

SHC Clemsfold Group Limited

Woodhurst Lodge

Inspection report

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Date of inspection visit:
10 November 2020
12 November 2020

Date of publication:
07 January 2021

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Requires Improvement ● |
| Is the service safe? | Requires Improvement ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Woodhurst Lodge provides nursing and personal care in one building for up to 10 people living with a range of neurological conditions and/or acquired brain injury. At the time of our inspection, eight people were living at the service. The service is in a rural setting and is purpose built to accommodate the needs of people with complex disabilities and neurological conditions. Accommodation is provided on one level. Communal areas include a lounge and dining room, with access to gardens and grounds.

Woodhurst Lodge is owned and operated by the provider Sussex Healthcare. Services operated by Sussex Healthcare have been subject to a period of increased monitoring and support by local authority commissioners. Due to concerns raised about the provider, Sussex Healthcare is currently subject to a police investigation, the investigation is on-going, and no conclusions have yet been reached.

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

Risks to people's health were not consistently managed. People did not always receive safe support in relation to infection prevention and control. People's risk of aspiration was not always documented. Systems used to monitor people's health were not always applied consistently. This meant people could not be assured of receiving appropriate care and treatment and were placed at increased risk of avoidable harm.

Staff training and supervision did not always ensure people received safe care and treatment. There were not adequate processes in place for assessing and monitoring the quality of the services provided and that records were accurate and complete. Systems had failed to identify that people were not always protected from avoidable harm. Safe care practices were not always recorded accurately within people's care records. Lessons learnt were not always identified or translated into practice.

People's care plans were not always suitably individualised around their needs to ensure they were supported to have maximum choice and control of their lives. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Throughout the inspection we saw people treated with dignity and respect. People and their relatives confirmed this was also their experience.

People were involved in activities and these were specific to people's interests and wishes. The Covid-19 pandemic had significantly reduced participation in activities outside of the building, however the service had increased the range of meaningful activities that could happen inside the building and grounds. People's rooms were personalised and the atmosphere in the service was one of calm. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

In December 2018 the Care Quality Commission imposed provider wide 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 several 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. We carried out an unannounced comprehensive inspection of this service on 13 and 14 August 2019. A breach of legal requirements was found in Regulation 17 (Good Governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been rated Requires improvement for the last four consecutive inspections. We will describe what we will do about the repeat Requires improvement in the follow up section below.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodhurst Lodge on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the Safe, and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 17- Good Governance, and two new breaches in relation to Regulation 12- Safe Care and Treatment and Regulation 18- Staffing.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. Follow up We will request an action plan for 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 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 not always safe.

More information can be found in the safe section of this report.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive section.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

See details in the Well-led section.

Requires Improvement ●

Woodhurst 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 was carried out by two inspectors.

Service and service type

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

The service had a manager employed but did not have a manager registered with the Care Quality Commission (CQC). At the time of this inspection, the manager had applied to CQC to be the registered manager for the service and their application was being processed. This means the provider held sole legal responsibility for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our 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 used all this information to plan our inspection.

During the inspection

We spoke with two people and three relatives about their experience of the care provided. We spoke to nine members of staff including the manager, clinical lead, administrator, activities co-ordinator, care workers, domestic staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Due to some people's complex needs they were unable to tell us about their experiences of the service. We made observations of care to help us understand the experiences of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We continued to receive feedback from health and social professionals who have contact with the service.

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 Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, Preventing and controlling infection

- People were not safe from the transmission of airborne infections. The service was not following Public Health England (PHE) Covid-19 guidance on the use of personal protective equipment (PPE) when carrying out aerosol generating procedures (AGP). An AGP is a medical procedure which can result in the release of airborne particles (aerosols) from the respiratory tract. We observed an AGP being carried out in the dining room while other people and staff were present. No alert was given this was about to happen and the staff were not using the correct PPE, fitted face mask, long sleeve gown or coveralls and eye protection. This meant that staff and other people present in the room were not protected from the risks associated with the spread of infection
- Staff confirmed that AGP's happen regularly both in people's rooms and communal areas and the correct PPE has not been used throughout the pandemic. The risk of transmission of infection with an AGP had not been assessed and there was no care plan to guide staff. Staff we spoke with were not aware of the risks or how to manage this procedure safely. This was raised with the manager, clinical lead and the nominated individual at the time and steps were taken to have the correct equipment delivered. Signage and information were displayed before the end of the day. We were given assurances the risk would be assessed, mitigated and communicated to staff. The service had not followed PHE guidance and the provider's own policy to carry out risk assessments for all staff at high risk from Covid-19. The manager took steps to begin to address this during the inspection. Risk assessments were in place for people living at the service in relation to Covid-19, however these did not include risks associated with being present in a room when others had AGP's taking place.
- One person was receiving nutrition, fluids and medication by a Percutaneous Endoscopic Gastrostomy (PEG). A PEG is a feeding tube into a person's stomach and is used to provide the person with the nutrients and fluids they need. People who have a PEG are at an increased risk from aspiration especially when lying flat, as fluid can travel up the oesophagus from the stomach and into a person's lungs. We observed one person lying flat in bed while receiving nutrition via the PEG. There was not a risk assessment in place, to alert staff to the risk of aspiration, however there was information on positioning in the person's care plan which staff had not followed. This meant that the PEG feed was not being used safely and placed the person at increased risk of aspiration. This was brought to the manager's attention who took immediate action to adjust the position of the person and gave assurances they would discuss this failing with the staff member concerned.

Learning lessons when things go wrong

- The risks to people from aspiration have been highlighted repeatedly to the provider during inspections of many of their other services. Despite this, there had been no shared learning in order to ensure people living

at Woodhurst Lodge were protected from known causes of avoidable harm. Incidents and accidents were recorded and monitored to identify any patterns or trends. Actions taken to prevent a reoccurrence were not always recorded. The provider had already identified this as an area of practice that needed to be improved

- Not all risks had been identified and assessed. For example, a person with complex diabetes did not have a risk assessment in place. Information in the diabetes care plan did not include eye or foot care. This meant that staff did not have the information they needed about levels of risk and how to mitigate risks for people.

The provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because there had been a failure to assess, monitor and mitigate risks in relation to infection prevention, aspiration and diabetes.

Staffing and recruitment

- Staff had received training in the use of personal protective equipment (PPE), however this was not effective as nursing and care staff were unaware of the equipment required for respiratory tract suctioning which is recognised as an AGP in government guidance. Nurses had not understood that this procedure was an AGP. Qualified nurses set up PEG feeds and positioned people for those feeds. We found one person lying flat when having a PEG feed which demonstrated training was not always effective. These practices were not picked up in clinical supervision or competency monitoring.

- Staff had not always had training to meet the individual needs of people, for example. Only two staff had training recorded for diabetes and one for Huntington's disease.

The provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider failed to provide adequate levels of training and supervision to ensure staff were competent to fulfil the requirements of their role.

- Records sampled show that staff are recruited safely with relevant checks completed and references obtained.

- There were enough staff to support people. When agency staff were used, efforts were made to ensure the same staff were used consistently.

- Care staff told us they found their induction training helpful and felt skilled enough to start the shadowing shifts. They had regular supervision and felt supported in their role.

- People and staff were regularly tested for Covid -19 and the service was able to isolate people safely when needed.

- The service employed housekeeping staff who maintained a cleaning routine which included disinfecting high touch areas such as door handles and surfaces. The service was clean and smelt fresh.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes are in place to minimise the risk of abuse to people.

- Staff confirmed they received safeguarding training and records corroborated this. Staff knew how to recognise potential signs of abuse and how to raise concerns. One staff member demonstrated their understanding and explained, " My main concern and purpose is to keep people safe" another staff told us they would have no hesitation in reporting anything they knew or saw.

- A person told us they felt safe and staff were good and competent. Relatives told us they were assured people were safe, they said this was because when there had been concerns in the past they were quickly resolved. One relative said "I know he is safe because he is happy. I honestly can say, they are so good and it's a privilege he is there". "He tells us, "I am sure dad and you would love it here".

- Using medicines safely
- Medicines were received, stored, administered and disposed of safely.
- Relatives told us they were always informed about any changes to their family member's medicines, or when they became unwell.
- We observed a staff member administering medicines to people in the morning and this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering to people and demonstrated an understanding of each person's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task.

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 remained the same. This meant people's needs were not always met through good organisation and delivery.

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

- People's care planning was not always suitably individualised around their needs to ensure staff had enough accurate information to deliver appropriate care. Care plans were not completed consistently, for example, the sections relating to medicine, emotional well-being, infection control and memory in the care plan were not completed for all people who needed them. This meant that staff did not always have the guidance they needed to provide care safely. One person had recently had a fall where their wheelchair tipped over trapping them when independently using the garden, this was not recorded in the care plan section of the electronic care records system (ECR), to guide staff how to support in the future.
- Some people were supported to have choice and control. One person told us, "They make all their own decisions and have choice and control in their life, for example how the person wants to receive their personal care, plan their own activities and maintain their independence. The person's care plans reflected these decisions. Each person's room reflected their interests and there were pictures on the walls outside people's rooms that showed images of interest to them, for example one person liked elephants, another motor sport.
- We observed staff offering choice to people throughout the inspection. One person who ate independently was having some difficulty cutting their food, a staff member very discreetly asked if they would like help.
- The service promotes the use of devices such as door push pads and assistive technology devices that enable people with physical disabilities to operate items in their environment such as call bells or TV's. This supported people to retain their independence.

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 had appropriate equipment and technology to support their communication. Two people used computers independently to email, access social media and remain in contact with their families. For other people tablet devices and telephones were available to keep in contact with relatives. We saw one person indicate by their actions they wanted to write something, staff immediately passed them a small whiteboard and marker pen to use.
- Records clearly documented people's communication needs and preferences.
- Relatives we spoke with said staff understood people's communication needs. One relative said, "They

encourage him to talk, they know what he likes".

- The manager and staff we spoke with were knowledgeable about people's different communication needs and preferences. One staff member told us, "We follow the person's facial expressions, we can understand if they want different drinks because they will be able to look at it or if they won't take the drink and we understand this means they want something different." Talking about a different person the staff said, " We have a sheet on the wall, they can point to a picture of a nurse and of different body parts to tell us they are in pain".

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 maintain relationships, during the Covid -19 pandemic, the service has supported people to keep in touch with their families and friends using a variety of means. Staff had supported a relative to visit regularly, the relative told us this has been vitally important to the person and the family.
- The activity coordinator supported varied activities including using a cycle machine placed in front of a window for a person who had enjoyed cycling. The activity coordinator ensured people had things to do that were relevant to them, by providing detailed information for staff about activities that reflected their interests. These included suggestions of the name of tv programme they might like and the time it is broadcast, where people have got up to in their audio book so that they are in the right place to resume the story.
- People had activity files which had photographs of themselves enjoying activities such as visits to motor sport events and football matches. There were photographs of people taken during the Covid-19 pandemic displayed on a board in the dining room, it said, "We stay home for you; please stay home for us " The display included photographs of people on Skype calls to families, baking time, watching musicals and in the garden reading the paper.
- One person told us they arranged their own social life and staff helped them whenever they needed it. A relative told us, "The activities coordinator is really good, they set up events to encourage relatives to come to the home" . Another relative said, " I work during the day and they are flexible so we can go out to events in the evening or at weekends."

Improving care quality in response to complaints or concerns

- Concerns and complaints are acted upon. We spoke with people and relatives who told us they were confident if they raised a concern or complaint it would be listened to and acted upon. A relative commented, "I feel listened to, 100 percent, absolutely" . A person explained how they raised concerns, if it was a small issue, they would first ask the staff working with them and if it was something more they would talk to the manager. They told us they knew how to contact senior managers if they needed too. Relatives told us the manager was friendly and approachable and when they raise concerns these were dealt with.
- Records showed the complaints policy was followed and notes actions taken to resolve issues to improve people's experience. The policy was also available in an easy read format.
- Staff acted on non-verbal cues to raise issues, for example, the chef told us that if a person didn't seem to want a particular food, staff told them and they made changes.

End of life care and support

- There was nobody receiving end of life care at Woodhurst Lodge.
- Relatives told us they had been asked to be involved in planning for end of life, not everyone wanted to do this and this was respected.
- Where people had religious beliefs, this was recorded in their end of life plan.

- Staff had received training in end of life care.

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 Requires improvement. At this inspection this key question has remained the same. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At the previous inspection 13 and 14 August 2019 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of appropriate systems implemented to assess, monitor and improve the quality of the service.

At this inspection not enough improvement had been made and the provider remained in breach of this regulation.

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

- The provider's quality assurance systems were not always effective in identifying shortfalls and driving improvements. For example, systems for quality monitoring had failed to identify that aerosol generating procedures (AGP) for tracheotomy care were routinely carried out in both people's bedrooms and communal areas. This happened without any of the additional personal protective equipment (PPE) required for this procedure and in the presence of other people who live at work at Woodhurst lodge. This was a continuous practice and no efforts had been made to obtain the appropriate equipment or to carry out the process in a safe environment to protect others. The nominated individual told us they had not been made aware that AGP's were carried out in the service and immediately sought some of the correct equipment from their central store, they also told us they would alert the other services in the group. People, staff and others had been exposed to the risk of harm because neither staff nor managers had recognised that PHE guidance was not being followed.
- There was a lack of effective oversight and monitoring of the service. Strategic governance and quality monitoring processes had failed to ensure compliance. For example, the continued unsafe practice when performing AGP's was not identified. There had been a failure to ensure organisational risks had reduced or embed changes to drive service improvement. For example, concerns had been raised in the provider's other services in respect of the risk of aspiration when positioning a person to receive PEG nutrition. We found care plans were not always clear and one person was lying flat whilst receiving PEG nutrition. This demonstrated the learning had not been transferred across the provider's services and was not embedded within practice.
- There was a lack of understanding of the advice given by a health professional leading to an unnecessary change in care for people. This had not been identified in senior or clinical manager's audit visits.
- Management skills, knowledge and oversight did not foster a culture that protected people from avoidable harm. The provider's processes for monitoring records and quality assurance audits had failed to

identify some of the significant concerns we found. For example, the registered manager had failed to ensure an accurate transfer of care records onto the electronic care records system (ECR). This included the failure to identify areas of care planning such as medicine support for people who were prescribed several different medicines and risk assessments for people were not on to the system. The lack of operational oversight and quality checking meant people could not be assured staff had all the information required to care for them in a consistent and safe way.

The provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had not always informed the CQC of significant events in a timely way. This meant we could not check that appropriate action had been taken at the time, however we found at inspection the provider had informed other relevant agencies of the incident. The provider's quality assurance systems had not identified CQC had not been notified.
- Systems were in place to ensure environmental safety checks, such as water and fire were undertaken. There was a process to ensure equipment was regularly maintained.
- Whilst processes were in place to record staff supervision and training, they did not include all the topics that staff needed to meet individual needs. A training matrix was used to track and identify staff training including the need to undertake refresher training.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere that sets out specific guidance providers must follow if things go wrong with care and treatment. Relatives told us that the manager is open with them and tells them when things go wrong.
- The manager in post is not yet registered with CQC, however we have received an application from them to register.

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

- People who use the service and their relatives were listened to and the delivery of support changed to reflect this, for example a person was showing signs of improved communication and in consultation with the person's relatives, a referral was made to the specialist at the hospital to explore the possibility of removing their tracheotomy. Staff considered people's marital status and understood the importance of partners to people. The service has involved relatives as much as possible during the Covid -19 pandemic and has introduced a newsletter to help people stay in touch.

Working in partnership with others

- The home worked in partnership with a range of health and social care professionals. During the Covid-19 pandemic visits from health professionals have been reduced but video conferencing and telephone consultations have happened instead of face to face meetings.
- The feedback we received from professionals was positive. During the covid-19 pandemic contacts with professionals have been predominantly over the telephone or by email. One health professional told us "I liaise regularly, about once a week, with the manager. He keeps me up-to-date with any changes. I have

always found them to be very professional. They always respond in a timely manner to emails. I have no reservations regarding the manager or the team at Woodhurst Lodge.

- Where required, appropriate referrals were made to healthcare professionals.

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 |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>This was because there had been a failure to assess, monitor and mitigate risks in relation to infection prevention. aspiration and diabetes .</p> |
| Regulated activity | Regulation |
| Treatment of disease, disorder or injury | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>This was because the provider failed to provide adequate levels of training and supervision to ensure staff were competent to fulfil the requirements of their role.</p> |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Treatment of disease, disorder or injury | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

The enforcement action we took:

We served a warning notice to the provider in respect of Regulation 17, Good governance. With the date for compliance of 30 December 2020.