledgeable about people's likes and dislikes and any dietary requirements they had.
- People had told the manager they would like more choice regarding the menus. One person told us, "I don't really like the food, it's all microwaved." As a result of feedback, the external company providing 'chef-prepared' food recently came to the service with a tasting menu. From this, we were told they were going to devise a new menu plan, including pictures of what had been tasted.
- Staff encouraged and supported people to eat and drink as required. Adapted drinking cups, crockery and cutlery were used as appropriate.

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. For example, the local GP surgery undertook a weekly ward round.
- Care records contained a multi-disciplinary team timeline, which was completed every time a person had contact with a professional involved in their care and support. This information could also be highlighted and pulled through into the daily handover records, if needed.

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 they had made appropriate applications to the local authority for DoLS authorisations. The provider had a clear system in place to keep a track of all DoLS applications.
- Any conditions on DoLS authorisations and action taken to meet these conditions were recorded on people's care records.
- Staff understood the principles of the MCA and this was part of their mandatory training.
- It was clear on their care records where people did not have capacity and would require support with making some decisions. Where people did not have capacity to consent to care we saw their relatives or advocate were consulted, as appropriate.
- People's needs were assessed before they started using the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection with the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well cared for. Comments from people included, "I like the staff" and "They [staff] are all OK."
- Interactions between people and staff were kind and caring. We saw many good examples of this. For example, staff taking time to understand what people wanted to do. When people became anxious or agitated staff were able to gently reassure them.
- Staff clearly knew the people they were supporting well. We heard friendly conversations between people and staff. All staff greeted people by name and asked how they were. A member of staff told us, "I like to come in and say hello to everyone because I am coming into their home and you must respect that."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as disability and gender. Our discussions with the manager and staff showed us people's rights were central to the care and support they provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. For example, staff knocked on doors before entering people's bedrooms. We saw staff crouch down to eye level to communicate with people who were lying on their beds.
- Staff spoke respectfully to us about the people they supported. One member of staff told us, "The residents are great, they are like family and so I treat them like family."
- Staff encouraged people to be as independent as possible. For example, we saw staff asking a person if they wanted a drink. When they said they did, staff encouraged and supported the person to make it themselves.
- People's personal information was respected. Staff we spoke with understood the need to respect people's confidentiality. Electronic records were password protected.

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

- Relatives were involved in decision making and care planning, where appropriate. People's care records continued information about their 'circle of care'. This gave information and contact details about the people most important to them.
- People's care records were regularly evaluated and updated.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were person centred and contained information about the person's social history, likes and dislikes. This enabled staff to provide personalised care. The provider was in the process of moving to a new electronic care planning system. This meant staff now had hand held devices so they could record information in real time and immediately access the person's care plans and risk assessments if they needed further information.
- People's care records held information on their current health and support needs in all areas of daily living. This included clear information and guidance for staff on how best to support the person to meet their needs.
- Care records included a summary of the person's needs and important personal information. This was particularly useful for any new staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. The provider employed a 'Lifestyle and Therapy Support Worker' who arranged a programme of activities to help keep people occupied and entertained. These included a gardening club and cooking sessions.
- People told us they had things to do. We saw some people outside with staff in the garden planting and weeding. They were clearly enjoying themselves. As the COVID-19 pandemic lockdown restrictions eased people were being supported to go out more, where appropriate.
- A weekly timetable of activities was displayed in the reception area and lifts.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure. This was available in an easy read format, if required.
- The provider had a clear system in place to record any complaints and outcomes.
- The manager was approachable, and people were confident any concerns they raised would be addressed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People's communication needs were assessed and information was available on how to best meet these needs in their care records.
- Information could be made available to people in different formats, if required. We saw some staff were learning Makaton and using picture cards to engage in conversation with people. Makaton uses signs and symbols to help people communicate.

End of life care and support

- Staff received training in supporting people at the end of their lives.
- There was an option to complete an end of life care plan with people as part of their care record, as appropriate.

# 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 with the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- 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 manager was committed to continually improving the service with the provider. The regional 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.

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

- The service was well-led. Staff told us the manager was competent and approachable. Comments included, "[Name of manager] is brilliant and very supportive", "[Name of manager] is an excellent manager" and "[Name of manager] is making a massive difference, pushing all the time to improve things."
- There was an open and positive culture. Staff told us they felt part of a team and were valued by the manager and their colleagues. Comments from staff included, "This is a good company to work for. All staff are really lovely" and "It's a lovely environment to work in. Everyone is supportive."
- The manager knew everyone living and working at the service very well. They undertook shifts where they were part of the team directly providing care and support to people. The manager told us it gave them an opportunity to get to know people better and to support staff to develop and improve their care skills.

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 since January 2021, and they had previous experience of managing health and social care services. They were also a registered nurse. The manager was in the process of applying to register with CQC.
- People clearly knew the manager well, we saw people were always also keen to stop and talk with them.
- 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.

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

#### characteristics

- There were systems in place to ask people and staff for their views on the service so they could continually improve. The manager had regular meetings with staff, as well as a daily flash meeting with representation from each department.
- The provider sent out an annual satisfaction survey to people, their visitors, staff and visiting professionals. Where issues had been raised, they had been addressed.
- Staff told us they felt listened to. Comments included, "I feel confident in [name of manager]. They are a good influence" and "There has been a big change since [name of manager] came here. Things are getting better."

#### Working in partnership with others

- The manager told us they had developed a good working relationship with the local GP surgery and local authority contracts officers.
- The manager told us they had introduced fortnightly video calls with people's social workers to keep them updated.
- The manager was keen to develop links with the local community as the COVID-19 pandemic lockdown eased. For example, engaging with neighbours at the local allotments for support with creating a roof garden.