Russettings Care Home Limited

Weald Hall Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 August 2018 and was unannounced. Weald Hall Residential Home is a 'care home' and provides accommodation for up to 26 older people who may be living with dementia. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 24 people living at the service on the day of our inspection.

This was the first inspection of Weald Hall Residential Home under a new registration due to changes to the details of the provider's registration. However, Weald Hall Residential Home was not a new service. It was still owned and managed by the provider as at our previous inspection. We last inspected the service in May 2017 and rated it as Requires Improvement: One breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. We issued a requirement notice relating to Good Governance. We found improvements had been made, but there were still areas in need of improvement.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and senior care staff. Staff spoke of good support. A member of staff told us, "We are a strong team, (Registered manager's name) has been a really good leader."

The registered manager acknowledged there had been a period when some of the quality assurance systems had fallen behind or not occurred. There had been a recent vacancy and change in deputy manager had led to some delay in the provision of staff training updates, supervision and appraisal. However, this had been identified and work completed to address this. Care and support was provided to some people living with a high risk of falls. Individual falls risk assessments had been completed. Staff described robust measures in place to manage the risk of falls. However, some documentation failed to reflect the measures in place. Supporting guidance as to the frequency these reviews should be completed had not been followed. Although there were robust recruitment checks to be followed when recruiting new staff, for one of the four recruitment files we looked a criminal records check had not been received prior to staff commencing work in the service. These were areas in need of improvement.

Staffing levels were sufficient to meet people's care and support needs. Senior staff regularly worked in the service and people's dependency was monitored. This was to highlight the level of staffing needed to ensure people's care and support needs were met. Senior staff acknowledged there had been difficulty in recruiting new staff, but there had been ongoing recruitment to address this.

Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Staff told us that communication throughout

the service was good and included comprehensive handovers at the beginning of each shift. They felt they knew people's care and support needs and were kept informed of any changes. They confirmed that they felt valued and supported by the senior staff, who they described as very approachable. They told us the team worked well together.

People and their relatives told us they felt people were safe. They felt it was somewhere where they could raise concerns and they would be listened to. Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. The building and equipment had been subject to regular maintenance checks. Medicines were stored correctly and there were systems to manage medicine safely. Audits were completed to ensure people had received their medicines as prescribed.

People's individual care and support needs were assessed before they moved into the service. Where possible people had been involved in making decisions about their care and treatment and they had felt listened to. Personalisation and person-centred care focused on people having choice and control in their life, and was at the forefront of the care delivered. People's care and support plans and risk assessments were reviewed regularly to ensure people's care and support needs had been identified for care staff to follow. People told us the food was good and plentiful. They had been supported to access a varied menu and maintain a healthy diet to meet their individual dietary needs. People's healthcare needs were monitored and they had access to health care professionals when they needed to.

Consent was sought from people about the care that was delivered. Senior staff had a good understanding of the Mental Capacity Act 2005 (MCA) and The Deprivation of Liberty Safeguards (DoLS). All staff understood about people's capacity to consent to care and were observed to ask for people's consent before they provided any care and support.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. When asked what people liked about living at Weald Hall Residential Home one person told us, "It's nice and peaceful here." Another person said, "The people who look after us can't do enough." People had a range of social activities they could attend. One relative told us, "They care, they don't just leave him in a chair."

There was a positive culture in the service. The registered manager had a good oversight of the service and knew where changes and improvements were needed. People and their representatives were asked regularly to complete a satisfaction questionnaire. There were systems in place to record any compliments, concerns or complaints received. People and their relatives told us they would be comfortable in raising any concerns if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not always received all the recruitment checks on prospective staff prior to them working at the service. Staffing levels were monitored to ensure there were enough staff to meet people's care needs.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. However, where people were at a high risks of falls guidance had not been followed as to the frequency of reviews.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Care staff had a good understanding of consent.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were supported to make decisions about what they wanted to eat and drink and to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People and their relatives felt able to raise any concerns and were confident they would be listened to and any concern would be acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance was used to monitor and to help improve standards of service delivery. People could comment on and be involved with the service provided and to influence changes to improve the service. However, not all the quality assurance processes in place had been fully maintained.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

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.

This inspection took place on 28 August 2018 and was unannounced.

The inspection team consisted of two inspectors 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.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helped us with the planning of the inspection. We contacted the local authority and two visiting healthcare professionals for feedback on the care provided.

We used a number of different methods to help us understand the views and experiences of people, as not all were able to tell us about their experiences as they were living with dementia. During the inspection we spent time with people who lived at the service and observed the care and support provided. We spent time in the lounge, dining room and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime experience. 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 20 people individually or in a group setting. We also spoke with four relatives. We spoke with the registered manager and their personal assistant, the deputy manager, a senior care staff, a chef/member of care staff, two agency care staff and the activities coordinator. We looked around the service in general including the communal areas, and a sample of people's bedrooms, and the garden. We observed the lunchtime experience for people, observed the administration of medicines, the care and support provided in the communal areas, and activity sessions run during the day. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and four staff recruitment records. We also looked at five care plans and supporting risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at Weald Hall Residential Home. This is when we looked at their care documentation in depth and obtained their views on how they found living in the service. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care. We also looked at the provider's own improvement plan and quality assurance audits.

This was the first inspection of Weald Hall Residential Home under a new registration due to changes to the details of the provider's registration, however Weald Hall was not a new service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection risks to people had not been fully mitigated: the provider and registered manager had not ensured that people's risk assessments regarding their mobility and risk of falls were robust or reflective of people's current risk. They had not contained sufficient guidance for staff to enable them to provide the right support people needed and minimise the risk. At this inspection some improvements had been made. However, we found areas in need of improvement in relation to the detail for some of the recording of falls risk assessments and the completion of recruitment checks.

Each person had an individual care plan and risk assessments in place which provided information on their care needs. These had been rewritten and updated and with the daily records gave a clear picture of people's care and support needs and what had been provided. These were reviewed regularly to ensure people's care and support needs were identified. Staff had used evidence based tools to assess people's needs and identify if people were at risk for example, of falling, malnutrition and dehydration. Where any risks were identified, staff were given guidance about how these should be managed. Staff also told us if they noticed changes in people's care needs, they would report these to the senior staff and a risk assessment would be reviewed or completed. Staff described robust measures in place to manage the risk of falls. They demonstrated a good knowledge of people's care and support needs and told us they had a communication book and detailed handovers where any changes had been discussed. However, some of the falls risk documentation failed to reflect all these measures in place. Where people were at a higher risk of falls these had been reviewed at least monthly to ensure guidance in place for staff to follow was current. However, supporting guidance with the assessment tool detailed the frequency of reviews should be completed at least weekly. This was an area in need of improvement.

Recruitment procedures were in place to check that staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS). Where staff had applied to work at Weald Hall Residential Home they had completed an application form, attended an interview and had the required checks completed. For three out of the four recruitment files we looked at all the checks had been received prior to new staff commencing work in the service. For the fourth of the new staff recruitment files we looked at senior staff had not followed the provider's policy and procedures in relation to receiving a criminal records check before a new member of staff started work in the service. We discussed this with the registered manager who showed us a risk assessment had been completed for this period to identify any risks and additional support needed to be provided. This member of staff had also shadowed an experienced member of staff until all the checks had been received. This was an area in need of improvement.

There was a maintenance programme in place which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Maintenance checks were carried out by the services own maintenance person or by external companies. For example, the registered manager told us there were weekly checks of the fire alarm system in between the regular checks and maintenance made by an external company. This was evidenced in the records we looked at. There was an emergency on call rota of senior staff available for help and support. Contingency plans were in place to respond to any emergencies such as

flood or fire. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Staffing levels were regularly assessed to ensure people's safety. Care staff were supported by ancillary staff who covered domestic, catering, maintenance and administrative tasks. In addition to the registered manager there were four care staff and an activity coordinator on duty. There were three waking night staff. Although there were times staff were very busy, people, staff and relatives felt staffing levels were sufficient to ensure peoples care needs were met. Where there was a staff vacancy or to cover and to cover any staff absence existing care staff or agency staff where possible who had worked in the service before covered to ensure consistency for people. The registered manager and deputy manager regularly worked on shifts providing care and support to people. On the day of the inspection, we observed the service to be calm with a relaxing atmosphere. This was confirmed in the records we looked at. Agency staff working in the service were observed to be inducted and shadowing and working with a senior member of staff during the day. They spoke well of working in the service and of the support they had received to get to know the running of the service and of people's care and support needs. Staff members did not appear to be busy or rushing around. From our observations, people received personal care in a timely manner throughout the day. Care staff were seen checking that people in the dining room and their own rooms were eating, assisting where necessary.

People and their relatives told us they felt people were safe, happy and were well treated. One person told us, "They want to help you." A relative said, "I can come morning, afternoon all the family are welcome, I feel safe and secure with the care."

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

Systems were in place to ensure the cleanliness of the service. The most recent environmental health visit to the kitchen had awarded the service the top rating of five. During our inspection, we viewed a selection of people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. A new infection control lead had just been recruited and started to work in the service. Staff received infection control and food hygiene training. Protective Personal Equipment (PPE) such as aprons and gloves was readily available. Sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used.

There were appropriate arrangements in place to ensure the safe management of medicines. Care staff were trained in the administration of medicines. Staff told us the system for medicines administration worked well in the service. Medicines were stored safely. Systems were in place to ensure repeat medicines were ordered in a timely way and any medicines disposed of correctly. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered

correctly. We observed one member of staff administer medicines. The member of staff demonstrated a knowledge of people and their medicines. They gave people the help they needed to take their medicines. Systems were in place to support people to self-medicate their medicines through a risk assessment process.

Good

Is the service effective?

Our findings

People and relatives spoke positively about life in the service and the food served. They felt staff had the necessary skills and competency to provide effective care. A relative commented, "I am very happy with the care I would recommend to anyone." A member of staff told us they routinely monitored what people were eating, "To get feedback from residents, but also to slow down the care staff, the enjoyment of meals is important. The meal time should be something that maintains the person's public face and dignity, it's not just about sustenance."

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. Senior staff told us all care staff completed an induction before they supported people. This incorporated the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. Agency staff new to the service were observed being taken through their induction.

Staff could access essential training to ensure they had the knowledge and skills to meet the care needs of people they supported. Care staff received training that was specific to the needs of people that used the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, infection control and dementia care. The training completed was given through a mixture of online learning packages or practical sessions. A member of staff told us, "I like the online training, I have a log-in and can do it in my own time. I just completed fire safety training. We have all done safeguarding." Support and guidance had also previously been provided to staff from the dementia in reach team, a group of professionals who supported staff working in care homes. Agency staff stated their training was up-to-date and senior staff confirmed this was also checked at the time of booking that care staff had the necessary training and skills required to meet people's care needs.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. They told us they were provided with supervision and appraisal. This was through one-to-one meetings with their manager. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. There was a supervision and appraisal plan which senior staff followed to ensure staff had regular supervision and appraisal. Additionally, there were regular staff meetings to keep staff up-to-date and discuss issues within the service. Senior staff acknowledged in some instances there had been a delay in providing staff training updates, supervision and appraisal. However, senior staff had identified this and could show us they had a robust action plan in place which they had implemented and of the work undertaken to address this.

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.

We checked whether the staff were working within the principles of the MCA. Senior staff understood the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

The registered manager told us they were aware of how to make a DoLS application and about the DoLS applications that had already been made and had been agreed. They were monitoring and ensuring these were being followed and updated as required. Care staff demonstrated they had a good understanding of what this meant for people to have a DoLS application agreed. Records highlighted to care staff who had a DoLS in place, or if there were any actions they had to follow to support people where an application had been agreed.

People's nutritional needs were assessed and recorded, and people's likes and dislikes in relation to food and drink had been discussed. People's risk of malnourishment was assessed and reviewed monthly. The provider used a screening tool to identify anyone who may be significant risk of malnourishment or experiencing weight loss. People's weights were monitored regularly with people's permission and there were clear procedures regarding the actions to be taken if there were concerns about a person's weight.

People and their relatives spoke well of the food provided. Comments received included, "The food is delicious," and "It's very decent." The menu was based on people's likes and dislikes and people were supported to make their choices from this. Staff had been working with people and their relatives to meet specific dietary needs. There had recently been a residents meeting where food had been the main topic of conversation. We were shown the amendments made to the menu made in direct response to feedback from the meeting. People wanted more casserole type meals, and agreed what to take off the menu to accommodate this. People wanted more custard after a recent replacement by cream and ice cream in response to the heatwave. There was considerable choice of breakfasts with people able to choose daily and eat in their own room or in a 'breakfast club,' held in the main dining room. A variety of fresh fruit was readily available. The main menu did not offer alternatives, but people were asked the previous day if they would like the menu meal, a variant on it or an alternative. For example, a member of staff told us, "We had curry yesterday, but with five different variants. One person likes lasagne but can't have cheese or onions, so we make a bespoke meal, we are doing that all the time." The chef showed us they had information available on the dietary requirements and likes and dislikes of each person. Additionally, staff told us of support given to people to meet their individual dietary needs which had included enlisting the support and guidance from a speech and language therapist (SALT.)

During lunch time, we observed there were sufficient staff to ensure that time was taken to support each person who needed assistance. Staff did not rush people, they explained to people what the food was and chatted during the meal. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. Staff also prompted people's fluid intake during the day to make

sure people drank well.

Staff were attentive to changes in people's health needs and responded to them in a timely and appropriate way. People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. Care plans contained notes which recorded when healthcare professionals visited such as GPs, or nursing staff and when referrals had been made. Care staff told us that they knew the people well and if they found a person was poorly they reported this to the senior staff.

The service had been adapted to meet people's needs and promote their independence, whilst creating a home from home feel. There were adapted bathrooms and toilets and the provision of hand rails to support people. There was an ongoing maintenance and improvement plan for the premises.

Good

Is the service caring?

Our findings

People, relatives, and observations during then inspection told us people were treated with kindness and compassion in their day-to-day care. One person told us, "The people that look after us can't do enough." One person said, "We get a choice of what happens here."

Positive caring relationships had developed between people and staff. Observations showed that staff were kind and caring in their relationships with the people they supported. Everyone in the service had their own key worker, which is a member of the care staff who took a special interest in their care needs, for example to make sure their room was tidy and that any shopping needs were identified and fulfilled. A member of staff told us, "I'm key worker to two people so I'm responsible for their care plan reviews. I talk with family when they come in, so they are involved in reviews. "

People were listened to and enabled to make choices about their care and treatment. Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed staff informing and encouraging people to take part in the activities arranged on that day. Also, when helping people choose from the menu. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. They all responded to requests even when not directly associated with their role. They chatted in a friendly way.

Compliments received directly in the service included, 'Thank you so much for all the love and kindness you showed mum during her stay at Weald Hall,' and 'My mother and I thought everything about Weald Hall was pretty superb. Staff were friendly and caring at all times and had a fine sense of purpose and value. We found it to be very life affirming and my mother could not have had a better end to her life. Her room was superb, comfortable, bright and residents were cheery and engaging.'

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. People were supported to meet their religious and spiritual needs. Clergy visited weekly and monthly to support those who wanted to take part.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people, relatives and staff, it was clear that they knew people well and had a good understanding of how best to support them. Staff recognised the importance of promoting people's identity and individuality. Considerable thought had gone into making people's bedrooms individualised and personalised with their belongings and memorabilia. For example, one person had her bedroom painted pink which was their choice. People had their photographs, some relating to people's professions and other items that were important to them. Where possible people's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff

demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service.

It was one person's birthday on the day of the inspection. They had gone out for the day with their family. Staff waited for their return then gave them gifts, flowers and a home-made birthday card. The chef bought out a home-made cake and everyone sang Happy Birthday. Everyone had cake and tea including the relatives. It was a happy atmosphere.

Throughout the inspection, people were observed moving around the service and spending time in the lounge or dining area. People had access to a secure garden and veranda which people told us they enjoyed using. People were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way, they wanted.

The registered manager had completed Level 2 course in Understanding Dignity and Safeguarding in adult social care. As part of staff's induction this was covered and senior staff worked with staff to ensure staff were adhering to the principles of privacy and dignity. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People were observed to have a flexibility of routine to suit their individual needs. Staff were aware of the importance of ensuring people's privacy and dignity was maintained. For example, we observed people who had difficulty in holding a glass full of fluid, be given a small glass of fluid in the same style just smaller. This ensured their dignity was maintained and they were not made to feel any different from the other people. Staff demonstrated they were aware of the importance of protecting people's private information.

People had been supported to keep in contact with their family and friends. Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. A relative told us, "As soon as you get in the door they can't do enough for you." One person had lunch with their wife at least once a week and they had a separate dining room to themselves. Two relatives came and spent time gardening with their mothers most weeks. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person's own bedroom.

Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. For people who wished to have additional support, whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact, if people needed this support. 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.

Good

Is the service responsive?

Our findings

People were asked for their views about the service. Relatives told us they felt included and listened to, heard and respected. They confirmed they or their family were involved in the review of their care and support. People told us they enjoyed the activities provided. People were encouraged to join in a range of activities. A relative told us, "At a previous home my mum just wandered all the time here she belongs, and people talk to her."

An assessment of people's care and support needs was completed before they began using the service. This meant staff could be certain that their needs could be met. This information was then used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Where possible a 'This is me' document was completed with the family to help give staff the information they needed to support people. Produced by the Alzheimer's Society, 'This is Me' booklet is a tool that enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. Documentation confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. When asked if they were involved with their relative's care plan a relative told us, "Yes we were very involved."

People's care plans contained details of the best way to communicate with people. Senior staff told us communication needs were ascertained on assessment and this was evidenced documented in the care plans. Documents for staff and people who required larger print or who required simplified language or easy read could be provided. Activity sheets and crosswords for example could be enlarged for those with vision impairments. The activity programme had recently been enlarged and produced in a pictorial format to help people understand the activities planned. Meeting minutes for residents were in bold, simple fonts and enlarged where necessary. One person had audio books posted to them which they could play on a machine in their room.

Technology was used to support people with their care and support needs. An emergency call bell system was in place in the service for people to access. A sensor mat was in use to alert staff if a person wandered. A computer tablet had been purchased and had been for interactive activities with people. A Weald Hall Residential Home social media group page was being set up to enable people to keep in touch with relatives and friends.

People living at Weald Hall Residential Home had fulfilling lives because they were engaged in activities that were meaningful to them. An activities co-ordinator arranged activities in the service five days a week. Or external groups or entertainers were booked to come in and entertain people. We observed activities had been sought for people living with dementia and there were magazines and DVD's to entertain people. The activity coordinator was observed interacting with people during the day and encouraging people to join in the activity being run. During the morning the communal areas had a very relaxed atmosphere, with some people enjoying listening to a classic radio station. Ohers were involved in conversation. A staff member

asked a person what was in their newspaper and developed a conversation and gave the opportunity to the person to express views and humour. During the morning there was an activity for people to smell familiar smells to see if it prompted memories. We observed a lot of interaction and reaction from people. There was a lot of enjoyment and a lot of laughter. One person who had just arrived to live in the service was made to feel comfortable straight away. They had lunch and then was encouraged to join in with the activities. They were observed laughing and looked very relaxed. In the afternoon giant cards were used to play the card game patience. There were nine or ten people all getting involved. One person guided the game by instructing the activity coordinator that she could not put, "Anything but a King in the gap." In the second lounge black and white movies were playing.

Other activities planned for the week included, baking cheese straws, yoga, indoor bowls, board games and painting. Research has shown that people can be comforted by the presence of animals and visits from a PAT (Pets as therapy) dog can be therapeutic for people. There were regular visits by a PAT dog. Staff also spoke of a miniature horse who had come in to see people and had gone All around the home to see people who were in their bedrooms. Also of a company which brought in a range of animals for people to hold and stroke which people had really enjoyed. People had been encouraged to make a scrap book of areas of interest. The activity coordinator showed us pictures in a scrapbook of animals for one person who enjoyed looking at pictures of animals. A relative told us the activities were always very good and commented, "At a previous home my mum just wandered all the time here she belongs, and people talk to her."

There was an attractive mature garden with secluded seating areas and a lot of mature planting, areas. Paving was accessible with benches and chairs for seating People could access the garden with the help of staff. When asked if they went into the garden one person told us, "I will be getting out there in a minute." Another person said, "I love the garden we get a choice what happens here, we even have a vegetable patch." A relative visiting took their mother into the garden for part of the day.

Links with the local community had been established and volunteers visited the service to befriend people. The "Friends Across Wadhurst" visited Weald Hall residential Home to spend time with those who wished, for company. People were offered the choice of participating or not. This enabled people to have relationships outside of the care environment who may not have many local friends or relatives. Children from the local schools visited periodically, especially around Christmas time to sing and perform.

No one at the time of the inspection required end of life care. The registered manager told us peoples' end of life care would be discussed and planned and their wishes respected. People could remain at the service and were supported until the end of their lives. The registered manager had signed up to complete the Gold Standards Framework. This framework provides training to staff on how to deliver good end of life care. As part of this staff had carried out assessments for each person according to the Gold Standard Framework. This was to predict end of life care needs and preferences in a timely way, to avoid being unprepared at end of life situations, therefore maintaining people's choice and dignity. These assessments were on-going documents updated at least monthly or during health changes to prompt care plan changes and any further interaction with other professionals. Links had been made and support provided by the staff at the local Hospice. A compliment received directly by the service detailed, 'We bless the day we found Weald Hall. The family have already thanked you for looking after mum so well for so long. We simply want to express our gratitude for the special care you gave mum in her final days.'

People and their representatives could comment on the care provided through reviews of people's care and support plans, residents meetings and by completing quality assurance questionnaires. The last questionnaire was in March 2018 and a further questionnaire had recently been sent out. Following the feedback from the questionnaires in March a ramp had been ordered to improve the accessibility into the

garden.

There were systems in place to record any compliments, concerns or complaints. No formal complaints had been received during the past year. People and their relatives were encouraged to raise any concerns and knew who to speck to if they had any concerns. One person told us, "I would tell (Staff member's names)." A relative said, "I would speak to the manager or any of the staff." People were made aware of the complaints procedures which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the registered provider did not have effective systems in place to measure the quality and safety of the service. At this inspection we found there had been improvements. Senior staff had carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, health and safety and infection control. They could show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. Accidents and incidents were recorded and staff knew how and where to record the information. These were reviewed and remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. People and their relatives had had the opportunity to comment on the care provided through reviews and quality assurance questionnaires.

However, the registered manager acknowledged due to staff changes there had been a period when some of the quality systems fell behind or had not been fully maintained. For example, staff training updates, supervision and appraisal had been delayed, and resident's meetings had not always been held. However, senior staff had identified this and a robust action plan was in place which they had been following to address this. For one of the new staff recruitment files we looked at senior staff had not followed the provider's policy and procedures in relation to receiving a criminal records check before a new member of staff started work in the service. Some of the documentation in relation to falls did not reflect all the measures in place to protect people. Guidance as to the frequency of review where people had been identified at a high risk of falls had not been followed. These were areas in need of improvement.

Since the last inspection work has been completed to further improve the environment for people living in the service. Bathing facilities had been improved. Alongside an assisted bath, a new wet room on the ground floor had been provided to improve the accessibility and choice of bathing facilities within the service. Following feedback chair heighteners had been provided where needed to facilitate easier access for people in and out of the chairs. The provision of hand rails had assisted people to move around the service. A new hairdressing room had been provided to improve the experience for people using the facility. Signage had now been provided and was used to help orientate people around the communal areas in the service. The registered manager told us work had been commissioned and was due to commence to improve the access for people into the garden.

People, relatives and staff all told us that they were happy with the care and support provided at the service and the way it was managed and found the management team approachable and professional. People and their relatives told us they felt the service was well led. A relative told us, "I am very satisfied and the manager always gives me time and is very understanding of any concerns I may have.' Another relative told us, 'Always a cheerful atmosphere and all the staff are excellent.'

Senior staff promoted an open and inclusive culture by ensuring people, their representatives, and staff could comment on the standard of care and influence the care provided. Staff said they felt well supported within their roles and described an 'open door' management approach. They told us the registered manager

was approachable, knew the service well and would act on any issues raised with them. They were encouraged to ask questions, discuss suggestions and address problems or concerns with senior staff. Staff confirmed that any suggestions were listened to and acted upon. A member of staff told us, "There are staff meetings but it's not easy for people to get to them. (Registered manager's name) put in place an evening meeting for night staff to make sure they could have a say. Minutes are taken and things do get done as a result, though you can talk to the registered manager any time. Management of laundry is much better after we talked about in a meeting, and we got extra drawer space in bathrooms."

Each month the provider visited and discussed with the registered manager the running of the service, any staffing problems or items raised for example, the environment. The provider toured the service and spoke with people and staff are also spoken with to gain any feedback. Recently the provider also assisted with recruiting more staff. This was evidenced in the records viewed. A member of staff told us, (Provider's names) come in to see the registered manager mainly but they are friendly to staff and want to know what we think, and the residents."

Policies and procedures were in place for staff to follow. Senior staff had started a policy a month to highlight and work with staff to ensure they were aware of key policies and procedures. There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The mission statement was detailed in the service user's guide for people, visitors and staff to read. The aim of staff working in the service was, 'Our aim and belief is Weald Hall is your home in every sense of the word. This means that it should be warm and comfortable and a place where you are respected as an individual.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, and diversity and understood the importance of respecting people's privacy and dignity.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of their responsibilities under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. The registered manager attended local care home forums with other local providers and managers. This enabled them to keep up to date and share best practice ideas. It also enabled them to keep up to date with issues that were important to the local area and may affect the service.