Horizon Care Homes Limited

Wood Hill House

Inspection report

522 Grimesthorpe Road, Sheffield,
South Yorkshire, S4 8LE
Tel: 01142 430983

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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**

Overall summary

We carried out this inspection on 20 April 2015 and it was unannounced.

Our last full inspection of the service took place on 18 November 2013 and we found the service was not compliant with some of the regulations we inspected at that time. We carried out a follow up inspection on 4 March 2014 to see action the service had taken to become compliant and found, on this visit, the service was fully compliant.

Wood Hill House was registered in September 2013. It is an 83 bedded service providing short stay rehabilitation and intermediate care and nursing to adults aged 18+. Services are provided in partnership with the local NHS trust. The service is located in the Grimesthorpe area of Sheffield, a short distance from the city centre. At the time of inspection, there were 35 people using the service, with one unit closed due to reduced demand.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led.

Summary of findings

People were protected from abuse and the service followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information for staff to provide personalised care and support to people who used the service.

The service followed good practice in relation to the decision making processes and in line with the Mental Capacity code of practice, with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards being followed.

Medicines at the home were managed well and the medication competency assessments were carried out on an annual basis for all staff who administered medicines.

Formal staff supervision had not been carried out on a regular basis. We spoke with the registered manager about this, who told us they were aware this was an issue and were seeking to address it. Staff appraisals had not been completed on an annual basis but staff still felt supported by management. The registered manager told us they would ensure this was done in future.

Quality monitoring systems at the service had not been carried out on a regular basis. We spoke with the registered manager about this, who told us they would ensure these were carried out with the appropriate frequency in future.

Most staff were up to date with their training requirements and any refresher training requirements had been identified and were being addressed.

During our inspection, we found the service was fully compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

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.

People were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights by sufficient numbers of staff. Staff were deployed appropriately throughout the service and people had their needs met by these staff.

Risks to people were managed so that people were protected and their freedom was supported and respected.

People's medicines were managed safely by staff who had undergone relevant competency checks. Stock checks of medicines demonstrated Medication Administration Records (MAR) were completed correctly and tallied with the amount of medicines in stock at the service.

Good

Is the service effective?
The service was effective.

People received effective care from staff who had the knowledge and skills needed to carry out their roles, including support with eating, drinking and maintaining a balanced diet. People who required a specialist diet had their needs assessed so the service could adequately meet these.

Consent was sought in line with legislation and people were supported to maintain good health, with access to healthcare services, as required. No one at the service was unlawfully deprived of their liberty.

Good

Is the service caring?
The service was caring.

Staff had developed positive, caring relationships with people who used the service and treated people with dignity and respect. People who used the service told us they felt staff were caring towards them.

People who used the service were supported to express their views and be involved in making decisions about their care and support. We saw this was evidenced in care records.

Good

Is the service responsive?
The service was responsive.

People's care was personalised and responsive to their needs and the service ensured people's experiences, concerns and complaints were listened to. Any concerns or complaints were explored and clear information was recorded to demonstrated how the outcome of each investigation had been reached.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service promoted a positive, person-centred, open, inclusive and empowering culture, with management visible at all levels. The manager operated an open-door policy, where staff were free to enter and speak with the manager as they required.

The service delivered high quality care. We found people were well looked after and auditing and monitoring at the service was adequate.

Wood Hill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2015 and was unannounced. The inspection team was made up of three adult social care inspectors and two expert by experiences. An expert by experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

We had not requested a Provider Information Return (PIR) from this service prior to our inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection, we spoke with five stakeholders from local authority commissioning teams, Clinical Commissioning Groups (CCG) and the National Health Service (NHS). Stakeholders told us about previous safeguarding incidents and concerns at the service, which we checked during our inspection.

Before our inspection, we received some concerning information regarding the care and welfare of some people who used the service. We checked this during our inspection.

During our inspection, we spoke with the managing director, registered manager, administrator, a visiting professional, six staff members, the modern matron, eight people who used the service and two relatives or visitors of people. We also carried out observations throughout the day across all four units.

We looked at documents kept by the service including the care records of four people who used the service and the staff personnel records of seven staff members. We also looked at records regarding the management and monitoring of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and that they felt confident in reporting anything that they had concerns about. People who used the service told us there were enough staff on duty at all times and they didn't usually have to wait long for assistance, when asked for. One person told us; "The staff are really helpful. There are plenty of them [staff]. I think the longest I've had to wait is about ten minutes."

We asked people who used the service if they were supported to receive their medicines at the right time and in the way they wanted. Some people told us they self-administered their medicines and needed no assistance from staff. People who required assistance from staff told us they always received their medicines on time. One person told us; "Staff bring me my medicines. I don't have to worry about forgetting to take it. [Staff] bring [medicines] to me and give me a drink."

We checked medicines at the service to ensure safe practice was followed. We carried out a stock check of nine different medicines, held in the medicines trolley and saw medicine stock levels tallied with what was recorded on Medication Administration Records (MAR). Each MAR contained details of the medicine name, dose and frequency required. We saw that each staff member who administered medicines had undergone a competency assessment within the last 12 months. This demonstrated safe practice was followed in relation to medicines.

We checked the safeguarding log kept by the service to see if concerns and alerts were dealt with appropriately. We found the log to be well maintained, containing ample information about each concern. This included any contact or correspondence had with local authority safeguarding teams. Where safeguarding concerns had been raised, the service had made appropriate referrals and conducted adequate investigations. This demonstrated safeguarding concerns at the home were dealt with appropriately.

We spoke with staff about safeguarding at the home. All staff were able to explain the different types of abuse to us, what they would do if they had a concerns, how they would report it and who they would report it to. This demonstrated staff had a good working knowledge of safeguarding at the home.

Staffing rotas for the service demonstrated there were enough staff to meet people's individual needs. We saw each day shift at the service had (at least) one nurse and four healthcare assistants and night shifts had (at least) one nurse and one healthcare assistant. We asked the registered manager and the managing director how they assessed and monitored the staffing levels required on each shift. The registered manager and managing director told us they regularly reviewed the needs of people at the service through staff consultation and taking into account the levels of support required for each person using the service. The registered manager and managing director used this information to determine required staffing levels. The registered manager and managing director told us they had consulted staff on staffing levels at the service and feedback had been used to appropriately deploy staff of all levels (nurses and healthcare assistants) throughout the service. All staff we spoke with on the day of inspection told us they felt there were enough staff at the service to meet people's needs in a person-centred way. This demonstrated the service ensured there were enough staff on each shift, with the right mix of skills, competencies and qualifications to meet people's needs.

We looked at seven staff personnel files to see how the service ensured safe and effective recruitment practices were followed. Staff files looked at contained all relevant pre-employment checks, including Disclosure and Barring Service (DBS) checks, (at least) two reference checks from previous employers or character references, proof of address and identification. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This meant the service followed safe recruitment practices to ensure the safety of people who used the service.

Care records we looked at contained risk assessments in a number of relevant, person- and task-specific areas, including communication, eating and drinking, continence and mobility. We found these risk assessments were reviewed with appropriate frequency to ensure assessments were still relevant and up to date. People and their relatives had been involved in these risk assessments. For example, we saw in one care record the person

Good

Is the service safe?

required a 'fork mashable' diet. The person had been involved in this assessment and gave information about their food likes and dislikes in order for the service to adequately manage this risk.

Care records contained daily notes, detailing what the person had done that day and any additional relevant information so staff members on the next shift were aware of any additional needs of the person. We saw people's weights and Body Mass Index (BMI) were recorded on a regular basis to ensure any issues of risks around a person's weight were identified. A person's BMI is a measure of the person's body fat, based on height and weight and is used to check if a person is a healthy weight. This demonstrated the service monitored risks around nutrition.

Accidents and incidents at the service were all recorded in a log, which was maintained. We saw investigations had been carried out into accidents and incidents at the service and any actions required had been completed and recorded. This demonstrated the service maintained a detailed accident and incident log.

During our inspection, we walked around the service. We found the service to be clean, free of offensive odours and nicely decorated. People's bedrooms were clean and tidy and we saw bed linen being changed on the morning of our inspection. All electrical equipment used at the service had undergone Portable Appliance Testing (PAT) to ensure it was safe to use. In one bathroom we looked in, we found the lid of the bin was broken. We spoke with the registered manager and managing director about this, who told us they would replace this bin. Whilst we were still at the service, the bin was replaced. This demonstrated premises and equipment were well maintained at the service and safe to use.

There was a 'clinical resources file' at the service that contained information relating to conditions, illnesses and medicines. This demonstrated the service ensured information was available for staff to effectively support people.

Good

Is the service effective?

Our findings

People we spoke with who used the service told us they were involved in their care planning and were able to have family or an advocate involved in this. They told us they were able to choose how they received care and support and that they were given choices about their care. One person told us; "I get up when I want, I can eat what I want, I can do what I want. It's really very good."

We asked people about food available at the service. Everyone we spoke with told us they were able to choose what they had to eat and that food was of good quality. One person said; "I just tell [staff] what I want and that's what I eat. If I fancy something different, there's a café and shop downstairs (in the service) that I can go to. They do bacon sandwiches." Another person told us; "I like to eat my dinner in my room instead of in the dining room so [staff] bring the food to me and I eat it in [my room]."

People had their support needs assessed by staff who had the adequate skills and knowledge. Each staff member had completed an induction programme on their employment at the service. We found that written staff supervisions at the service did not always take place on a regular basis. We spoke with the registered manager and managing director about this, who told us this was being addressed and would be undertaken at a more appropriate frequency. Supervisions are a meeting between a staff member and their manager to discuss any concerns, development or training areas. We also found that, of the seven staff files looked at, three staff members had not received an annual appraisal within the last 12 months.

We asked staff at the service if they felt they were supported well by the registered manager at the service. All staff we spoke with told us they felt they were. We asked staff about supervisions and appraisals at the service. One staff member told us; "We don't always have a formal supervision, as such, but if I wanted to do some more training or had any concerns or anything, I know I can always talk to [registered manager]." Another staff member said; "We don't really need supervisions because if there's an issue with us, [the registered manager] speaks to us about it and if we have an issue or a question, we speak to [the registered manager]. It's more like an informal supervision and appraisal." This demonstrated that, although formal supervisions and appraisals weren't always carried out, staff at the service felt well supported and able to raise any issues, should they arise.

We looked at the staff training carried out at the service and found that most training was up to date and had been done in the last two years. We found there were some non-mandatory areas that required refresher training and this had been identified by the service and recorded on the staff training matrix.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found no one at the service was restricted of their freedom and were free to walk around the service. Care records contained information about the person's mental capacity and consent forms had been signed by people to show they consented to receiving care and treatment at the service. This demonstrated the service ensured people's consent had been sought and worked within the guidelines of the MCA 2005.

Care records demonstrated people were supported to have sufficient to eat, drink and maintain a balanced diet. We saw a Malnutrition Universal Screening Tool (MUST) was completed in each care file and reviewed on a weekly basis to continually assess the person's risk of becoming nutritionally compromised. Food contained good nutritional value and vegetables were served. There was a choice available at each meal time for people to choose what they wanted to eat and, if people did not want a choice that was on the menu, they were able to tell staff what they wanted and this was catered for. We tried a sample of both choices on the menu on the day of our inspection and found the food was tasty and an adequate temperature. Portion sizes served to people were good and, should anyone request a smaller or large portion, this was catered for.

People's day to day health needs were met, with their own involvement, and the involvement of relatives and other relevant healthcare professionals. Information was given to people about their care and support. One person we spoke with told us; "I know I have a care plan. They ask me what I

Good

Is the service effective?

want putting in it. And I signed it." This demonstrated the service supported people to maintain good health and have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People we spoke with told us staff at the service treated them with kindness and compassion. They said staff had time to listen to their needs and any preferences were met. One person told us; "I miss home but the staff here are so friendly and ever so helpful." Another person said; "[Staff] actually treat me with respect, like I'm a person and not just another patient to look after."

We asked people if they were supported to carry out activities. Everyone we spoke with told us they were able to undertake tasks and carry out activities. One person said; "I don't do a lot of activities to be fair but that's my choice. If I wanted to go to the café or something, I could though. [Staff] encourage me but aren't pushy." Another person told us; "I like spending time in my room but I do get out and about. Staff listen to me too. When I say I want to stay in my room, they don't force me to come out. I like that."

We carried out observations throughout the day at the service and saw interactions between staff and people who used the service were good. Staff spoke with people with kindness and respect and maintained people's dignity by not discussing the care and support needs of people where others could hear.

We asked staff about some of the people who used the service and their support needs. Staff were able to tell us about the people who used the service and their preferences. We asked if anyone had any likes or dislikes of certain foods and staff were able to tell us what different foods individual people liked. Staff told us that most people who used the service particularly liked 'fish and chip Friday'. This demonstrated people were supported and cared for by staff who knew them well and knew their likes and dislikes.

We looked in care records to see how people were involved in decision-making and planning their own care. We found people had been asked for their input and preferences and these were recorded in files. For example, in one care record we looked at, we read; "[Person] loves watching TV – Coronation Street." and "[Person] likes to stay in their room and enjoys reading magazines." In another care record, we read; "[Person] likes mashed potatoes and dislikes spicy foods." We saw care records were signed by the person who used the service or a relevant other. Where people did not want to sign their care records, this was recorded. This demonstrated people were asked for their input into care planning and had their choices and preferences respected.

Advocacy services that were available for people to use at the service were detailed on notice boards throughout the service. An advocate is a person that speaks on behalf of someone, when they do not have the ability or capacity to do so for themselves. One person we spoke with who used the service told us; "[My relative] can come into meetings with me and advocate for me." Other people we spoke with about advocacy at the service confirmed information was available for them. Information on advocacy services was also in the service's statement of purpose.

Our observations throughout the day demonstrated people were given privacy and respect. We saw staff knocked on people's bedroom doors before entering and closed doors when providing any personal care. We saw privacy and dignity was covered in the service's statement of purpose, which stated that people who used the service had "the right to be alone or undisturbed and to be free from public attention or intrusion into their private affairs." and "dignity is a matter of prime importance to us and all staff receive training in this area."

We spoke with staff about privacy, dignity and respect at the service. All staff were able to explain to us how they maintained this for people and the importance of doing so.

We asked people and their relatives if there were any unnecessary restrictions on visiting times at the service. Everyone we spoke with told us there were no restrictions and that people could visit as they wished.

Good

Is the service responsive?

Our findings

People we spoke with who used the service confirmed they were aware of how to complain and who to complain to. One person told us; "I've only been here a week and have nothing to complain about. They've given me loads of information though so I would know how to complain." Another person said; "I've complained because my television doesn't work and they're sorting that out for me." Everyone we spoke with told us they knew who the registered manager was and that they were also able to contact the managing director, should the need arise.

Care records we looked at demonstrated that people, or where appropriate, those acting on their behalf had contributed to the assessment and planning of their care and had signed care plans, where possible to demonstrate their involvement. We saw people had discussed their levels of independence with the service and details were recorded of activities the person carried out to aid them in their rehabilitation. One person told us; "I'm here (at the service) following a short stay in hospital. I'm here so I can get better and go home. We (the person and the service) have discussed what I need to do so I can go home and be safe." This demonstrated people had been asked for their input and were able to contribute to assessments regarding their levels of independence.

In one care record we looked at, we saw a discharge plan, where information had been recorded regarding the actions the person would be taking (for example physiotherapy) and the outcome of these actions, in order for the person to be able to leave the service and live back in their own home. We saw this information detailed how the person wanted to receive their care and support and what their goals were. This demonstrated plans were in place to ensure appropriate action was taken for people to achieve their goals, whilst at the service, in a way in which they liked.

We found care records had information recorded regarding activities that the person had been involved in at the service. This included physiotherapy and light, gentle exercise. We also found personalised information had been recorded in care records. For example, in one care record, we saw a care plan for communication. Information in this care plan stated that the person needed to wear glasses in order for them to be able to communicate effectively. This demonstrated the service ensured people's needs were met so they were able to communicate effectively, maintain relationships and avoid social isolation.

There were several ways in which people could take part in activities at the service to improve and maintain their social interaction. One of the lounges on the ground floor of the service had doors for access to a decked area outside, where people were able to sit and chat and there was elevator access to a roof terrace at the service, which was used in summer for activities such as Tai Chi. There was a café on the ground floor of the service, where people were able to sit and we were told the service often held themed coffee mornings that had proven to be popular. A small shop was on the ground floor of the service that sold items such as toiletries, drinks and sweets. We saw there was a hairdressing salon at the service that people were able to use. An activities board at the service showed different activities that took place. This demonstrated the service catered to people's activity needs and encouraged social interaction.

We saw the service had a hydrotherapy room that people were able to use to aid in their rehabilitation. This room was also available for people to use outside of the service. The registered manager and managing director told us this room was due to undergo further development to meet the needs of people with sensory needs.

We saw there were a number of different ways in which people could provide feedback to the service. These included 'monthly managers surgeries', where people and/or their relatives were able to book a slot to speak with the registered manager about any matters they felt appropriate. There were also monthly 'engagement and involvement meetings' at the service, which people were able to raise agenda items that they wished to discuss. We saw information was provided to people on the dates of these meetings and agendas were made available to people one week before the meetings took place.

Surveys were sent out on an annual basis to people who used the service, staff and healthcare professionals. We saw, from the latest survey results that, when asked, everyone who responded to the survey who used the service said the service was either 'excellent', 'very good' or 'good'. We saw all healthcare professionals who had

Good

Is the service responsive?

responded said they had had a positive experience of the service. This demonstrated the service actively sought feedback from people, their relatives, staff and healthcare professionals.

We looked at the complaints log kept at the service and found that, where complaints had been received, they were responded to within an appropriate timescale. We saw investigations were carried out into complaints and mutually agreed actions between the provider and complainant were recorded. This demonstrated the service adequately investigated and responded to complaints.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they felt able to speak with the registered manager. People said they felt they were kept informed about any changes within the service and that any issues raised had been addressed within an appropriate timescale. Staff told us they felt they were involved in decisions made about the service and that they could have input into improvements and developments.

People told us; "I feel very well looked after and involved." and; "I am confident in asking for anything. I know if I want something changing, they would sort it, or at least try."

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place at the service. The person who managed the day to day running of the service was registered with Care Quality Commission (CQC) as the registered manager and was present on the day of our inspection.

We asked staff about staff meetings that took place at the service and if they were involved in developing and improving the service. All staff we spoke with told us they were able to give suggestions about service improvements and how these improvements could be made. Staff told us they had spoken to the registered manager during meetings about staffing levels at the service and had given feedback about the number of nurses and healthcare assistants required for each shift. Staff also confirmed that, following this discussion, changes were made to reflect their suggestions. This demonstrated staff were actively involved in developing the service.

We looked at the statement of purpose for the service and found it contained details of a clear vision for the service, including: care objectives, staff profile, the physical environment, service user/principle carers committee, call bells, therapeutic activities, complaints, advocates and privacy and dignity. We spoke with staff about the objectives and vision of the service and it was clear that staff were aware of these and how they contributed to ensuring they were met.

The registered manager told us they kept the day to day culture of the service under constant review by conducting walk-arounds. People who used the service and staff all confirmed they had seen the registered manager walking around, carrying out these checks.

Staff told us they received feedback from the registered manager and other senior members of the staff team in a constructive and motivating way. One staff member told us; "If there's something I need to improve on or an area of my work I need to change, [clinical lead] or [registered manager] would speak to me. It's ok though, they do it in a way that doesn't make you feel like a child being told off. Criticism is good because it lets me improve how I work." This demonstrated staff received constructive and motivating feedback from senior members of the staff team to improve their performance and the care and support given.

Audits carried out at the service included checks of; environment, water, emergency lighting, legionella, door closure mechanisms and smoke detectors. However, we found some of these audits had not been carried out with the specified regularity. We spoke with the registered manager about this, who told us they would ensure these audits were undertaken within the specified timescales.

We saw the modern matron at the service carried out a monthly audit check of the service. Where actions had been identified, it was recorded that the service had addressed and completed these.