

Caring Homes Healthcare Group Limited

Walstead Place Care Home

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

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

Walstead Place Care Home is registered to provide care to up to 45 older people, some of whom were living with dementia, including trial stays, respite breaks and convalescent care. 42 people were using the service at the time of our inspection, nine of whom were on respite.

Bedrooms were located over three floors and were single occupancy with en-suite facilities. People had access to several communal areas, a hair salon and library. The building and accommodation were wheelchair accessible and had two passenger lifts. The service has a large garden which was well maintained.

At the last inspection of 13 September 2015, the service was rated Good.

At this inspection, the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the service. Staff followed safeguarding procedures in place to protect people from abuse. Risk assessment and management systems were appropriate and ensured staff provided safe care. The provider ensured there were sufficient numbers of suitable staff deployed to provide safe care in a timely manner.

People were supported to receive their medicines in line with best practice guidance. Staff involved other health and social care professionals in the planning and reviewing of people's care.

People's needs were assessed and reviewed regularly. Staff had guidance about how to respond and meet people's needs. The registered manager ensured staff learnt from incidents that happened at the service. Staff received the support they required to undertake their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent to care and respected their choices.

People were happy about the care they received. Staff were kind and caring. Staff treated people with

respect and maintained their privacy and dignity. Staff had received national recognition from a care association about their caring manner.

People enjoyed the meals provided at the service and had sufficient amounts to eat and drink. People had access to healthcare services to maintain their health and wellbeing.

People were happy about a wide range of stimulating and entertaining activities provided at the service. Staff encouraged people to maintain their skills and to be independent.

People using the service and their relatives had opportunities to share their views about the service. The provider acted on their feedback to make the necessary changes. People knew how to make a complaint and were confident their concerns would be taken seriously.

People and staff commended the registered manager for their person centred approach to care and their management of the service.

The provider's quality assurance systems were effective in identifying shortfalls in the home. Improvement plans were acted on to develop the service and improve the quality of care provided.

The registered manager worked closely with external agencies to ensure people received high standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Walstead Place Care Home

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 was planned to check whether the provider is 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.

The inspection was carried out on 21 and 22 December 2017 by two inspectors and an expert by experience on the first day and two inspectors who returned on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with 18 people using the service and nine of their relatives. We spoke with one healthcare professional who was visiting the service. We spoke with nine members of care staff, one housekeeper, one hairdresser, one domestic staff, one gardener and one kitchen assistant.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care records, their risk assessments, and 10 medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records, complaints and compliments and policies and procedures. We looked at 15 staff files that included recruitment, training, supervisions and appraisals.

After the inspection, we received feedback from four health and social care professionals.

Is the service safe?

Our findings

People were protected from the risk of abuse. One person told us, "[Staff] make sure I am safe." Staff had training in safeguarding and knew how to identify abuse and report concerns to protect people. Appropriate safeguarding procedures were followed to raise concerns with the local authority, so any potential cases of abuse were investigated. Staff knew how to whistle-blow when necessary to expose poor practice to the registered manager and external agencies. There were named staff champions for safeguarding, hydration and dignity to ensure the safety of people and their well-being.

People received the support they required to manage risks associated with their health and well-being. One person told us, "Staff say to me 'mind your step when you go into the garden today the paths are wet and slippery'." One relative told us, "I know [family member] is safe here. They even do a risk assessment before [family member] has a bath. It is a very safe procedure." Risk assessments and management plans were effective in ensuring that people's care was safe and promoted their freedom. Health and social care professionals were involved in assessing risks to people and providing guidance to staff on how to deliver safe care and support. Records showed staff followed the guidance on managing risks to people's health and well-being.

People's care was delivered by a sufficient number of staff. One person told us, "If you ring your bell they come very quickly." Another person said, "They will do anything for you; you only have to ask." Staff told us they managed to provide care between themselves without undue pressure on their time to move on to the next task. Staffing levels were determined by people's needs and the support they required to attend appointments and take part in activities. Duty rosters were covered to enable staff to take leave and attend training. There was an ongoing recruitment programme to guarantee an adequate number of staff to provide care. The provider completed appropriate recruitment checks to ensure suitable staff were employed at the service.

People's medicines were administered and managed safely. Medicines administration records (MARs) indicated staff administered people's prescribed medicines when needed. However, one person needed medicines every two and a half hours which was outside the standard medicine rounds. There had been times when staff had delayed administering their medicines. The registered manager had taken appropriate action to ensure the person received their medicines at the correct times. Each person's medicines were reviewed regularly by their GP and changes made on their MARs chart when necessary. Medicines were stored safely and securely in a clinical room. Staff attended medicines management training and undertook competency assessments to ensure safe practice.

People lived in a well-maintained and clean environment. Cleaning schedules showed people's rooms and bedrooms were cleaned regularly. However, the storage of items for activities in the conservatory limited effective cleaning. We observed one emergency stair route was dirty and that the conservatory area was cluttered. We talked to the registered manager about this and they explained that storage was an issue during the Christmas time as there were additional items for activities during the festive period. After the inspection, the registered manager informed us they had cleaned the emergency stairs and decluttered the

conservatory area.

People's care was provided by staff who practiced good hygiene. Staff told us they had access to gloves and aprons and knew to change these between each person when giving personal care. Staff recognised the importance of regular handwashing and used hand soap and sanitiser gels to minimise the risk of cross contamination.

People were supported by staff who knew how to respond to an emergency. Staff told us and records confirmed they attended fire drills and training to ensure they had the skills required to evacuate people safely from the building in the event of a fire.

Staff learnt from accidents and incidents that happened at the service. The registered manager ensured staff were aware of safeguarding incidents and action they were required to take to minimise the risk of a recurrence.

Is the service effective?

Our findings

People's needs were assessed and met in line with best practice guidance. People using the service, their relatives where appropriate, and health and social care professionals were involved in assessing their needs and the support they required. Support plans included recommendations from health and social care professionals and based on current legislation. Staff followed the guidance provided to enable people to achieve their goals.

People were supported by trained and skilled staff. One person told us, "They do their very best for you." Another person said, "[Family member] can go home with peace of mind. Staff are very good at what they do." Staff attended the provider's mandatory training to ensure they had the skills and knowledge required to undertake their roles. Records confirmed the training which included fire safety, health and safety, first aid, infection control, safeguarding and moving and handling. Staff also received specific training related to the needs of the people they supported such as palliative care. Staff said they worked well as a team, helped each other as necessary and understood their roles and responsibilities. Staff had a review of their practice through regular supervisions and an annual appraisal of their performance. Staff had personal development plans in place when needed. New staff told us they completed an induction by familiarising themselves with the people using the service, their care plans and the policies and procedures before they started providing care independently.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the need to apply for DoLS when people lacked the mental capacity to make particular decisions, so they could receive care and treatment that was in their best interests and without unlawfully depriving them of their liberty. No person had a DoLS authorisation at the time of the inspection.

People were asked for consent to care and support. Staff understood and respected people's right to make decisions about their care and support. People told us and records confirmed staff respected their decisions about how they wanted their care delivered. Staff had training in MCA and DoLS. We observed staff asking a person what activities they wanted to do and respected the person's choice not to attend a group activity.

People enjoyed the meals provided at the service. One person told us, "I love the food and the choices too." Meal options offered a healthy and balanced diet and catered for people's preferences, cultural and dietary needs. Staff were creative in making meal times interesting for people. One person told us, "There is a breakfast club for early risers. We order what we want, just as in a good hotel restaurant." People told us they were happy about a breakfast club that started at 7am for those who liked to have an early and sociable start to the day. People were involved in menu planning and menus were displayed at the residents' notice board, on the table for each meal and were available in pictorial format. We observed tea and coffee were served between meals and people had access to snacks and refreshments. Staff supported and encouraged people who required assistance with eating. Records showed staff followed guidance

received from healthcare professionals to support a person with weight management concerns and a swallowing difficulty.

People had access to healthcare professionals to enable them to maintain their health. People were supported to visit the GP, dentist, and optician and attend hospital outpatient appointments and specialist treatment. Staff monitored people's health and informed healthcare professionals when they had concerns about their welfare. The registered manager ensured staff understood and followed guidance received from healthcare professionals to enable them meet people's needs. Staff knew the support people required to maintain their health and ensured they attended regular health reviews when needed.

People lived in an environment that was suitable to meet their needs. People had access to all parts of the accommodation through passenger lifts and staircases. Bathrooms and toilets were suitably designed to enable free movement and use of moving and handling equipment such as hoists and mobility aids like Zimmer frames and wheelchairs.

Is the service caring?

Our findings

People using the service and their relatives were happy about the compassion and kindness of the staff. Their comments included, "The nicest thing for me is that they sit and talk to me at night", "Every [member of staff] is absolutely perfect in the way they care for us" and "The staff are very caring." Staff were aware some people were sad when their family were not with them and provided them with emotional support. People told us staff knew them well and how they preferred to spend their day at the service. A life story was created for each person with the help of people and their families. This enabled staff to understand people's interests and provide topics for conversation. A member of the care team had won an individual national care award, (a competition run by the social care publication Caring Times) in 2016. We observed the atmosphere was relaxed and friendly. Staff talked and laughed with people as they went about their duties.

People were involved in planning and making decisions about their care. One person told us, "They ask me about how I like to spend my day. And they help me to do that." People told us and records confirmed staff provided their care in line with their preferences and support plans by respecting their routines and decisions such as the time they woke up or went to bed. Care plans showed people's goals, histories, individual preferences, likes and dislikes and the support they required to achieve these. Staff involved families where appropriate and supported people to access advocacy services when needed to help them make decisions about their care for example deciding where to live. Staff showed they knew people well and were able to describe how they wished to be cared for. Each person had a member of staff who was assigned to coordinate their care between them and their relatives and health and social care professionals. People told us and records confirmed they had one to one discussions with staff about their care. Staff made the necessary changes to people's support plans because of these meetings. There was a noticeboard for people and visitors giving information about forthcoming events at the service.

People were treated with respect and had their privacy and dignity maintained. Comments included, "Everything is superb. Everyone is involved in caring for us", "I have absolute privacy at all times" and "They are very discreet and look after you so well." Staff were aware of their responsibility to uphold people's confidentiality, dignity and privacy. Staff told us they shared information about people with third parties when authorised by the registered manager and on a need to know basis. Information about people was kept in locked cabinets and was accessible to authorised staff to respect their privacy and confidentiality. Staff used appropriate language when talking about people's needs and when referring to them. People were supported with personal care behind closed doors. We saw staff knocking on people's bedroom doors and waiting to be invited in before they entered. We observed staff discreetly checked on people who preferred to spend time on their own.

People were supported to maintain relationships that mattered to them. People told us their relatives and friends were able to visit at any time. Volunteers from a local church visited people and spent time with them. Relatives told us staff invited them to functions at the service. We observed people spending and enjoying time with their family and friends who joined them for a Christmas pantomime.

Is the service responsive?

Our findings

People received care that was appropriate to their individual needs. Staff had information about each person's physical, mental, social and spiritual needs. Support plans were detailed and provided sufficient guidance to staff about how to deliver care that met people's needs. People, their families and health and social care professionals were involved in regular reviews of their needs and the support they required. Support plans were updated to ensure they were effective and responsive to people's needs. Records showed a person with declining mobility was reassessed and provided with a walking frame to help maintain their independence and safety. Another person who spent more time in bed was checked at regular periods to ensure they got the support they needed and were not isolated.

People knew how to make a complaint if they were unhappy with the service. One person told us, "If I had to complain I would tell anyone in charge." Another person said, "If I had any problems or complaints I would tell the deputy or manager. They would sort it out." People using the service and their relatives had a complaints procedure and knew they could escalate unresolved concerns to external agencies. The registered manager maintained a record of the complaints received and followed the provider's procedures to address people's concerns. Eight people told us they were happy in the timely manner in which their concerns were resolved. However, two people indicated that their concerns went unresolved over a period. Records showed the registered manager had resolved the issue and put plans in place for staff to learn from the mistake. There was one complaint that was open and the registered manager was working with the family and external agencies to resolve the issue.

People using the service and their relatives shared their views about the service. Relatives told us they preferred to contact the registered manager by telephone and email rather than attending meetings at the service. The registered manager confirmed that this worked well for families and that she was available to respond to their concerns. People gave their views about the meals, activities and level of staff support. Records confirmed the provider and registered manager acted on their feedback to develop the service.

People were supported to move between services. The registered manager worked with other health and social care professionals to ensure people transferred from hospital or moved to their homes when appropriate care arrangements were in place.

People at the end of their lives were cared for in a dignified manner. Staff worked closely with a palliative care team and hospice to ensure people's symptoms and pain were managed appropriately. Some people had advance care plans and some had information about how and where they wanted to receive care when they were at the end of their lives. Records showed when people had given someone Power of Attorney relating to their finance or health and welfare. People who did not have family or capacity to make decisions about their end of life care were supported by an independent advocate.

People enjoyed the wide range of activities provided at the services. Activities were designed to provide mental stimulation and social interaction. People told us they knew the activities on offer and could decide on which ones to attend. The activities included chair exercises, crossword sessions, quizzes and scrabble,

talking news, flower decoration and carpet bowling. Staff supported people with trips for shopping, sightseeing and theatre trips. Two people told us they would like more opportunities to go outside the home, for example walking beyond the gardens and they were in discussion with the managers about this.

People were supported to practice their religious beliefs. One person said, "I like to sing hymns and read the lesson. I also like to take communion." Staff were aware of people's spiritual needs and supported them to attend services in the community. There was a Sunday service in the home for those who could not attend church. People had access to a number of large print hymn books and enjoyed taking part in reflections and hymn singing.

People were encouraged to be as independent as possible. One person told us, "They try to help us to be independent. I try to do things for myself even shower alone. However, staff are there if I need help." Some people, particularly those staying for convalescence were able to attend activities in the community as they recovered their strength. Staff knew the tasks people were capable of doing such as personal care, tidying their wardrobe and helping during meal times. Staff ensured people had the equipment they required to maintain their independence such as mobility aids and adaptive cutlery.

Is the service well-led?

Our findings

People were at the centre of the decisions made at the service. One person told us, "The manager comes into the dining hall and speaks to everyone. She listens to what we say." Another person said, "I can only speak too highly of them. Everything is about us." People using the service and their relatives told us the registered manager valued their comments and ensured staff provided them with the support they required. Health and social care professionals told us the registered manager was proactive and ensured decisions made focussed on each person's individual needs. Staff told us they were open and transparent about the care they provided and that the registered manager encouraged them to take responsibility for their work. Staff said communication and information sharing was good. The registered manager attended daily meetings with staff which ensured that they were kept informed about people's health and well-being.

People using the service, their relatives and staff knew the registered manager and the management team and considered them approachable and supportive. Comments included, "[Registered manager] is busy but very involved" and "[Registered manager] and her deputy are always visible and ready to help." Staff said they enjoyed good teamwork and were supported in their roles. Team meetings were held regularly and minutes showed these were well attended. Records showed staff were able to raise concerns about the service and discuss the support they required. Suggestions from the team were welcome and implemented when necessary, such as increased outings for people.

The registered manager understood their responsibility in line with their registration with the Care Quality Commission (CQC). They notified the CQC and external agencies of any reportable events as required by law. The provider ensured staff had access to policies and procedures which complied with the legislation and best practice guidance.

People were supported by staff who understood their roles and responsibilities. Staff were enthusiastic about their roles and had a commitment to provide high standards of care. They were happy about the provider's staff recognition scheme. People and staff could nominate any member of the team for 'caring star of the month'. People using the service and their relatives had created a system where they could write on a disc what was important to them about care at the home. Staff read the values that people thought were important and worked towards fulfilling them. The organisation had won the Lang Buisson personalisation award in 2017 for making people feel valued, respected and cared for. Lang Buisson is an organisation that celebrates achievements of people providing care.

People's care was monitored and checked to ensure staff followed procedures to provide high standards of support. Appropriate quality assurance systems were in place and followed to develop the service. The registered manager carried out regular audits of care plans, record keeping, activities, medicines management, fire safety and health and safety. The provider had ensured staff received regular supervision and training to provide them with the knowledge and skills required to deliver good care. Improvements were made to resolve any shortfalls identified for example the registered manager ensured repairs and maintenance work was carried out in a timely manner.

Staff recorded and reported on accidents and incidents. These were analysed to identify trends and patterns and to develop plans to minimise the risk of a recurrence. For example, the registered manager had increased the number of staff working during the period when most people were identified to be at risk of a fall. This saw a decline in the number of people having a fall as there were staff available to support them to get out of bed.

People had the benefit of the involvement of external agencies in their care. The registered manager worked closely with other agencies to ensure people receive high standards of care. We saw people's health improved because of the recommendations of external agencies such as hospices and Macmillan nurses providing care and treatment for people living with cancer.