

Horizon Care (Wood Hill Grange) Limited

Wood Hill Grange

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wood Hill Grange is a nursing and residential home, which at the time of this inspection was providing personal and nursing care to 53 adults and older adults, some of whom were living with dementia. The home comprises of four floors. The service can support up to 75 people.

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

The service had significantly improved and feedback from the previous inspection had been addressed before we came to inspect. The service had a new manager in place. They had worked for the provider for over nine years and we saw they had a positive working relationship with their staff team. One staff member said, "The manager is great, best manager we have had."

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. The operation of the quality assurance processes had significantly improved and actions arising from audits were being recorded and progressed. Most minor improvements identified during the inspection visit, the senior management team were already aware of and actively working to address.

People felt safe whilst being supported by staff who had the relevant knowledge and confidence to identify safeguarding concerns and act on these to keep people safe. Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Risks to people's personal safety were assessed and measures put in place to minimise those risks. During the inspection we identified minor improvements to how medicines were managed and immediately after the inspection the provider sent us a list of actions they had taken to address these concerns. We were assured people's medicines were managed safely.

The service used a number of creative methods to ensure people and relevant persons involved in their care had a voice, which was valued and listened to.

Staff were respectful, considerate and incredibly positive towards people and their relatives. It was paramount to the service to ensure people's wellbeing was respected and protected. People and relatives confirmed staff always respected their privacy and maintained their dignity. People benefitted from living at a service that had a very open and welcoming culture. One relative said, "They're [staff] like my second family to me, I have a meal here, I have lunch, whatever they're serving I have it".

People received support that was individualised to their specific needs. Their needs and support plans were kept under review and promptly amended as changes occurred. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. 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 interest. The policies and systems in the service supported this practice.

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)

The last rating for this service was requires improvement (published 19 November 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 Grange

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.

Inspection team

The inspection team comprised of two inspectors, one inspection manager, one pharmacist and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wood Hill Grange 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 did not have a manager registered with the Care Quality Commission. This means the provider are legally responsible 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. 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.

During the inspection

We spoke with 16 people who used the service about their experience of the care provided and 12 relatives. We spoke with staff, including on duty care staff, nurses, domestic and kitchen staff. We also spoke with the manager and the senior management team. We spent time observing daily life at the home.

We reviewed a range of records, including medication administration records (MAR's), care records staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and doing all that is reasonably practicable to mitigate any such risks. In addition, the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's medicines were generally managed in a safe way and all feedback from the previous inspection had been addressed. Further minor improvements were required to ensure time specific medicines were consistently administered in line with people's prescription and administration records for people who were prescribed a transdermal patches were consistently in place and in use. We also found where medicines interactions were noted on medication labels these were not always adhered to.
- Despite these concerns we saw no evidence this impacted on people living at the service and people we spoke with said the medicines support they received was good. One relative commented, "They sort out all the wife's medicine and we don't have any concerns about her safety here." Immediately following the inspection the provider submitted evidence to the CQC confirming they had taken steps to address our feedback. For example, the management team completed a service-wide review of medicine interactions and transdermal patch administration records.
- Staff and the management team had a very good understanding of each individual and how to support them safely. People had a range of risk assessments and care plans in place, which provided relevant guidance for staff to follow, such as how to support a person safely with their mobility. Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's assessed needs.

Staffing and recruitment

- There were enough staff deployed to ensure people's support needs were met in a timely way.
- In conjunction with the permanent staff team the service used the provider's own agency staff firm to maintain safe staffing levels at the home. This provided higher-levels of continuity of care for people than can ordinarily be achieved by using agency staff from an external provider, as most of the agency staff were familiar with the service and the provider's policies and procedures.
- Most people and their relatives felt safe in the company of staff. Comments included, "Safe yes, that was the trouble in the old house, I didn't feel safe" and "I think I'm very safe here, I can't live alone now". During the inspection we received some mixed comments about the quality of night-staff support, which we shared

with the management team. After the inspection the management team confirmed they had completed night visits and were confident overnight staffing supported consistent and quality care.

- Staff were recruited safely and all the appropriate checks were carried out to help protect people from the employment of unsuitable staff. We saw the provider had recently supported the decommissioning of a local Sheffield home and recruited a full staff team. Staff we spoke with told us this had made a huge difference and one staff member said, "We have plenty of staff, it is now much better."

Systems and processes to safeguard people from the risk of abuse

- Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse.
- The service had a safeguarding policy and staff confirmed they had read them.
- The provider employed a safeguarding lead who had oversight of safeguarding concerns across all of the provider's services. The safeguarding lead reviewed safeguarding incidents at each service and where appropriate, suggested investigative or improvement actions to the manager to promote people's safety.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

Preventing and controlling infection

- At the previous inspection we saw some areas were not well maintained and were therefore unable to be effectively cleaned. At this inspection we found the home was very clean, tidy and well-maintained.
- There were some areas that required attention. For example, cupboards in sluice rooms and the fridges on the units. However, this had been identified through the provider's quality assurance audits and we saw clear evidence steps were being taken to address these areas.
- We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider was using recognised clinical assessment tools to monitor risks and provide effective care. Assessment tools were used to measure people's skin integrity, their risk of falls and their nutritional needs.
- Care planning was undertaken in line with best practice guidance and research.

Staff support: induction, training, skills and experience

- All staff we spoke with told us the manager was approachable, listened and supported them. Comments included, "It is the best place I have ever worked", "I am well supported" and "I love working here."
- Staff received ongoing training, which was tailored to the needs of the people who used the service. For example, staff were trained to deliver care for people whose behaviour can be challenging or were living with dementia.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.
- The provider was outward looking for new and meaningful learning and development opportunities for their staff. We saw the service was piloting a nursing associates apprenticeship, which provides a progression route into graduate level nursing. The provider said this initiative would enhance the service's clinical care by upskilling the existing workforce.

Ensuring consent to care and treatment in line with law and guidance

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 service was working within the principles of the MCA and care was delivered in the least restrictive way possible. Staff benefitted from a senior management team with a strong understanding of the MCA. The provider employed a 'Safeguarding and MCA lead', who was a qualified barrister. They provided MCA workshops to staff to support their knowledge and understanding of the MCA.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. For example, we saw one person had a condition for the service to support them to access the community. On the day of inspection we saw staff had supported them to go to a shopping centre for a meal out as well as go to their favourite shops.
- Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected. Consent was consistently sought from people before they received a service.

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

- The service had adapted its design to meet people's needs. For example, good signage and pictures helped people find their way around the building. Most people were able to walk freely between different areas of the home throughout the day; there were keypads in some areas for safety reasons. People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.
- Risks in relation to premises and equipment were identified, assessed and well managed.

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

- Staff worked well with different health professionals and services to meet people's needs. For example, community nurses, dieticians and speech and language therapists had been involved in people's care.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met. One relative said, "They [staff] arrange for any outside professionals such as the doctor and chiroprapist to come in when she needs them."

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

- The service supported people to eat, drink and maintain a balanced diet. Plans for eating and drinking were developed collaboratively with health professionals, people and their representatives.
- Staff were aware of likes and dislikes at mealtimes of people. One member of staff said, "We know she'll eat jacket potatoes, so we get it for her and [another service user] likes poached egg on toast." We saw staff offered people drinks frequently throughout the day. We also saw fruit in bowls in some of the main sitting areas and one person told us they could have fruit when they wanted.
- We observed mostly a positive meal experience throughout the service, which was also reflected in people's feedback. Comments about the food included, "It's good, yes", "Very good, very good, there is a choice" and "What they put out is very good and you can always have a second helping."

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 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

- We saw staff interacting with people in a meaningful way about their hobbies and their lives. People and staff were seen laughing and joking. The activities co-ordinator had a pleasant and relaxed manner with people.
- Staff spoke to people respectfully and had a good rapport. One person said, "The staff who work here are nice. I get on with all of them and yes, I do find them to be caring people." A relative said, "They [staff] make a real fuss of me when I visit the wife. Even when I am only visiting they make me food. They've invited me for Christmas too so that I can spend time with her. They do care a lot for both of us I feel."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.
- Meeting people's spiritual, religious and cultural needs was a key focus of the team. The staff supported people with whatever spirituality meant to the individual.

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

- Relatives were made to very feel welcome at the service and were invited to be involved as much or as little as they wanted in their family member's care. One relative said, "They're [staff] like my second family to me, I have a meal here, I have lunch, whatever they're serving I have it." Another relative said, "I'd be on my own at home at Christmas if it wasn't for Wood Hill Grange letting me come and be with the wife."
- Staff profiles were displayed in communal areas of the service. This enabled people to get know the staff who provided their support. In one staff profile they talked about their motivations for working in care and it read, "I get the privilege to see people who use our services supported to become the best versions of themselves, it's so rewarding to see this knowing I have had a small part to play in that."
- People were able to follow their own routines and change these if they wanted to on a daily basis. Staff were very clear about this and no one had set routines.
- Records that we looked at confirmed regular reviews were taking place and involving the relevant people.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. Everyone had access to their own en-suite bathroom to help promote their privacy and dignity. One relative said, "[Staff] are very kind to her and she loves her room. I think that the staff do respect her privacy and dignity as best as they can."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

- We saw numerous examples where staff were patient and helped promoted people's choice and independence. For example, we observed a person who had woken up later than usual and was offered a late breakfast. The person was not sure what they wanted to eat and the staff member replied, "You take your time and have a think about it, there's no rush." The staff member then went over all the choices and reminded the person of what they like and normally ate in the mornings.

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 improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided personalised care for individual people that met their specific needs, preferences and wishes.
- Through the effective use of technology, the service was responsive to people's changing needs. All staff accessed information about how to support people on the provider's system through a laptop or tablet. As people's care plans were electronic changes to people's care records were instantaneous and staff received a corresponding alert to notify them of the change.
- There was a varied programme of indoor activities available to promote people's wellbeing and interaction. People mostly gave positive feedback about the activities provision and said there was enough for them to do to keep them socially occupied.
- Commented included, "I'm playing bingo soon. Sometimes other people come down from the upstairs floors to play and it's nice to see them. [Staff] try other things but bingo seems the most popular", "I don't like Bingo but normally there's other things to do. You can ask your relatives to come and visit as well" and "As long as I've got my stick and I can have the odd walk around I'm alright. [Staff] don't make me do anything but it's there if you want it."
- There was a full-time activities co-ordinator employed by the service. They had a diary of activities and these are displayed in communal living spaces. During the inspection we saw some people making Christmas cards or playing bingo. We saw staff had time to chat to people. One relative said, "My wife can no longer join in the activities. Staff sometimes sit with her which is comforting to know when I'm not here."

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.

- The management team were aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. Staff ensured that people had their hearing aids and spectacles. Information could be provided in different formats such as large print.
- People's individual communication needs were addressed through the care planning process.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. Since we last inspected we saw the provider had followed their complaints procedure.

- Information on how to complain was clearly displayed in the home.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff received training in the provision of end of life care. They worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 improved to good. 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

At our last inspection the provider's audit systems were not always effective at monitoring the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- We saw a clear improvement from the last inspection and our feedback in regard to medicines management and infection prevention control practices were appropriately addressed. Where we had identified further improvements to how medicines were managed these were promptly responded to by the management team during and after the inspection.
- The provider's audit processes were also much improved in the last few months and supported good service delivery. This was reflected in staff feedback and one staff member said, "There have been big improvements in the last few months." During the inspection we identified some people's skin monitoring charts were not always being completed at the appropriate frequency, which we saw the provider was aware of through their audit system and had already taken steps to address this concern before we came to inspect. This shows the provider's audit systems were effective.
- There was new manager in post when we came to inspect. Staff spoke highly of the new manager and the way the home was run. One staff member said, "The manager is great, best manager we have had." Another staff member said, "You can go to [manager's name] about anything, he knows the right advice to give and he's got time for you which is the main thing."
- The provider had recently appointed a new regional manager. We saw throughout the inspection they supported the new manager and told us they were regularly at the service to help them fulfil their roles and responsibilities to deliver good quality care. This included meeting CQC reporting requirements, such as notifying us of incidents, deaths and safeguarding concerns.
- The manager and staff understood their roles and responsibilities and were well supported by the provider.
- Through good integration of technology the management team had oversight of the service and were able to monitor people's care in real-time. This included audits completed by the manager and actions arising from their checks. This enabled the service to respond quickly to potential safety and quality concerns.

- The provider had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed to reflect changes locally or when practice guidance and legislation had changed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People shared mostly positive feedback about the quality of care they received. A relative commented, "[Manager's name] the manager is a very easy going and approachable person. I've not had to complain about a thing since Mum has been here."
- There was an open, caring and inclusive culture at the service. For example, the service offered training for relatives on how to cope with a loved one living with dementia. Regular newsletters were published to advertise key events or changes at the service. We saw the service provided a law clinic each month, which was free for people to use.
- Staff told us the manager and the management team were supportive, that they could raise concerns with the
- The provider ran various employee reward schemes at the service to recognise good practice. In September 2019 the provider held a 'Professional Care Workers Day' for staff and handed out gifts to staff to acknowledge when they had made a positive contribution. We also saw some staff members were shortlisted for an award from the Great British Care Awards. They are an external body which celebrates excellence in the care sector.

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

- People's feedback was sought through a variety of mechanisms, such as meetings, drop-in surgeries, ward rounds, one to one reviews and surveys. Surveys were sent out regularly to assess people's level of satisfaction with the service.
- The service valued staff input and had good staff engagement processes in place. The service held daily 'flash meetings' with staff and the management team. Kitchen, domestic and caring staff all attended these meetings and each staff member provided an update for their area of interest or the unit they represented. This engagement practice benefitted the management team and staff as they knew what was happening at the service and could re-direct resources as and when appropriate.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision and joined-up care. This included working effectively with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met such as tissue viability nurses and mental health teams.