

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?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Weald Hall Residential Home is a care home providing accommodation and personal care to 33 people, aged 65 and over. The service can support up to 39 people.

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

Improvements were needed to the providers quality assurance audits as not all environmental concerns were being identified. Relatives told us maintenance concerns were not always being dealt with in a timely manner. We have made a recommendation about supportive environments for people living with dementia.

People told us they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Risk assessments were in place to manage risks and protect and promote people's safety. There were appropriate systems in place for the testing of staff, visitors and people living at the service for the COVID-19 infection. People received their medicines safely and as prescribed.

People's needs and choices were assessed, and their care provided in line with their preferences. Staff received an induction and on-going training to ensure they could provide care based on current best practice when supporting people. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. 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. People received enough to eat and drink and were supported to access health professionals when required.

People continued to receive care from staff who were kind and caring. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People, relatives and staff said the current registered manager of the service was supportive and visible in the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 12 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements.

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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remained requires improvement. This is based on the findings at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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 inspection

We reviewed information we had received about the service since the last inspection. We carried out a monitoring activity where we reviewed and analysed information including that shared from the provider. We spoke with nine relatives as part of this monitoring activity. We looked at feedback from the local authority and professionals who work with the service. This information helps support our inspections. We

used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service We spoke with five members of staff including the registered manager. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection control records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection systems were either not in place or robust enough to demonstrate that infection prevention and control was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Hoist slings were now kept separated in people's rooms and staff collected these to use when needed. The hoist was disinfected before being used.
- Cleaning schedules were in place to identify all areas that required cleaning including equipment.
- A relative told us, "They have been excellent with Covid 19. It's been hard for us as relatives, but we could go up there and say hello through the window. They've been so strict, but I'm pleased they have been. It's definitely safe." Another relative said, "The testing and wearing of masks has been very good. Despite all the restrictions they've handled Covid well. They're just acting in everyone's best interests. I'm still tested every time I go."
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management: Using medicines safely

At our last inspection the provider had failed to recognise or reduce risks to people. Medicines processes required improvement. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had transferred all the care plans on to an electronic care planning system. Risks to people were managed safely.
- We looked the care records for three people with specific risks. These included people at risk of pressure sores, malnutrition and falls.
- Risks to people had been assessed and reviewed and there was clear guidance for staff to follow to mitigate people's risks.
- The registered manager had worked with the local authority to reduce falls at the service. The analysis of falls had identified areas in the service where increased supervision was needed to support people.
- People were cared for in a safe environment. The registered manager ensured other risks, such as the safety of the building and of equipment had been regularly checked. However, we did find some maintenance concerns in the service that still required attention. The provider did respond proactively following the inspection and sent us evidence some of these issues had been resolved. A maintenance person had been recruited and was due to start.
- Evacuation plans were in place to guide staff on how to support people in case of an emergency.
- The registered manager ensured the proper and safe use of medicines. People told us they received their medicines correctly and relatives said people were well supported with their medicines. One relative told us, "They do [family members] medicines and they're very good. They must be well-trained."
- The medicines checked were correct and the Medication Administration Record forms (MAR) had been completed properly.
- Staff were trained, had received regular updates to refresh their knowledge, and their competency to administer medication was checked.

Staffing and recruitment

At the last inspection the provider failed to ensure enough numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We had mixed feedback about staffing levels from relatives. One relative told us, "There are always staff available if you need anyone." A person told us, "I do think there is not enough staff, I do have to wait, but they do always come within a few minutes." Another relative said, "I can't fault the care, but they seem to be run off their socks. It seems like they would like to spend more time with each resident but there are not enough of them."
- Staff were visible, responded quickly and had time to spend with people during our inspection. A staff member told us, "We are managing now, using some agency at night. We try to make sure there is a senior and a team leader and the team leader is above the rota." Another staff member said, "I do think we have enough staff now."
- The registered manager told us they kept staffing levels under continuous review and would adjust rotas if people's needs changed or indicated that current levels were not sufficient.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of harm and abuse.
- Staff had received training in how to safeguard people and knew how to report any concerns.
- The registered manager understood their responsibilities to safeguard people from the risk of abuse and any concerns were acted on so people were protected from harm.

Learning lessons when things go wrong

- Systems were in place to analyse incidents and accidents and the registered manager used this to identify themes. Action was taken to prevent any future re-occurrence and to ensure continuous improvement.
- Safeguarding's, accidents and incidents were discussed in staff meetings and measures put in place to reduce any re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to provide staff with appropriate support, training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager now ensured staff received an induction and shadowed more experienced staff when they started work. This enabled them to learn from more experienced staff and supported them to develop the skills needed to support people effectively.
- Senior staff were now trained to deliver practical moving and handling training to staff and refresh existing staff training regularly.
- Staff received the training and support needed to carry out their role effectively. They received training on subjects such as safeguarding, equality and diversity, infection control and medicines. The training plan was actively monitored by both the registered manager and the provider.
- Staff felt well supported by the registered manager and received regular supervision meetings. One staff member said, "We can go to [registered manager] at any time. We have supervisions and we try to have staff meetings every two months."

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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences. A relative told us, "I feel very lucky to have found the home. They treat [family member] as I would. The staff are lovely, and he has everything he needs,"

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

At our last inspection we recommended the manager undertakes a review of all people's care records and ensure they are consistently reflective of professional's advice in relation to their dietary requirements. The provider had made improvements.

- The registered manager had reviewed all care plans in relation to people's dietary requirements. Where necessary, staff monitored people's food intake and weight to ensure they remained healthy. Where there were any concerns with regards to eating and drinking the service had sought professional advice from a

dietician or speech and language therapist (SALT).

- People had choice and could access enough food and drink throughout the day. People told us they enjoyed the food. One person told us, "The food is good, we get two choices, if I do not like either I can have a jacket potato." Another person said, "We do get a choice of food and so far, the food is good."

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

At our last inspection we recommended registered provider reviews CQC guidance 'smiling matters' and implements best practice in relation to oral health care. The provider had made improvements.

- People's care plans detailed their health care needs and conditions, and how staff should manage them. For example, we saw people's oral health care was now assessed on admission to the service and delivered by staff as part of an individual's care plan.
- The registered manager and staff worked well with other organisations to ensure they delivered effective care and support.

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

- At the last inspection the provider needed to make improvements to some areas of the service. At this inspection a shower room/wet room had been added, flooring and some furniture had been replaced and most areas of the service had been decorated.
- Whilst areas of the service had been decorated more work was needed to create a more enabling environment for people living with dementia. There was a lack of visual clues or items of interest around the service that could support wayfinding such as contrast and clarity, pictures, or objects of interest. For example, handrails were the same colour as the walls and memory boxes near bedroom doors were mainly empty.

We recommend the provider reviews best practice guidance on creating a supportive environment for people living with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and demonstrated a good understanding of how to support people to make decisions.
- Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed.
- People told us, and we heard, staff always asked for their consent before taking any actions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Supporting people to express their views and be involved in making decisions about their care

At the last inspection the provider had failed to provide people with appropriate person-centred care to meet their needs and preferences was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Whilst there was still mixed feedback about staffing levels, people we spoke with were positive about the staff. One person told us, "I do like it here, the food is not bad. I like to sit outside and will be going out there soon. The girls do help me." Another person said, "The staff are really good."
- Throughout our observations we observed positive interaction with people. There was lots of laughter and the atmosphere was relaxed. Staff demonstrated they knew people well. One staff member told us, "I do think the residents are well cared for. I would be happy for a relative to live here. The carers here care very much." Another staff member told us, "In my opinion people are getting good care."
- Relatives were positive about the staff. One relative told us, "The staff are very friendly, always trying to make [family member] smile. They're quite loving. Some stand out more than others, but you always get that in any care system." Another relative said, "The girls are caring, kind and compassionate. They always make us welcome when we visit with [family member]."
- People and relatives were encouraged by staff to express opinions and views about the care they received. One person said, "I have a choice of when I get up and go to bed, they always ask me first." A relative said, "I definitely have a say in [family members] care. They ask if they want to know anything and they always consult with me." Another person told us they can bring what they liked into their room, they proudly showed us their new television.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People were encouraged to take pride in their appearance to enhance their self-esteem, although their individual choice was respected.
- Staff spoke to people kindly and maintained their privacy when talking about sensitive subjects. They lowered their voices or moved so they were not within earshot of other people. A relative told us, "They definitely respect [family members] dignity. When I was talking to the team leader, she told me you can't say 'pads' so now I'm more careful."
- People were encouraged to be as independent as possible. Care plans included what people could do for themselves and the areas where they required further assistance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. 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.

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

At the last inspection the provider failed to ensure people achieved good outcomes for people, to identify and drive improvements and to manage risks. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 17. However, some improvements were required.

- Whilst we found improvements in the providers quality assurance processes in relation to training, medicines and care records. There were still gaps in picking up concerns in relation to maintenance, making the environment more supportive and mixed views about staffing levels. These concerns had not been picked up by the providers audits. For example, there was a hole in the ceiling in the main lounge which had not been recorded on any of the audits. The provider did respond to these maintenance concerns immediately and sent evidence these had been resolved.
- Relatives told us some maintenance issues were not always being resolved in a timely fashion. One relative told us, "Maintenance here is lacking. [Family members] toilet wasn't flushing for ages. The whole place needs updating and maintenance. This has to be a management issue."
- The registered manager told us they had recognised these concerns and had subsequently recruited a maintenance person who would be specific to Weald Hall and were just waiting for all their recruitment checks to be completed. They had previously shared a maintenance person with another service which had contributed to the delays.
- The registered manager was aware they had duty of candour responsibility and they were very open and transparent about when things had gone wrong and what could be improved as a result.

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

- People, relatives and staff told us the registered manager listened to them and discussed any issues willingly. One staff member told us, "I do feel supported, I had a supervision a week ago. I think things have improved. it is a much nicer place to work." A relative said, "[Registered manager] is really good. They are lovely and reply to emails promptly."

- Resident and relative meetings were held so people could feedback to staff. A relative told us, "They've held Zoom meetings about Covid 19 to keep people informed."

Working in partnership with others

- The registered manager and staff team worked well with other professionals such as the local authority, local mental health teams, GP's and district nurses to provide joined-up care and support.
- A quality monitoring audit carried out by the local authority in 2021 rated Weald Hall as 'good'.