

JK Healthcare Limited

Weald Hall Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Weald Hall Residential Home is a residential care home providing personal care and accommodation for up to 39 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 29 people using the service.

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

Not all risks to people's safety and wellbeing were assessed and recorded. The security of the premises was initially compromised as one inspector was able to enter the service without having their identification checked to verify who they were. No one checked to ensure the inspector had a negative COVID-19 test result. Suitable arrangements were not in place to ensure the proper and safe management of medicines. Lessons were not learned, and improvements made when things went wrong. People's and relatives' comments relating to staffing levels were variable. Some relatives told us there were on occasions insufficient staff available to meet people's needs. We have made a recommendation about staffing levels.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to raise concerns and knew what to do to safeguard people. Effective arrangements were in place to ensure recruitment checks on staff were safe. People were protected by the service's prevention and control of infection arrangements. However, improvements were required to ensure staff wore their face masks correctly.

Not all relatives felt the service was well-led and managed. Quality assurance, monitoring and oversight arrangements in place were not robust at both service and provider level.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement [published 6 October 2021]. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation to the management of medicines and staffing levels. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weald Hall Residential Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Weald Hall Residential Home

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 Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of two inspectors. An Expert by Experience completed telephone calls to people's relatives. 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

Weald Hall Residential Home is a 'care home'. Weald Hall Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six people's relative about their experience of the care provided. We spoke with five members of staff, including the newly appointed care manager. Additionally, we also spoke with the registered manager and the operations manager for Weald Hall Residential Home. We reviewed seven people's care files and three staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaint and compliment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the service's quality assurance arrangements and the Expert by Experience spoke with four people's relatives about their experience of the care provided for their family member.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement.

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

- Although there was limited impact for people using the service, not all risks to people's safety and wellbeing were assessed, recorded or provided enough detail as to how identified risks should be managed and mitigated. This placed people at potential risk of not having risks to their safety met in an appropriate and safe way.
- Where people had a catheter in place, not all risks associated with the catheter had been considered or recorded. For example, bladder spasms, leakage around the catheter, blood or debris in the catheter tube, the importance of monitoring people's fluid intake and output, catheter acquired urinary tract infections and the importance of hand washing. This could lead to unsuitable support being provided by staff. A catheter is a medical device used to empty the bladder and collect urine in a drainage bag.
- One person's catheter bag was observed to be laid flat on their bed and not below the level of the person's bladder and waist. This is important to ensure urine does not flow back up into the bladder as this can lead to serious infection and damage to a person's kidneys.
- Where people had oxygen prescribed, related risks associated with their oxygen therapy were not identified, recorded or accurate. This could lead to unsuitable support being provided by staff.
- The security of the premises was compromised as one of the inspector's was able to enter the service without having their identification checked to verify who they were. No one checked to ensure the inspector had a negative COVID-19 test result prior to entering the service. This was brought to the attention of the provider's representative when they arrived at Weald Hall Residential Home.

Using medicines safely; Learning lessons when things go wrong

- Suitable arrangements were not in place to ensure the proper and safe management of medicines and this placed people at potential risk of harm. Concerns raised in December 2021 and January 2022 relating to medicines management remained outstanding at this inspection.
- The Medication Administration Records [MAR] for 11 out of 29 people living at the service were viewed. We found omissions in the records made when medicines were administered. We found the Medication Administration Record [MAR] was blank giving no indication of whether the medication was administered or not. This was not solely records based as not all people using the service had been given their prescribed medicines in line with the prescriber's instructions.
- 'When required' [PRN] protocols, detailing how the medicine was to be offered and administered, were not completed for all people living at Weald Hall Residential Home.
- Not all topical analgesic pain relief medication was labelled or stored securely to ensure these were not

accessible to those not authorised to have access.

- The inspection highlighted lessons had not been learned and improvements made when things went wrong. The provider's action plan relating to medicines management highlighted 11 actions required addressing. We found at this inspection that only three actions had been completed.
- The action plan detailed a formal system was to be introduced to review medication errors. Despite several requests for this information, the registered manager was unable to locate this information. Therefore, we could not be assured there were effective arrangements in place to learn from events.

Effective systems were not in place to identify, monitor and mitigate risks to people's safety or ensure the proper and safe use 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.

- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

Staffing and recruitment

- People's and relatives' comments relating to staffing levels were variable. Some people told us there were on occasions insufficient staff available to meet people's needs.
- Positive comments from relatives included, "There are sufficient numbers of staff as far as I can assess", "I have no reason to think otherwise" and, "I do think there are enough staff, staff are always popping in and I have less worries here than in their last care home." One person who used the service told us, "When I press my buzzer, they [staff] do come quite quickly." A second person told us, "There seems to be somebody when I need them."
- Where negative comments were cited, one relative told us, "Often [relative] will use their bell, which is responded in around 15-20 minutes. Staff are often seen smoking, often up to eight staff in the car park." The latter concurred with our observations when we first arrived at Weald Hall Residential Home. A second relative told us, "The home needs more staff to provide a decent quality of care. [Relative] is always distressed with other people calling out for help and staff can take up to 20 minutes to respond."
- On the day of inspection, the deployment of staff was observed to be suitable and in line with staffing levels told to us by the registered manager. However, staff rosters provided to us indicated there were not always enough staff available to support people to stay safe.
- Staffs comments relating to staffing levels were variable. One member of staff told us, "Some days there are not enough but it is okay. The staff here all work together and does not affect residents."
- Staff recruitment records for three permanent members of staff were viewed. Relevant checks in line with regulatory requirements were completed before a new member of staff started working at the service.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding arrangements were in place to keep people safe.
- People told us they felt safe living at Weald Hall Residential Home. Comments included, "Yes, I do feel very safe here" and, "Of course I feel safe."
- Not all relatives felt their family member was safe. Where comments were positive these included, "I do not have any concerns about relative's safety and wellbeing," "Oh yes, I have no concerns with [relative's] safety or wellbeing" and, "I think [relative] is very safe here." Where comments were less favourable these included, "I don't think [relative] is safe at the home." Two relatives told us they had concerns about their family member's safety because they had experienced falls, attributing this to inadequate staffing levels at the time of the incident.
- Staff demonstrated an understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the registered manager and external agencies, such as the Local Authority or Care Quality Commission.

Preventing and controlling infection

- We were not assured that the provider was using PPE [Personal Protective Equipment] effectively and safely. Three relatives spoken with told us they had witnessed staff not wearing PPE correctly or in line with government guidance. This referred to not all staff ensuring their face masks covered their face, nose and mouth.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has deteriorated to Inadequate.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- This service has been rated requires improvement for the last three consecutive inspections. This demonstrated lessons were not being learned to drive improvement and to ensure the quality and safety of the service.
- The provider's quality assurance and governance arrangements were not reliable or effective in identifying risk and shortfalls within the service. This placed people living at the service at risk of potential harm.
- There was a lack of managerial oversight to ensure staffing levels were always appropriate.
- The provider's arrangements for assessing and checking the quality and safety of the service had failed to identify the concerns found as part of this inspection. People had care plans in place, but these did not accurately reflect people's care needs or identify all risks relating to their safety and wellbeing.
- In December 2021, concerns relating to medicines management and some aspects of care planning were raised by the Local Authority and shared with the Care Quality Commission. The provider's action plan recorded the actions to be taken to make the required improvements, including proposed timescales.
- We found the actions recorded relating to the above had not been addressed as stated. Therefore, we could not be assured the provider and their representative fully understood their governance arrangements to make sure these were effective and well managed.
- We raised concerns with the registered manager and providers representative about not acting upon their action plan as detailed above. Justification for not carrying out the actions were provided to the inspectors, but not all rationales provided were accurate and indicated a culture of openness and transparency was not being adopted.
- Audits were completed at regular intervals. However, the analysis of falls had not been conducted effectively as not all information was accurate.

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

- Not all relatives felt the service was well managed and led. Comments included, "I think the manager is hard working and personable and does their best with the resources they have. I don't think the home is well managed", "I think they [registered manager] are alright, better than the last manager. No, I definitely don't

think the home is well managed" and, "No, I don't think the home is managed well."

- Not all relatives stated they would recommend Weald Hall Residential Home to others. One relative told us, "No I wouldn't recommend this home due to the lack of any stimulation. Relative is placed in the lounge but not able to see the television, they are just surviving, it's no way to live, there should be entertainment and music available." A second relative told us, "I would definitely not recommend this home."
- Where staff were promoted to a senior role, they had not received a formal induction despite having been in post for the previous two months.

We found no evidence that people had been harmed. However, arrangements were not in place to make sure effective systems and processes were in place to assess and monitor the service to ensure compliance with regulatory requirements. This placed people at risk of harm. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- The registered manager confirmed no recent satisfaction survey to obtain peoples' views had been undertaken. Relatives comments concurred with what we were told and included, "No, I don't believe I have ever been asked for my opinion", "No, never over the past two years" and, "No never, but they [staff] have verbally asked me if all is okay."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to identify, monitor and mitigate risks to people's safety or ensure the proper and safe use of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable arrangements were not in place to make sure effective systems and processes were in place to assess and monitor the service to ensure compliance with regulatory requirements.