Wraysbury House Limited

Weald Hall Residential Home

Inspection report

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Wadhurst
East Sussex
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Date of inspection visit:
30 May 2017

Date of publication:
05 July 2017

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

We inspected Weald Hall Residential Home on the 30 May 2017and the inspection was unannounced. Weald Hall Residential Home provides accommodation for up to 26 people. On the day of our inspection there were 23 people living at the service. Weald Hall Residential Home is a care home that provides support for older people living with dementia and other health related conditions. Accommodation was arranged over three floors with stairs and a lift connecting each level.

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

People, relatives and staff spoke highly of the service. One relative told us, "I think it's friendly and the staff are so brilliant. They're calm, patient, good humoured and dedicated." Another relative told us, "I like the fact that she has a lovely room with all her things in. I like the fact that we are always welcomed with a smile." Whilst the feedback from people was positive, we found areas of practice that were not consistently well-led.

The provider had failed to maintain accurate, complete and contemporaneous records. People's individual care plans failed to consistently reflect the level of support and intervention needed to meet their needs in a safe and consistent manner. Incidents and accidents were not consistently audited for emerging trends, themes or patterns. An overarching governance system was not in place and shortfalls found on the inspection and had not been identified by the provider or registered manager.

Care and support was provided to people living with dementia, however, improvements were required to make the environment dementia friendly. We have made a recommendation about sourcing input from a national source on dementia friendly environments.

People told us they felt safe living at Weald Hall Residential Home. One person told us, "Yes I do because I have a lot of friends here, I like the company." The provider employed two dedicated activity coordinators and people had access to a range of group activities. Where people preferred to spend time in their bedroom, documentation failed to address the risk of social isolation. We have made a recommendation about social activities and minimising the risk of loneliness.

People we spoke with were complimentary about the caring nature of staff. People told us care staff were kind and compassionate. People were treated with respect when they received care. One person told us, "The staff are very caring and very gentle."

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed

appropriately. Systems were in place to enable people to self-medicate their medicines.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate application to restrict people's freedom had been submitted. People were being supported to make decisions in their best interests. The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People were protected, as far as possible, by a safe recruitment system. Staffing levels were sufficient and met people's individual care needs.

People had access to relevant healthcare professionals to maintain good health. Records confirmed that external healthcare professionals had been consulted to ensure that people were supported to receive effective care. People received good health care to maintain their health and well-being.

Arrangements for the appraisal and support of staff were in place. Staff told us they felt supported and recognised the part that a yearly appraisal made. One staff member told us, "The manager is very supporting and I can go to her with any concerns." Staff spoke highly of the training provided and felt it equipped them to provide safe, effective and responsive dementia care.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers to take at the back of the full version of the report.

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

Weald Hall Residential Home was not consistently safe.

Staff were knowledgeable on how to support people and mitigate the risk of falls. However, risk assessments and guidelines were not consistently in place or robust to provide sufficient information for staff to follow.

People's medicines were stored, administered and disposed of safely. Systems were in place for people to self-medicate their medicines.

Staff had a clear understanding of the procedures in place to safeguard people from abuse. People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good

Weald Hall Residential Home was effective.

Staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Mental capacity assessments for people who had limited capacity were reflective of individual needs.

People spoke highly of staff members and were supported by staff who received appropriate training and support.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Is the service caring?

Good

Weald Hall Residential Home was caring.

People and visitors were positive about the care received. This was supported by our observations.

Care focused on people's individual preferences and respect of their dignity.

Staff were kind, thoughtful and gave reassurance to the people they supported

Is the service responsive?

Good

Weald Hall Residential Home was responsive.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Care plans were in place and information was available on peoples likes, dislikes and what was important to them.

People had access to a range of group activities whilst some people were content in spending time in their bedrooms.

Is the service well-led?

Requires Improvement

Weald Hall Residential Home was not consistently well-led.

Quality monitoring systems and procedures did not always establish best practice or identify all areas for improvement.

Staff, people and relatives spoke positively of the registered manager's management approach and availability. People were able to comment on the service provided to influence service delivery.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 30 May 2017 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 including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

During the inspection we spent time with people who lived at the home. 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 spoke with 13 people and three of their relatives or visitors. 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 lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We gained the views of staff and spoke with the registered manager, provider (owner), activity coordinator, chef and five care staff.

We looked at seven care plans and five staff files and staff training records. We looked at records that related

to how the home was managed that included quality monitoring documentation, records of medicine administration and documents relating to the maintenance of the environment.

This was the first inspection of the service under the new provider with the CQC.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Weald Hall Residential Home. One person told us, "Yes I do because I have a lot of friends here, I like the company." Another person told us, "Yes it feels like home, I feel very safe." A third person told us, "I'm well looked after, I can no longer look after myself, so I moved in here. I have very limited mobility because of arthritis." Visiting relatives felt confident leaving their loved ones in the hands of Weald Hall Residential Home. One relative told us, "Yes (person) is safe, they moved rooms from upstairs to the ground floor because they were in danger of falling." However, despite people's positive comments, we found an area of practice that was not consistently safe.

Weald Hall Residential Home provided care and support to some people living at high risk of falls. Guidance produced by the National Institute for Health and Care Excellence (NICE) advises that falls and falls related injuries are a common and serious problem for older people. They can be a major cause of disability. Individual falls risk assessments were in place which considered people's risk of falls. For example, whether they were at high, medium or low risk. Where people were assessed at high or medium risk, there was no subsequent care plan which detailed how the risk of falls could be mitigated. Documentation reflected that one person had been experiencing a high incidence of falls and being found on the floor. Their falls risk assessment on admission reflected they were at low risk of falls, however, this had not been reviewed in line with the frequency of falls they were experiencing. Staff told us that a sensor mat was now in place and they had recognised that if the person was experiencing a urinary tract infection, which added to their risk of falls. However, this information was not reflected in their care plan. Incidents and accidents reflected that one person had experienced in excess of eight falls within a two month period. Their falls risk assessment had been reviewed, however, there was no guidance on how staff minimised the risk of falls. Staff told us how they supported this person and mitigated the risk of falls through the use of a sensor mat, ensuring the person was wearing appropriate footwear and encouraging hydration. Robust measures were in place to manage the risk of falls, however, documentation failed to reflect that.

Each person had an individual care plan and risk assessments in place which provided information on their care needs. However, guidance and strategies were not consistently recorded on how to meet people's care needs. For example, one person's care plan identified they could experience disorientation; tended to walk without a purpose, suffer with depression and be tearful at times. Their care plan also identified that they could be sexually suggestive towards female staff members. Documentation reflected that staff had got to know people well and provided information on what people's individual behaviours were. However, there was no guidance on how to meet those individual needs. For example, how staff should respond to the person when they were displaying sexually suggestive behaviour. One individual had been had recently been assessed by the SALT team. Guidance had been left in their care plan, however, their nutritional care plan failed to reflect the guidance provided by SALT. We found this was a consistent theme within the care plans we reviewed. Care plans failed to reflect how support should be provided to meet people's needs. From talking to staff, it was clear they knew how to support people, despite a lack of documented guidance. Staff were aware of people's nutritional needs and behaviours which challenged and how to meet those care needs. However, this was not reflected in people's care plans and risk assessments. We brought these concerns to the attention of the registered manager who was open to our concerns and during the

inspection, started to review care plans.

Failure to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff had received safeguarding training and had a good understanding of the types of abuse they may come across in their work. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. One staff member told us, "Safeguarding is about ensuring people are safe and they are not being abused or neglected.' Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern.

There were enough care staff working in the home during the day to meet people's needs safely. In addition to the registered manager there were four care staff, head of care and an activity coordinator. There were three waking night staff. People, staff and relatives felt staffing levels were sufficient. One staff member told us, "There is enough staff. The only problem can be is when someone calls in sick at the last minute, but that is very rare." Another staff member told us, "We do really well here staffing wise." One person told us, "Staff are really nice, attentive and friendly and yes I think there are enough." A visiting relative told us, "Always someone around, always met and greeted and always someone to ask. I am very impressed with the staff." The registered manager told us, "We have a formal dependency tool in place to determine staffing levels. It's based on intuition, feedback from staff and people and observations. If we needed to increase staffing levels due a change in a person's need, we would. I have no hesitation in increasing staffing levels when needed." Observations throughout the inspection found that staff responded to people's needs in a timely manner and there were always staff present in communal areas to provide interaction and stimulation.

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) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. In one staff file, there were no references available. When staff had been employed from an agency, the provider had failed to source their own references and in three staff files, we noticed gaps in employment history which the provider had failed to investigate. We brought these to the attention of the registered manager who acknowledged our concerns and agreed to implement risk assessments and address the shortfalls.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's individual ability to evacuate the home had been assessed and personal evacuation plans were in place. These considered any factors which might prevent a safe evacuation and the level of staff input required. The provider operated a horizontal evacuation which meant people would be evacuated to another area of the home whilst awaiting the fire service. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances and moving and handling equipment.

Weald Hall Residential Home had safe systems for administration of medicines and people told us they

received their medicines on time. One person told us, "I manage my own painkillers, but I am very glad they manage the others. When I first came I managed all of them, but some are so small that I am now very grateful that it is taken care of." Another person told us, "All medicines are on time, which is one of the main reasons I moved in here as managing my medicines was becoming difficult." All medicines were securely stored, with appropriate facilities available for controlled drugs and temperature sensitive medicines. Full records were maintained of medicines brought into the home, given to people and disposed of. All staff who supported people with their medicines did this carefully and did not rush people. They gave people the help they needed to take their medicines, including drinks of their choice. They checked each person had fully swallowed their medicine before signing that the person had taken their medicine. Where people were prescribed medicines on an 'as required' basis, there were clear protocols outlining the reasons a person needed their medicine and how often it was to be given in 24 hours. A monthly medication audit took place which helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Helping people to look after their own medicines is important in enabling people to retain their independence. Systems were in place for people to self-medicate their medicines. Risk assessments were in place and reviewed regularly which considered whether the person understood how to take their medicines as prescribed and whether they can take the tablets or capsules out of the bottle, container or packet. Where people self-medicated their medicines, staff provided them with a locked drawer for safe storage.

Good

Is the service effective?

Our findings

People spoke positively about life in the home and the food served. People and their relatives felt staff had the necessary skills and competency to provide effective care. One person told us, "I think they are trained as well as they can be." A visiting relative told us, "Communication is excellent, my (relative) was found asleep on the floor at 03.00am and we were contacted straight away."

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. 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. Staff told us how they worked within the principles of the Act and gained consent from people. One staff member told us, "When people are unable to make a decision and lack capacity, we make a decision in their best interest." Another staff member told us, "We always give people options and gain their consent. We ask what they would like to wear, what to eat and what they would like to do." Throughout the inspection, we observed staff gaining consent from people and giving people choices.

Mental capacity assessments had been completed and considered the decision whether people had capacity to consent to living at Weald Hall Residential Home. Capacity assessments considered people's ability to understand the information, weight up, retain and communicate their decision. Where people were assessed as lacking capacity, decisions were made in their best interest and this was clearly recorded.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. On the day of the inspection, two applications had been approved and the registered manager was awaiting the outcomes of the other applications made.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. There was a training programme and records showed that staff had been booked to attend updates when they needed to renew their training. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and food hygiene. Staff spoke highly of the training provided and felt it equipped them with the necessary skills and qualities to provide safe and effective care. One staff member told us, "The training is very good. I have come on leaps and bounds due to the training. I've been supported to complete my National Vocational Qualification (NVQ) in level 2 and I'm also completing a diploma in nutrition and health." Another staff member told us, "I can't talk highly enough about the training. It is very good."

There was a structured induction programme for new staff to make sure they knew what was expected of them in their role. This included time to get to know people, to read their support plans and to shadow other staff. The provider's induction programme followed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. It ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff spoke highly of their induction and one staff member told us, "I am new working here, but so far my induction has been very good."

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff received a yearly appraisal which considered their goals for the year ahead, what they wanted to achieve and how they were finding things. Staff spoke highly of the appraisal system and felt they could approach the manager if they had any concerns or wanted to do any additional training. A programme of regular supervision was not in place, however, the registered manager held reflective practice sessions with staff on an ad-hoc basis. The registered manger told us, "I hold reflective practice sessions when needed and this enables the staff to feedback any concerns and reflect on any areas of practice."

Guidance produced by Skills for Care advised that with the right skills and knowledge, staff can provide a good quality of life for people living with dementia, allowing them to remain active and engaged, for as long as possible. Staff spoke highly of the dementia training provided. One staff member told us, "The dementia training was amazing. It is amazing what the brain can do when A disconnects from B within the brain." Weald Hall Residential Home received support from the Dementia Care Home in Reach Team which included a 16 week programme of training. Staff told us how they provided effective dementia care. One staff member told us, "When people experience agitation, we tend to divert the situation by talking about something else. For example, one person can become agitated when we provide personal care, so I tend to diffuse the situation by talking about something then asking, would you like a wash now? That approach tends to keep the situation calm."

Guidance produced by the Alzheimer's society advises that people living with dementia can often experience difficulties with orientation around their home and in relation to time. During the inspection, we found that a number of people experienced confusion as part of their dementia. We asked staff how they managed this. One staff member told us, "If a person is asking for their parents, I never tell them they are no longer here. Instead I ask them about their parents and turn the conversation round so they tell me about their parents." Another staff member told us, "I often say they are resting if a person asks for their parents. I don't want to upset them, so through saying they are resting, I am not lying, but it enables me to ask them about their parents whilst minimising any distress."

Guidance produced by Alzheimer's society advised that 'eating and having a good meal is part of our everyday life and important to everybody, not least to people living with dementia.' With permission, we joined people at lunchtime. Tables were neatly laid with place mats, napkins, condiments and flowers freshly picked from the garden. People were offered a choice of refreshment including wine and one person told us how they enjoyed having a bottle of beer at lunchtime. People were encouraged to be as independent as possible. For example, some people had plate guards which promoted independence with eating and drinking. The mealtime was not rushed and although the atmosphere was quiet, people spoke highly of the food provided. One person told us, "I usually have breakfast in my room and go to the dining room for lunch and supper. The food is very good, well cooked and good variety." Another person told us, "On the whole it is very good indeed, always given a choice and if nothing you like, they will offer you something else. Baked gammon with parsley sauce is excellent." People were provided with a range of choices and menu options, however, a menu was not on display to remind people of the lunchtime options for that day. We brought this to the attention of the registered manager who confirmed they had already

identified this shortfall and had sourced a board which was waiting to be fixed to the wall in the dining room.

People could be confident that their nutritional needs were met and specialist recommendations were followed. Some people had textured diets as recommended by Speech and Language Therapist (SALT), mainly 'fork mashable'. We observed the kitchen had a list of people's nutritional needs as well as people's preferences. People's care plans demonstrated that SALT recommendations were held on file and followed by care staff. Where people were assessed at risk of malnutrition or dehydration, food and fluid charts were in place which enabled to staff to monitor their daily food and fluid intake.

Effective management of people's healthcare needs means people can live long healthy, autonomous and fulfilling lives. People were supported to have access to healthcare services and maintain good health. One person told us, "The doctor is called very quickly you only have to say call the doctor and they will." Referrals had been made to other health professionals when required. This included GPs, district nurses, dentists and chiropodists. People confirmed that if they needed to see their GP this would be organised as required. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health. For example, staff identified that one person's behaviour was changing and they were presenting with behaviours that challenged at times. A referral to the mental health had been made to enable staff to support that individual.

Good

Is the service caring?

Our findings

People were consistently well cared for, supported and listened to and this had a positive effect on people's individual wellbeing. Staff focused on people's comfort, so that people received appropriate care and support. People and visiting relatives spoke highly of the caring nature of staff. One person described staff as, "Very caring and very gentle." A relative told us, "They really want them to be happy and comfortable."

The home had a stable staff team, the majority of whom had worked there for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. One person told us, "I am very lucky here because most of the staff are local, so they know me." One staff member told us how they grew up with many of the people living at Weald Hall Residential Home. They told us. "As a lot of people have lived in Wadhurst, we have that in common and it's a great talking point and way to get to know people." It was clear staff had gained an understanding of people's likes, dislikes, personality traits and history. They were able to give a good account of, and showed understanding of the varying needs of the different people we discussed with them. They knew what was important to people and what they should be mindful of when providing their care and support. One staff member told us, "We have one person who loves a cup of tea. They also love a warm flannel on their neck when we support them with personal care."

Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We make sure people are independent by encouraging them to do as much for themselves as possible." Another staff member told us, "We promote people's independence by giving them choice and encouraging them to be independent. For example, when assisting with personal care, I'll hand someone a flannel and ask if they want to wash their face and front."

People's right to privacy was respected and upheld. Staff told us how they promoted and protected people's privacy and dignity. One staff member told us, "I always knock before entering a person's bedroom. Close any doors or curtains when providing personal care and ensure their top half is covered when washing their bottom half." People confirmed that their privacy and dignity was respected. One person told us, "I don't feel embarrassed they show me privacy and dignity." Another person told us, "I have always found them very delicate, I don't feel embarrassed in front of the carers, I always have my personal care done by a female staff member." A third person told us, "Always knock before entering and re-knock when they come back, they are all very courteous." Observations throughout the inspection found that staff called people by their preferred name and respected their dignity.

Peoples' right to confidentiality was maintained. Staff undertook regular handover meetings to pass on information to other staff coming on shift, we were able to see that these were conducted in a private space to ensure that people couldn't overhear. People's care plans were stored in the staff room which was not accessible by people.

Guidance produced by the Social Care Institute for Excellence (SCIE) advises on the importance of choice and control for older people within care homes and empowering people to retain their identify. Staff

recognised the importance of supporting people to dress in accordance with their lifestyle preference and promote their identity. People were supported to have items of importance nearby. For example, ladies had their handbags to hand. Considerable thought had gone into making people's bedrooms individualised and personalised. The registered manager told us, "We encourage people to bring their own furniture and if people want their bedroom painted a certain colour, we will happily organise that." Throughout the inspection, we observed that people's bedrooms clearly reflected their personality. Items of memorabilia were present including photographs and ornaments. Most rooms including a sitting area where people could watch television in the comfort of their bedroom. We spent time with one person who happily showed us photographs of their grand-children and spent time telling us about their family.

People's equality and diversity needs were respected and staff were aware of what was important to people. The registered manager told us, "A Church of England Vicar visits the home once a month and Catholic representatives also visit and gives Communion." People's care plans provided guidance on people's religious and spiritual needs. People told us they were able to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. Throughout the inspection we observed friends and family continually visiting and being welcomed by staff.

Guidance produced by Age UK advises on the importance pets bring to older people and the management team had recognised this. The registered manager told us, "Pet pals visit on a weekly basis and bring along a dog which people enjoy patting and stroking." People told us they enjoyed spending time with the pet pals.

Weald Hall Residential Home had a calm, relaxed and homely feel. The home had access to a secure garden and veranda which people told us they enjoyed accessing. One staff member told us, "Last week when it was really hot, most people were enjoying having their breakfast and lunch outside. Enjoying the warm sunshine." Throughout the inspection, we observed people spending their day as they so pleased. Some people enjoyed listening to classical music whilst doing the morning crossword whilst other enjoyed spending time in their bedroom with regular interactions from staff.

Guidance produced by the Department of Health advises that for many, 'a good death would involve being treated as an individual, with dignity and respect, without pain and other symptoms, in familiar surroundings and in the company of close family and friends. Too often, however, people with dementia receive undignified treatment and are ending their lives in pain.' People had an individual care plan titled 'future wishes' which considered where they would like to be when they passed away and what was important to them. One person's future wishes identified that they would not like to pass away in hospital. 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. The registered manager told us, "We have links with two local hospices and hope to complete the framework this year."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and worked hard. One visiting relative told us, "They are very responsive. They changed the taps in his bathroom because he wanted lever taps." People and their relatives told us they would have no hesitation in making a complaint or raising concerns with the registered manager. One person told us, "I used to be a bit of bossy boots at school, so I'd be happy to complain."

People's physical and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised. Care plans covered areas of care including; psychological, emotional, communication, behaviour and mental state. For example, one person's care plan identified they did not like to socialise in big groups and enjoyed one to one contact. People's ability to administer their medicines had also been assessed and guidance was available on their assessed needs, identified risks, aim of care and care staff instructions. One person's medication care plan identified that they were able to self-medicate part of their medicine regime, but also suffered with anxiety and the identified risk was recorded as, 'I may forget to take my medication.' Guidance for care staff included, 'I like you to put all my medication in my hand and I will take them.'

The registered manager had started to encourage people to provide information about their lives before they moved into the home. The registered manager told us, "We have been encouraging people and their families to complete the 'This is Me' booklet before they move in. That enables staff to already have information about the person and help build a relationship." 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. Staff spoke highly of the 'This is Me' booklet and told us how it provided them with an overview of the person's likes, dislikes, interests and what was important to them. For example, the booklet included information on how people preferred to be called and what they would like staff to know.

Guidance produced by Social Care Institute for Excellence advises that older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. Social isolation and loneliness have a detrimental effect on health and wellbeing. During the inspection, we observed a number of people who enjoyed spending time in the communal areas. However, we also observed a number of people who spent time in their bedroom out of personal choice. Care plans included a section on social needs, however, it was not consistently clear how the risk of social isolation was mitigated. For example, one person's care plan stated, 'prefers to spend the day in their room, watching television, knits a lot. Does not wish to join in any activities.' However, there was no guidance on how reduce the risk of social isolation and meet the person's social, emotional and psychological needs. The activity coordinator told us that they visited people in their bedrooms for one to one activities. However, documentation failed to reflect how often they would visit and whether this was sufficient in meeting their social, emotional and psychological needs. Individual's daily notes included a section on activities, however, documentation primarily identified that they did not join in with group activities.

People told us they were content spending time in their bedrooms and that they did not feel lonely. One

person told us, "I like to watch the TV, I like mysteries, I have earphones, so I don't disturb other people because I have it so loud." Another person told us, "I knit and I crochet." A third person told us, "Happy in my room watching TV and reading." Despite, documentation failing to reflect how the risk of social isolation was mitigated, from our observations and talking to people, the impact on people was low.

We recommend that the provider finds out more about how to support people to follow their interests and take part in social activities that minimises the risk of social isolation.

For people who enjoyed participating in group activities, a variety of activities were available. The provider employed two dedicated activity coordinators who led on a range of activities. Activities included; word games, arts and crafts, aromatherapy, jigsaws, sherry and quiz and poetry reading. On the day of the inspection, we observed a morning game of noughts and crosses and in the afternoon some people were engaged with flower arranging. For those who spent time in the communal areas, staff ensured they had access to something of interest. For example, one person was doing a crossword, whilst another was knitting and one person was painting.

Staff interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. People responded to staff with smiles and chat and staff recognised the importance of supporting people to feel that they mattered. During the inspection, we observed that one person became upset and advising that they had been left behind. Staff responded in a kind and sensitive manner, holding their hand and asked if they would like a cup of tea. The person immediately looked comforted and smiled back. During the afternoon, staff asked people if they would like an afternoon cup of tea. They sat down next to people when asking and one staff member placed their hands on a person and noticed they were cold. They replied, 'cold hands warm heart' which made the person smile and laugh. Whilst holding hands, they queried if they were warm enough and if they would like a warm drink.

Links with the local community had been established and volunteers visited the home to befriend people. The registered manager told us, "There is a local group called the "Friends Across Wadhurst" who visit Weald Hall to spend time with those who wish, for company. People were offered the choice of participating or not. This enables people to have relationships outside of the care environment who may not have many local friends or relatives."

People told us that they knew how to complain and that they felt comfortable to do so. One person told us, "I know the manager and I'd have no problem in complaining to her." Another person told us, "I've got nothing to complain about, but if I did I would. I think they've summed me up that if I had something to complain about I would." A visiting relative told us, "They are so approachable, there is no question about making a complaint I would be perfectly happy to talk to the manager. I know the manager very well." We saw evidence that complaints which had been received in writing had been recorded and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy living at Weald Hall Residential Home and spoke highly of the registered manager. One person told us, "It's well run I have no negative thoughts about it at all." Another person told us, "You can bring your own pictures and furniture and staff respect your funny little ways and allow you to make it as close home as it can be."

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. A robust governance framework was not consistently in place and systems to identify shortfalls were ineffective.

Documentation was in place for the recording of incidents and accidents. This included the date, time, person and staff involved and details of the incident/accident. However, we found one incident where an incident or accident form had not been completed. One person had sustained a fracture (fracture to their wrist). Staff ensured the person was seen by health professionals and accessed support for the person. Staff also told us health and social care professionals were conducting further reviews of the person's health needs but this was not detailed in their care plan. Staff advised that they were unaware of how the person sustained the injury. The registered manager confirmed that there was no incident report and no investigation had taken place, as they were unsure of how the person sustained the fracture. The registered manager also confirmed that incidents and accidents were not subject to a formal audit to monitor for any trends, themes or patterns. People's falls were monitored on an individual basis; however, there was no strategic oversight. For example, there was no audit to explore if people were falling within the same time period or within the same area of the home. We have identified this as an area of practice that needs improvement.

Systems were not consistently in place to monitor or analyse the quality of the service provided. Forums were in place for staff, people and relatives to make suggestions or raise any concerns or queries. Satisfaction surveys were sent out on a regular basis and used as a forum to drive improvement. Recent satisfaction survey results from February 2017 found that relatives were happy with the quality of care provided. Comments included, 'Mum is very happy' and 'a very friendly atmosphere at all times. Very attentive staff and cups of tea always offered with a smile.' Staff and resident meetings were utilised as a forum for people to provide feedback. Minutes from the last staff meeting in May 2017 reflected that staff discussed food and fluid charts along with pressure care. However, the provider was not completing internal quality assurance checks to assure themselves that they were meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014. Health and safety checks were being undertaken, but we were unable to locate any completed audits which related to the quality of the service delivered. Audits help drive improvement and promote better outcomes for people who live at the home. Medication audits had been undertaken to promote continuous improvements in medicines management. However, an overarching audit was not in place. This meant the registered manager had not identified shortfalls in relation the running of the service For example, the shortfalls in relation to risk assessments had not been identified internally by the provider. The absence of a robust quality assurance framework meant the provider had also failed to identify that they did not have a robust business continuity plan in place. Where

people and their relatives had made verbal complaints these were not consistently fed-back to the registered manager. One person's daily notes reflected that their relative had raised a verbal complaint. Staff apologised and the concern was addressed. However, this was not recorded as a verbal complaint and information had not been passed to the registered manager. We have identified this as an area of practice that needs improvement.

During the inspection, we identified that a large number of people were living with dementia. A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. For people living with dementia, signage can help promote independence, such as signs to the lounge and dining room. The environment at Weald Hall Residential Home was not specifically designed for people living with dementia and signage was not readily available. People's individual bedrooms had their name displayed but in small print. Throughout the inspection, we observed that people could independently navigate the home and find their way about. However, it is seen as good practice for care homes to be dementia friendly.

We recommend that the provider seeks guidance from a national source on the design of dementia friendly environments.

There was a friendly, warm and homely atmosphere and a positive culture. People appeared to be at ease, happy and comfortable. Staff and relatives further confirmed people's positive comments. People, staff and the registered manager described the key strength of Weald Hall Residential Home as its homely atmosphere. The registered manager told us, "People tend to feel at home here." A staff member told us, "I love it here. I love being able to help the residents." One person told us, "I feel at home here and everybody is very kind." A visiting relative told us, "I think it's friendly and the staff are so brilliant. They're calm, patient, good humoured and dedicated."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation (17) (2) (c).