JK Healthcare Limited

Weald Hall Residential Home

Inspection report

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13 September 2017

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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

The inspection took place on 12 and 13 September 2017 and was unannounced. Weald Hall Residential Home is registered to provide accommodation and personal care for up to 39 older people. The service mainly provides care to people living with dementia. There were 39 people using the service at the time of the inspection.

At our last inspection on 21 September 2016 the overall rating for this service was Requires Improvement. Three breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. This was because quality assurance audits had not identified a range of areas that needed to be improved. This included individual risks assessments not always being representative of people's current need and ineffective systems to prevent harm and abuse. The registered provider sent us an action plan detailing the improvements they would make. They kept us informed of their progress.

There was a new manager in post whose application to the Care Quality Commission for registration was in progress at the time of our inspection.

At the previous inspection on 21 September 2016, the registered provider had not analysed or reported some safeguarding incidents to ensure the safety of the people involved, at this inspection improvements were seen.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage and were reflective of people's needs. Emergency procedures were in place in the event of fire.

People's medicines were stored and managed safely. Where an error had been identified, appropriate action was taken.

There was a system of monitoring checks and audits to identify the improvements that needed to be made. The manager and the operations manager acted on the results of these checks to improve the quality of the service and care.

There was a sufficient number of staff deployed to consistently meet people's needs and respond to call bells in a timely manner.

People received support from staff that were trained and supported to provide appropriate care. People received support to have food and drinks that met their nutritional needs and personal preferences. Support was available to people to ensure their health needs were met in a timely way.

The provider was meeting the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity

assessments were completed in line with legal requirements. Deprivation of Liberty Safeguards had been requested for those that required them. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the MCA 2005 and DoLS.

Staff cared for people in a caring and sensitive manner and people and their relatives were complimentary about the staff that supported them.

People and their relatives knew how to raise any concerns they had and there were systems in place to gather the views of people to ensure they were happy with the service they received.

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.

People's medicines were stored and managed safely. Where an error had been identified, appropriate action was taken.

Personalised risks to people were assessed with plans in place to manage them.

The provider had recognised that not all accidents had been included in their analysis, action was taken to address this.

People were supported by staff who understood their roles in safeguarding them from abuse.

There were sufficient staff present to safely meet people's needs.

Is the service effective?

Good

The service was effective.

People's legal rights were protected because staff worked in accordance with the Mental Capacity Act (2005).

People told us they enjoyed the meals at the home and people's nutritional needs were assessed and met.

People had access to health care professionals as needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

Staff treated people with respect and kindness.

People's privacy and dignity was respected by staff.

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Is the service responsive?

Good

The service was responsive.

People had care plans in place that described them and their needs.

People knew how to raise a complaint and where complaints were raised, appropriate actions were taken in response.

Activities were provided so people were occupied and had social stimulation.

Is the service well-led?

Good

The service was well-led.

Regular audits to monitor the quality of the service were being carried out.

Staff told us that they enjoyed working at the home and said morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

Weald Hall Residential 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 checked 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 took place on 12 and 13 September 2017. The inspection was undertaken 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.

Prior to the inspection we reviewed the information we held about the home, including previous inspection reports, action plans and the provider's information return (PIR). We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and visited people in their rooms. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore, we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the afternoon in the main communal area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who lived at the service, three relatives, seven care staff, the laundry person, activity staff, the manager and the operations manager. We looked at four care records, staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records and quality audits.

Good

Is the service safe?

Our findings

At our inspection in September 2016, we found that incidents were not always recognised or reported appropriately as safeguarding incidents. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that improvement had been made and safeguarding incidents were reported appropriately and information used to update risk assessments and provide guidance for staff. People and relatives we spoke with told us that they thought people were well looked after and were safe living at the service. One person told us, "The carers are all great – it's a nice safe home here – it's alright… foods OK." Another person said, "Yes, I do feel safe, the carers are all so very kind and very good at their job."

At our last inspection not all weight recordings were in place, particularly for two people cared for in bed, this had been identified in previous inspections. This meant that nutritional risk assessments or malnutrition universal screening tools (MUST) were not always completed accurately or appropriate risks identified. The manager now calculated MUST scores based upon arm measurements which enabled them to more effectively identify any risks associated with nutritional needs.

At the last inspection we had concerns that risks to people's safety and welfare were not always identified and assessed. During this inspection we found improvements had been made. Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, falls, nutrition and tissue viability. We saw where risks had been identified; action had been taken to mitigate those risks. The care plans also highlighted any risks associated with people's behaviour and included guidance for staff in how to manage these safely. Risks associated with people's health and care needs were being managed safely because staff knew people well enough to know what people needed and how to care for them. People spoken with told us that they felt the staff assisted them safely.

Accidents and incidents involving people and staff were clearly recorded. However, improvements were needed in the systems in place to review and analyse these records to ensure that staff were aware of any changes in people's support needs following an accident or incident. The manager and operations manager sent us an action plan immediately following this inspection. This gave details of the improvements they were making to make sure important information about people's changing needs and associated risks were not missed.

We checked medicines storage and medicines records for all the people who used the service. All prescribed medicines were available. Medicines were stored in a locked medicines trolley in a designated locked room. There was a medicines fridge and we saw a temperature chart was in place and temperatures recorded were within safe limits. Whilst it was evident that most people received their medicines as prescribed, and medicines administration record (MAR) charts were completed appropriately.

We also checked controlled drugs held at the home. Controlled drugs are drugs classified under the Misuse of Drugs Act 1971 and have specific requirements in relation to storage, administration and recording. We identified a delay in a person receiving transdermal patch, which should have been applied once weekly, but we found that this had been administered two days late. Audits of controlled drugs had taken place but these were not consistent or in sufficient detail and the error had been missed. We checked care records related to this person and could not identify that this error had impacted on the person. The error was investigated and reported appropriately to all relevant parties. The manager and operations manager had responded immediately and reviewed their processes which included implementing a new audit process specifically for these medicines.

The provider had a health and safety policy in place, and staff were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. The service had taken steps to protect people in the event of a fire. There was an up to date risk assessment which included information about individual people's needs. We did note that one bathroom had been out of order for quite a long period of time, the operations manager showed us a quote for the works to be done. Following the inspection the operations manager sent us evidence of an installation date.

We observed that staff were available to support people when in the lounges and at meal times. We saw that staff were busy however, we did not hear call bells ringing for unreasonable amounts of time which highlighted that staff were available to respond to people when they were needed. We did not see people waiting for support.
People and relatives told us there were normally enough staff on duty however; they felt the service was stretched on some occasions. One relative told us, "I don't think it affects residents but sometimes staff are very busy." Staff we spoke with thought that the number of staff was sufficient for them to do their job effectively. One staff member told us, "[Named manager] will work the floor if we need it." Another staff member said, "I think we have enough, some days we are very busy but other days we can join in with the activities or chat to people."

Recruitment practices ensured staff were suitable to support people. We looked at four staff files, and these included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

Good

Is the service effective?

Our findings

Staff told us that they received training to support them to be able to care for people safely. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as dementia care. One staff member told us, "The training is updated every six months, I really enjoyed the virtual dementia tour."

In the foyer there was a "Champions" board, showing photographs of staff members who had been identified as the 'Champion' for subjects such as moving and handling, dignity, Infection control and hydration. These champions took a special interest in their subjects and provided support for other staff members if required. Staff we spoke to were aware of these champions and what support they could provide.

Staff confirmed they received supervision and an annual appraisal with their line manager, and all the staff we spoke with felt this was useful to enable them to review their development. One staff member said, "Supervisions now is quite intense, the manager gives us scenarios and asks us what we would do, they also make sure we are okay and ask our opinion."

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 had assessments in place in relation to their capacity to consent to care and treatment they received in the home. Where people were identified as lacking capacity decisions had been made in their best interest following a best interest process to keep them safe.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, we found that all people who were considered to require a DoLS either had one authorised or were awaiting a decision from the local authority.

Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions or, where appropriate, their family members.

Staff had received training in the MCA and were able to demonstrate how they applied the principles in their daily practice. One staff member told us; "Where possible people make their own decisions, we do offer two choices of food or clothes, for people who may find it difficult if too many choices are offered." Another staff member said, "We always treat people as individuals and offer choice, we would involve the GP or families if people needed help." Staff understood the importance of gaining consent and we observed throughout our visit that staff always asked people's permission before helping them.

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. Tables were nicely laid with tablecloths, serviettes and condiments. A visual choice of drinks were offered to people and staff took their time waiting for people to make a decision. At lunchtime people who lived with dementia were provided with choices of main meal by being shown both plated options so that they could make a meaningful selection based on the look and smell of the food. We saw that all the staff including the manager supported people during the meal and when people asked for additional condiments these were provided. One person told us, "I do like the food, but I don't like to go into the dining room as there are no people I can chat to, so I stay here and they bring my dinner. This is my spot." Another person told us, "I think the food is very nice, my favourite today ham, egg and chips, and the Sunday brunch is excellent." A relative told us, "It is traditional food and my [family member] is fussy but they always eat it."

On the second day of inspection the oven was not working and the service had ordered people a variety of meals from the local fish and chip shop, people were enjoying their fish and chips and staff provided support with cutting up food or assisting people who needed support to eat. We were informed the oven was repaired on the day. There were risk assessments in place for people who had swallowing difficulties and who required assistance to eat and drink. Food and fluids were monitored for some people at risk of malnutrition. Malnutrition Universal Screening Tool (MUST) scores were recorded and updated monthly to show nutritional risks and had been completed consistently. Records showed that people were referred to the dietician or speech and language team if concerns were identified.

People told us and records confirmed that people had access to a range of healthcare services to maintain their health and wellbeing. Records showed that people received routine health checks by dentists, chiropodists and opticians. One person told us, "The carers and district nurses look after my legs well." Another person said, "Yes, I see the doctor whenever I like. I rather like the doctor."

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the care provided to them. One person said, "I get on very well with all the carers, they are all nice and friendly and I like them a lot, nice [staff]." A relative told us, "Carers really make an effort with [family member]." Another relative told us, "It's a lovely welcoming home. The staff are always kind and helpful and nothing is too much trouble for them. They know [family member] and all their little ways very well. I come in at all different times and the welcome from staff is always the same. [Family member] likes living here

Care plans that we looked at highlighted that people had been involved in their care planning by the staff. Where people were not able or did not want to be involved in their care planning their relatives had given their input. Care plans confirmed how people liked to be looked after and their likes, dislikes and preferences. Staff we spoke with knew people's individual likes and dislikes and how they preferred their support to be delivered. A relative told us, "I was involved with the care plan; I told them [family member] was not very sociable and they have respected this."

Staff had worked with people for a long time and had built up a good rapport with them that enabled them to understand their choices and preferences. Staff were able to tell us about people's life history and interests, how they liked to spend their day and how they wanted to be cared for. One staff member told us about a person who liked to have tea, toast and a chat before they got up in the morning, and another person who always asked for sausages for lunch. staff responded in a very caring way when people needed assistance. Staff were attentive and offered people a choice of drinks throughout the day. The atmosphere was relaxed and staff chatted and joked with people while they supported them.

One person was sitting close to a window in the quiet lounge, with the television on, and drinks on the table. A staff member was chatting to them. Later in the day the person beckoned us over and introduced us to 'her best friend'. The best friend was a staff member who was just about to go on holiday, the person told us that the staff member would not be here for a few weeks.

People received care and support that promoted their dignity. For example, people were supported to maintain their appearance as they chose, and when staff assisted people with personal care they did so behind closed doors. One staff member told us of one person who would be upset if staff mentioned instances of incontinence to them. The staff member said, "I tell any agency staff exactly how to say this so they do not upset them. The person is much more reassured if it is not mentioned and we just support them to change." Staff were positive about the care at the service and comments included, "Yes, we work as a team here" , "People get good care, as a team we pick each other up and support each other" and "I love to work here – it's a lovely home."

Staff worked as a team, and interacted really well with people that used the service. Relatives we met were supportive of the home and new manager. Relatives told us they felt welcome at the service any time which meant that people were supported to maintain relationships that were important to them. One relative said, "I visit a lot and when my [other relative] visits [they have] dinner with [family member], and we can make a

cup of tea whenever we want."

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received and their choices were respected. Assessments had been carried out prior to the person moving into the service. We saw evidence that people and their relatives had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People and their relatives told us they had been involved in the initial assessment of their needs. This included background information for most people which helped staff understand each person and their individual needs.

The manager told us that people's individual needs, such as the time they wished to go to bed and get up and if they preferred a bath or shower was discussed with them during their initial assessment and reviewed monthly. We saw that monthly reviews were used on some occasions to update care plans. However, we found a lot of monthly reviews that recorded 'no change'. This made it difficult to demonstrate if people's well being had improved or if their preferences were being met. The manager had started reviewing people's care with them or family members in an annual review which included more detail. Following this inspection, the manager and the deputy manager told us that they would be reviewing all care plans with senior staff to see how these monthly reviews could be improved.

The service had recently recruited an additional activities coordinator and they told us about various ideas and plans they had going forward. They said, "I've written a plan of what I want to do and yesterday I had a long meeting with the manager and they are very supportive." On the day of inspection we observed people involved in various craft activities in the main lounge, and during the afternoon, a game of animal bingo was being held.

There was lots of items around that people could use. We were shown items that the activity staff had recently purchased, and some other ideas they were planning for the service such as a cinema experience and additional outings. The activity coordinators had visited other homes and the provider told us they were planning to set up regular activity coordinator meetings to share ideas. External entertainers were booked monthly to come in and entertain people that used the service, this also included an exercise class. The service organised various events in the home such as a cockney afternoon and a mad hatter's tea party. The manager told us that they were in the process of talking to people to create a specific activity lounge rather than deliver activities in the main lounge. They felt that this meant that people had more choice about whether they wanted to attend the activity or event, rather than them having to leave the lounge if they did not want to participate.

In the foyer of the service a 'You said' and 'We did' was on display, this recorded that people that used the service had requested more trips out. The manager had responded that they were trying to organise transport to provide more outings as a result of this feedback. During our inspection people did tell us they would like to get out more, comments included, "I do feel safe here, and I like the home, but we don't have many trips out – the last trip we had was to the zoo a few years back, that was lovely and," I'm trying to get back into my embroidery as there's not much to do here. I would love to go out more, the local nursery has a café and that would be nice to visit, but we just don't go out. I get into the gardens much as I can, lovely

gardens here."

We discussed this with the manager who told us they were still looking into the transport, but that one of the activity staff was soon going to be available to take individuals out.

There was a large garden and patio area to the rear, which overlooked the local airfield. People told us they enjoyed watching the aircraft landing and taking off throughout the day. The gardens were well used by people and there were tables, chairs and umbrellas available. During the day, the doors from the dining room and lounge were open and people were able to go outside if they chose this. The garden also had a pet rabbit and guinea pigs.

There was a complaints procedure in place. People told us that they knew how to complain and when they did raise a complaint, it was taken seriously by staff. One person told us, " No, there's no problems here if there was anything, I would talk with the manager. [Manager's] good, and has really made a difference here." There were various feedback systems in place to obtain people's and relatives' views.
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Good

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act (regulated Activities) 2014 as the provider's quality assurance system had not highlighted safeguarding issues we identified so they could be reported appropriately and information used to update risk assessments to provide sufficient guidance for staff. At this inspection we found that safeguarding issues were now managed safely. We found the manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. The submission of notifications allows us to check that the correct action has been taken by the registered persons following accidents or incidents.

At this inspection we found the quality assurance processes had improved and we did not identify any breaches in the regulation. Following this inspection the manager and operations manager had responded pro-actively and immediately about the medicine error found.

The service had a manager in post who was in the process of registering with the Care Quality Commission to manage the service. Like registered providers, they are `registered persons`. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. We asked people using the service about management within the home. One person told us, "The manager is very nice and easy to talk with, they are always around." A relative told us, "The manager is excellent and keeps us up to date on anything going on with [family member]. They have had a couple of falls and the manager has contacted me immediately and let me know the situation, then kept me informed of the situation. I have absolutely no problems with [family member] living here, it's an excellent home."

Staff told us that they enjoyed working at the service and said morale was good. Comments included, "I love working here, I get on very well with the new manager, they are really easy to talk to", "The new manager is very supportive and we now have regular meetings so the communication between the staff is much better than it used to be, it's really nice here now", "The manager is friendly and approachable "and, "I love my job, it's the best job in the world, everyone is so helpful."

The service involved people and their relatives in the running of the home. Regular meetings took place in which people and relatives were kept updated on any changes at the home, as well as given opportunities to provide feedback or suggestions. Minutes showed that actions were taken following meetings. For example, people and relatives had discussed wanting to attend dementia training which the manager had arranged, and sometimes having brunch instead of lunch, which one person said was really nice. We also noted when any suggestions were made about the food these were passed to the chef to action.

Staff meetings were held on a regular basis and staff told us they could raise concerns or make suggestions at these meetings. One member of staff said, "They do listen to us, if they didn't I would go back and talk to them again." We saw that topics discussed included safeguarding, medication and training.