

JK Healthcare Limited

Weald Hall Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Weald Hall is a care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

The service was not well led. The provider failed to have enough oversight of the home and breaches of regulations were identified. Systems to monitor the quality and safety of the service and support continuous improvement were not effective. A manager had been appointed that was in the process of registering with CQC.

People were not safe from infectious illnesses as the infection prevention and control measures at Weald Hall were not always effective. Safeguarding concerns had not always been raised and investigated appropriately and the information not always shared with the local authority or CQC. Similarly, accidents and incidents were not always followed through with the appropriate action to minimise the risk of re-occurrence. The service was working with the local authority to improve practice in this area.

Risks had not always been assessed to keep people safe and protected. There were insufficient numbers of effectively deployed staff to ensure people's needs were met in a timely manner. Staff did not have time to spend with people other than as part of a task related activity. Medicines were not always safely managed. There were gaps in administration records for some medicines and other aspects of medicine management did not meet published guidance.

We had mixed views about the quality of the food at the service and staff were not always clear about people's dietary requirements. We have made a recommendation about this. People were supported to have choice and control of their lives and the manager was working to ensure care documents reflected this.

People had assessments and plans regarding their care and support needs. However, some care plans were not kept up to date when changes occurred. We have made a recommendation related to oral healthcare. Activities took place, but some people were bored and at risk of social isolation. There was a system in place to manage complaints. However, improvement were still required.

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

The last rating for this service was good (published 27 October 2017).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, safeguarding, risk and staffing. A decision was made for us to inspect and examine those risks.

We have found evidence the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

At this inspection we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, infection control, staffing, person centred and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate ●

Weald Hall Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three 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.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had recently been appointed who was in the process with registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accidents and incidents were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Infection control audits were carried out by the manager which looked at a range of areas. Despite these checks being completed on a regular basis, on the day of our inspection, improvements were needed to the cleanliness of some parts of the service. For example, in the kitchen area there was a lack of Personal Protective Equipment for staff to use.
- Hoist slings had been piled on top of each other which posed an infection risk, some bathroom and areas of the service needed to be cleaner, including key touch points. This is important to ensure the spread of infection is minimised
- In the main lounge some armchairs were stained, pressure cushions and height adjustable tables required deep cleaning.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate that infection prevention and control was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Using medicines safely

- The service was in the process of moving to electronic care recording. Consequently, information was held in several different places both on paper and electronically and was not always consistent. This made it difficult to establish what information was the most up to date and accurate when reflecting people's care needs, risks and how to manage them.
- This risk was minimised when people were supported by regular staff who knew them well. However, if new or agency staff were employed there was a risk they would not be able to access the necessary information on how to keep people safe. Agency staff couldn't always access people's care plans.
- Risk to people were not always safely managed. For example, when people sustained injuries that required body mapping this was not robustly recorded or monitored. Another person was should have been observed every thirty-minutes but wasn't. When inspectors cross referenced the observation chart for this person, we found the document had been completed incorrectly by staff as they had not been aware of this persons whereabouts at the time the record was completed.
- A fire assessment had been done, but not all the recommendations had been carried out. Following the inspection, the provider sent us an action plan confirming when the remedial work would be carried out.
- Prior to the inspection, the local authority had been working with the service to improve the way medicine was managed. At this inspection, medicine management still needed to improve.
- Audits on medicines were carried out, but these were ineffective and did not mitigate the risk. For example,

there were gaps on one person's Medication Administration Record (MAR) and we found this person had run out a specific medicine and this had not been identified. We raised this with the manager who took immediate action.

- Systems to make sure people got their medicine on time and in the right way were ineffective. Records were not always accurate and did not ensure there was an adequate stock of medicine.

The above issues with the quality of risk assessments and the safety of medicines management are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been given mandatory training in medicines and had their competency checked by the manager.

Staffing and recruitment

- The manager used a dependency tool, to assess if the staffing numbers were correct. However, this had not been reviewed. The feedback we received from people and staff indicated staffing numbers were inadequate.
- People, relatives and staff told us there were not enough staff. One person said, "The staff do look after you, but they are also so busy and there is not enough of them. The staff here have to do two people's work, they have to clean and then do the care work." A relative us, "We are very happy with the care here, and the staff do what they can, but they are so under staffed here. They have to do a number of jobs, so the residents don't get time given to them."
- A staff member told us. "Some days because we are short staff the residents sit for a long time before being taken to the lounge after breakfast." Another staff member said, "The place has been going downhill. There are not many regular staff and we have to work with agency, some good others not. I am hoping things will improve here but it is going to take time."
- Staff did respond to people's requests on the day of inspection, However we did not observe any meaningful engagement, staff completed tasks and then left.

The provider failed to ensure enough numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment checks had been completed on prospective employees.
- The manager had been recruiting new staff to cover vacancies. In the interim, agency staff had been used frequently.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection, the local authority organisational safeguarding team had supported the registered provider, to look at how the service could provide safer care to people. At the time of the inspection, the manager was working with the local authority to investigate safeguarding concerns.
- Management protection plans were in place for two people following safeguarding concerns. However, we were not assured the plans were robust enough. We subsequently heard from the local authority the protection plan for one person had improved and the new manager was now monitoring the other plan.
- People told us they felt safe with the staff who supported them. One person said, "Yes, I feel safe here, and staff are very kind to me but not enough of them."
- Staff had been trained in safeguarding and knew how to raise concerns correctly.

Learning lessons when things go wrong.

- Accidents and incidents were monitored. In the months leading up to the inspection, a high number of falls

had occurred. In response, the local authority was supporting the manager to look at ways of reducing the occurrence of pressure ulcers, urinary tract infections (UTIs) and falls.

- The manager has now introduced a lesson learnt process which enabled staff and the service to understand why things have gone wrong, how they can move forward and how they can reduce the risk of it happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Staff were given an induction, which had recently been extended in response to staff feedback to provide new staff with more time for learning. However, we noted one staff member had already started to work without any induction training.
- When we looked at the training plan it did not differentiate between the practical elements of the training and what was completed on eLearning. We found three new staff members were on the training plan as having completed moving and handling training, but they had not completed the practical element of this training. We were not assured there was a suitable process in place to monitor when staff had received training or required refresher training.

Failure to provide staff with appropriate support, training and supervision was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we observed people being moved safely

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

- An assessment was carried out before people moved in but did not always identify all the issues adequately.
- The manager had not always carried out the assessment process, as this had been delegated to other staff members who may not have been experienced or competent to assess people's needs thoroughly.
- Since the new manager had started, they were in the process of reviewing all the care plans.

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

- If it was required, referrals had been made to the Speech and Language Team (SALT) and guidance about how to support people to eat had been retained in the care plan. However, staff were not always clear about people's dietary requirements. For example, one staff member gave us information about a person's diet but the information in the kitchen was different.

We recommend the manager undertakes a review of all people's care records and ensure they are consistently reflective of professional's advice in relation to their dietary requirements.

- People told us the food was adequate and some people told us it needed to improve. A person said, "Yes the food is ok here, and we can ask for a drink when we want it." Another person told us, "I enjoy the food

and I am a vegetarian and they always give me something good to eat."

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

- People were not always supported to access dental treatment in an effective and timely way.
- Mixed feedback was given from people. Some people told us everything was okay, but some people raised concerns they did not always have access to healthcare services as they wished. One person said, "I had a hospital appointment last week about my foot as I had an infection in it, but they forgot to book transport here, and I have still not heard further about a new appointment, that makes me cross. They keep saying they are looking into it."
- Care records showed the service worked with several external agencies including GP surgeries, district nurses, occupational therapists, speech and language therapy and the local hospice.
- Care plans included guidance about how to maintain oral health.
- Whilst staff had been provided with informal guidance via the care plan, they had not received formal mandatory oral health care training, and the manager had not carried out observations on staff to ensure staff supported people in the correct way.

We recommend the registered provider reviews CQC guidance 'smiling matters' and implements best practice in relation to oral health care.

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

- The premises needed to make improvements to some areas of the service. For example, some areas of the flooring needed to be replaced, and a shower system needed to be installed. The garden area was unkempt.
- At the time of the inspection, the maintenance person was looking at the doors which needed work done to ensure they were fire safe.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Where appropriate mental capacity assessments been undertaken and were task specific.
- Standard applications had been made to the local authority if any restrictions on people's liberty were being imposed, and some had been authorised. Conditions on such authorisations were being met.
- People had not always given their signed consent to care and treatment. The manager told us they were updating this aspect of the care plan.
- We observed staff seeking consent from people and waiting for a response prior to assisting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Low staffing levels did not support the delivery of high-quality care. Staff were observed to deliver task orientated care which did not consider people's needs or wellbeing.
- People and their relatives told us staff were friendly but did not always have time to spend with people. One person told us, "Yes most staff are kind and caring, but very understaffed here." Another person said, "The staff do look after you, but they are also so busy and not enough of them. "
- Feedback from people and relatives showed people were not always being supported to use bathing facilities to meet their personal care needs. One person told us, " I would like more baths, but they are so short staffed I only get one once a week." A relative said, "Often [family members] hair has not been washed and when at home they would have a shower every day but here there are no showers. I have come in to visit and [family member] looks unkempt, and clothes not all that clean."
- A staff member said, "The reason why residents don't have a bath as much as we would like is because the mornings when we are short are so rushed, and being short staff, some residents take two staff to bath them so often leaves short on the floor for caring, and just not the time to do bathing."

Failing to provide people with appropriate person-centred care to meet their needs and preferences was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were committed to providing caring support, although the provider's systems around staffing numbers did not always promote this. A staff member told us, "I have been here 10 years, I do think of leaving but this is local to me and I love the residents."
- There was a core staff team who had worked with people for a long time and knew people well, which helped provide people with continuity of care.
- Staff had received training on equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity. One relative told us, "Frequently we find another wheelchair in [persons] room, they used to store things in here because it used to be a spare room."
- People did not always have their own slings for hoisting so had to share which represented undignified practice.
- Staff gave examples of how they protected people's privacy during care tasks such as closing curtains and

knocking on their door for permission to enter.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were in the process of being put onto an electronic system. This meant information was not always complete on the electronic system and out of date when people still had paper care plans.
- Information in care plans was not always updated or reviewed consistently following changes in people's needs. We discussed this with the manager who told us they are prioritising getting all information onto the electronic system.
- We observed staff knew people well. A staff member told us " [Person] over there likes to sit outside their room of a morning and we all know."
- People and staff gave us mixed views about if enjoyed the activities provided. One person told us, "The activity organiser was off sick and very little went on, but I like to knit. They have some activities here but not a lot, I play cards with this [person] next to me, and my [family member] visits me a lot." Another person said, "There did used to be a lot of activities, but now not many now as staff have to cover so many different jobs."
- Whilst an activity organiser was employed at the service, they were often asked to cover care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans set out how people needed to be supported with communication in some cases. However, some care plans required further work.
- The manager was aware of AIS. On their provider information return they recorded, "We meet individual needs by way of easy read and large print documents, letters and books. The home supports residents with using and maintaining hearing aids and glasses, using pictures , key phrases and dementia signage."
- A pictorial menu was outside the dining room and whilst we saw this reflected the menu that day the date had not been updated.

Improving care quality in response to complaints or concerns

- The provider was not following its own complaints procedure when responding to complaints. For example, a complaint was made in July 2019 was not responded to until November 2019. The providers complaint procedure stated they should have received a response within 28 days. The manager told us they were now following up on any complaints and all will be within specified timescales.

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection.
- Staff had received training on end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The repeated issues and concerns identified at this, and previous inspections, did not evidence that the provider promoted a culture of continued learning so improvements could be made and sustained to ensure people received safe care and treatment. At the last inspection improvements had been made but these had not been sustained.
- The service had deteriorated in most areas. We found there were multiples breaches of Regulation. We found concerns relating to infection control, person centred care, staffing, medicines and safe care and treatment.
- The provider carried out audits to check standards were met. However, these audits and checks had not identified the issues we found as part of this inspection. For example, monthly infection control audits had been carried out but had not identified any concerns or actioned any improvements.
- Medicine audits were being done weekly, however this had not identified the errors we picked up during the inspection. A CCG pharmacist had visited the day before and left an action plan, one of the concerns they had identified was eye drops for one person were out of date. During our inspection whilst we found a new bottle of eye drops had been added, the out of date bottle remained on the medicine trolley.
- The registered provider failed to ensure people's care records were accurate and up to date. They did not have an accurate understanding of risks associated with people. The inconsistent documentation meant information was not reflective of people's needs, and this had not been appropriately picked up by the registered provider. There was a risk agency staff coming to work at the service could provide ineffective care, as they did not have access to the electronic care plans.
- Due to the training matrix not being completed correctly, we could not be assured staff had received practical training in relation to moving and handling.
- One staff member had commenced work without any induction training.
- Although we saw records of 'resident' meetings and surveys, we were not assured people's views were fully taken on board or suggestions they made followed up. There was very little written evidence in people's care plans to confirm they had been involved in making decisions regarding their care.

The provider failed to ensure people achieved good outcomes for people, to identify and drive improvements and to manage risks. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of the local authorities safeguarding responsibilities a meeting had been held in January 2020. This

was a result of several concerns identified through regular visits to the service by the local authority and CCG pharmacists.

- The manager had started working with the local authority to help drive forward improvements within the service. A daily situation report was sent to the local authority and the care quality commission to monitor standards at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A new manager had started work at the service and people, relatives and staff were positive about their appointment. A staff member told us, "The manager used to work here and is now back and is very supportive to us." A person told us, "The manager is very good to me she is lovely. She is a darling." The new manager recognised the shortfalls at the service but had not had sufficient time to action all the necessary improvements.
- People and relatives gave mixed views about the running of the home. One person told us, "I did used to like it here when I first came, but there are so many different staff, the regular ones I know are nice to me." One relative told us, "My [family member] is looked after very well, and the staff are very kind but short staffed here. How they do it I don't know they have lots of people to get around."
- The provider told us they were committed to making the necessary changes.
- The manager told us they planned to introduce a residents committee to give the people a direct voice in to how the service is run.

Working in partnership with others

- Further development of working in partnership with key organisations including safeguarding teams and adult care services was required to ensure good outcomes for people.

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 9 HSCA RA Regulations 2014 Person-centred care Failure to provide people with appropriate person-centred care to meet their needs and preferences
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to recognise or reduce risks to people. Medicines processes required improvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate that infection prevention and control was effectively managed. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure people achieved good outcomes for people, to identify and drive improvements and to manage risks.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure enough numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This placed people at risk of harm.

Failure to provide staff with appropriate support, training and supervision