

Caring Homes Healthcare Group Limited

Walstead Place Care Home

Inspection report

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Date of inspection visit:
28 July 2022

Date of publication:
12 October 2022

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?

Outstanding ☆

Summary of findings

Overall summary

About the service

Walstead Place Care Home is a residential care home providing nursing care and support for up to 45 people. People were living with a range of needs associated with the frailties of old age. 33 people were living at the service on the day of our inspection.

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

We found some areas of outstanding practice in the care provided by Walstead Place Care Home. The registered manager and dedicated and enthusiastic staff demonstrated an excellent commitment to enabling people to live well and grow old with dignity. People received high-quality care that met their needs.

The registered manager had developed innovative and effective systems that promoted people's health and improved their wellbeing, happiness and independence. People and staff universally had their equality, diversity and culture celebrated, and their rights promoted and respected. The service was inclusive, educational and empowering. Staff worked collaboratively with outside agencies such as the local schools, charities, the local authority and healthcare professionals.

People using the service were consistent in their view that the service delivered person centred care that met people's needs. Typical comments included, "I honestly can't fault the home. [My relative] gets treated so well, she's very happy and there are so many great activities going on. She's certainly not bored." There was a culture of embracing learning and development within the service. People and their relatives felt confident in the skills of the staff and they received effective care. Staff treated people with respect, dignity and compassion. People and their relatives felt respected, valued and listened to.

People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were written with people and focused on their individual specific needs and preferences. The management team completed checks and audits on the quality and safety of the service to make sure they had good oversight.

People were supported by staff who had been safely recruited, and they were protected from the risks of discrimination, abuse and avoidable harm. Risks to people's health, safety and welfare were monitored and reviewed. Measures were in place to reduce risks. People told us staff always wore the appropriate personal protective equipment (PPE). Staff had access to PPE stock and completed training about how to use it appropriately.

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

People told us they knew how to complain, but had no complaints about the service they received. Complaints and compliments were shared with staff to address areas for improvement and to celebrate successes. People received medicines safely. The service was clean, hygienic and a pleasant environment to spend time in.

Staff had received relevant training to meet people's needs. People's wishes at the end of their life were respected. People were able to express their views and had their dignity and privacy promoted. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow.

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 good (published 20 January 2018). The overall rating for the service has stayed the same based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

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 exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Walstead Place Care 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 was completed by one inspector.

Service and service type

Walstead Place Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walstead Place Care 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. At the time of our inspection there was a registered manager in post.

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 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 all this information to plan our inspection.

During the inspection

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 spoke with people and staff and gathered information relating to the management of the service. We reviewed a range of records. This included five care plans. We spoke with seven people living at the service. We also spoke with six members of staff, including the registered manager, a regional manager, the chef and care staff.

After the inspection

We contacted six relatives by telephone.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. A relative told us, "I have no concerns about the safety of my [relative], she is very well cared for."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations.
- Staff took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns. Where needed they supported staff with extra training to ensure they provided safe care.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Using medicines safely

- People told us they received their medicines appropriately, one person told us, "Same time every day, they pop in with my pills."
- Care staff were trained in the administration of medicines. A member of staff described how they completed medicine administration records. These were accurate. We observed a member of staff giving medicines sensitively and appropriately. Staff administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- People's medicines were stored appropriately, and accurate records had been kept of when they were administered to people. Staff supported people to take their medicines safely and at the time prescribed by their doctor. Medicines were kept locked so they could only be accessed by trained staff.

Staffing and recruitment

- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe.
- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Agency staff were also used when required.
- Feedback from people and staff was they felt the service had enough staff and our own observations supported this. One person told us, "There's always staff around if you need them, they're very good like that."
- There were systems in place to ensure staff were safe to work in the service. All staff had a Disclosure and Barring Service (DBS) check completed prior to starting at the home. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

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

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
- People were offered a choice of food from the menu and was enjoyed by everyone. One person told us, "The food is very tasty, we get fed all day." In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person said, "We get lots of choice, there's always something else to choose if you don't fancy the main meal."

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations. Staff supported people with confidence and professionalism. A member of staff told us, "My training is always encouraged and supported."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

- People's needs were assessed before they moved into the service. This allowed the manager to assess risks to people and whether staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff

and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

- People told us they received effective care and their needs were met. A relative told us, "They care for [my relative] very well. She's very happy there and has fitted right in."
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and care staff had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "They are all so very kind."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. A relative told us, "The staff always ask [my relative] what she wants to do, they are very pro-choice. Nothing is dictated to them."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, we saw people mobilising around the service and being encouraged to enjoy the gardens.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair.
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They [staff] are very respectful, they treat me very well."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that the service responded well to their care and recreational needs. There was a varied range of activities on offer which included, music, arts and crafts, quizzes, exercise and visits from external entertainers. On the day of our inspection, people and staff were enjoying a sports day to celebrate the Commonwealth Games. One person told us, "We get lots of activities, I don't know how they think them all up sometimes."
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith.

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

- Individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "The staff know my [relative] inside and out, they make sure she's happy and well cared for, they are a lovely bunch."
- People received care from a consistent and regular staff team. One person told us, "I know all the staff, I have my favourites, but they are very nice." Staff had good understanding of how to support people. Staff gave examples of how they responded in a personalised way to people's individual needs. For example, knowing details about people's life and their loved ones.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns. A relative told us, "I'd be happy to complain if anything was wrong. I have no reason to believe that I wouldn't be listened to."
- The registered manager recorded and monitored complaints and compliments. Complaints were investigated and responded to in line with the provider's policy. Compliments were shared with staff to celebrate areas of good practice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others.

End of life care and support

- People's wishes for their end of life, including any spiritual and cultural wishes, were discussed and recorded. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.
- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to assist them. Local hospices had supported the service and trained staff.
- The staff were involved with specific projects with other organisations, to ensure they carried out effective and dignified advance care planning. These projects and sharing of knowledge empowered people to make their own decisions regarding their care at the end of their life. For example, if a person wanted a specific piece of music, or a smell that was dear to them, such as the perfume of a loved one.

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 good. The rating for this key question has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others; Continuous learning and improving care

- The service was involved in many community initiatives, in partnership with other organisations. These were all based around supporting people to remain independent, improve their wellbeing and to feel part of the community they lived in.
- For example, the registered manager had developed ongoing and regular relationships with a local school. Students regularly visited the service and spent time with people, playing games or sharing information about their lives. The registered manager told us, "We have strong links with the children in our community. Recently we took some of the residents to the children's sports day, which they thoroughly enjoyed, and it brought back memories of going to their own children's sports day. We reciprocate the invites by having the children come to some of our events." As well as raising awareness in the local community of growing old and the care sector, this intergenerational work was used as projects and homework for the students and brought a great deal of joy to people living at the service and all involved.
- We saw other examples of people being supported to have 'pen pals' in other local care homes and writing letters to each other. These initiatives and others developed by the staff enabled people and their families to meet, learn, have fun and have their health and wellbeing improved. Feedback from people involved with the service told us how their dedicated and innovative approaches had made a positive impact on people's health and wellbeing. A relative told us, "[My relative] is so happy at Walstead Place, she loves the activities, she's doing really well."

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

- There were consistently high levels of constructive engagement with staff and people. Feedback was used to drive improvement. Staff and people played a pivotal role in developing the service and providing positive outcomes for people and a motivational place to work. For example, staff developed new ways of carrying out handover meetings to ensure that information was shared more efficiently, meaning that all staff were aware of people's daily needs. Furthermore, people were routinely involved with interviewing potential new staff and writing interview questions for them. A chef had recently been recruited by people and staff jointly interviewing the candidate.
- People were regularly asked to provide feedback about the quality of care they received, the environment and ways to develop and improve the service. For example, people had been elected as 'activities ambassadors' and were involved with staff in developing activities that people wanted to do. The registered manager told us, "Activities are very resident led. We want all to be included and live a meaningful and fun life here." Other people were 'ambassadors' for different topics and influenced food choices and décor on

behalf of the people who lived there. Their feedback and ideas had led to murals being painted, the implementation of a breakfast club to increase social time and independence, and talks around the importance of keeping hydrated.

- The registered manager focused on raising awareness and promoting health in older age, and worked with their staff, people and their families to plan and design quarterly newsletters. These newsletters had been distributed widely, including to relatives living abroad and other care homes. Each newsletter promotes a certain area of importance around older people's care. They were used as a way to share good news stories and promote a positive experience of ageing well. The examples of outstanding care and good practice demonstrated in the newsletters were used to train staff and enhance care at other services within the group.
- The service supported people to be involved in decisions about their care and health needs. The provider had trained members of staff to be 'champions'. These champions were specialists in specific areas, such as end of life care, falls, nutrition and hydration and equality and diversity. The champions worked closely with people to help them understand their health conditions, in order for them to be able to make informed decisions in respect to their care and any treatment required. For example, staff supported a person to make decisions about being comfortable and dignified at the end of their life. The person stated their favourite smell was freshly cut grass. Staff provided this person with a diffuser in their room that gave off the smell of cut grass. The champions also worked closely with healthcare professionals to share information and learning about people's specific health needs.
- Staff had creatively and informatively ensured that equality, diversity and human rights (EDHR) was promoted and understood at the service. The service had celebrated the cultural diversity of both people and staff. Specific cultural days took place to highlight where people were from. On these days, people's heritage was celebrated and discussed. Staff and the chef made traditional food and drinks of the country. These events had created discussion and interest in gaining further knowledge by people, visitors and staff.
- Staff had received specific training around EDHR, had an equality and diversity champion, an LGBTQ+ ambassador and ensured that people were cared for as individuals. The registered manager carried out EDHR audits to gather information, and stated that the service had a safe space commitment, so people and staff could speak freely around and share information around EDHR.
- Staff meetings and staff satisfaction surveys were carried out, providing management with a mechanism for monitoring the service provided. Survey responses reflected people thought they received a high quality, person-centred and professional service. The registered manager told us how they encouraged staff to engage with the service and continually improve. One member of staff said, "We are always listened to and supported. I can talk to [registered manager] at any time."

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

- People and their relatives told us the service was exceptional and distinctive. A relative told us, "They do some really good things at Walstead Place, everyone seems so happy and joyful when I visit." There was an open culture at the service. Leaders and managers made themselves available, led by example and modelled open, co-operative relationships.
- The registered manager prided themselves on having a culture of high-quality sustainable care. With feedback from people, their relatives and staff, they developed their own set of visions and values. These were based around providing outstanding care to people and supporting staff to be the best they can be. The registered manager stated their core value was that, 'Each day that is given, is to be lived and enjoyed by both residents and staff.' It was clear from observing the sports day on the day of our inspection how much fun and enjoyment people and staff experienced together.
- People and staff spoke extremely highly of the service and felt it was well-led. Staff commented they felt totally supported and had an excellent understanding of their roles and responsibilities. One member of staff said, "I love working here, I'm proud of what we do. I'd definitely have a relative live here."

- The service had a strong emphasis on team work and communication sharing and staff commented they all worked together and approached concerns as a team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team completed regular checks and audits to monitor the safety and quality of the service delivered. Senior staff completed checks to monitor staff competency and people's satisfaction of the service.
- The managers and provider worked as a cohesive team. They led by example, coaching and mentoring their staff team.
- The management team understood their responsibilities in relation to duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment. The Care Quality Commission and local authority safeguarding team were informed of notifiable incident in a timely way and in line with guidance.