

JK Healthcare Limited

# Weald Hall Residential Home

## Inspection report

Weald Hall Lane  
Thornwood  
Epping  
Essex  
CM16 6ND

Tel: 01992572427

Website: [www.sohalhealthcare.co.uk](http://www.sohalhealthcare.co.uk)

Date of inspection visit:  
28 September 2022

Date of publication:  
18 October 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Weald Hall Residential Home is a residential care home providing personal care and accommodation for up to 39 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 25 people using the service.

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

We received positive feedback on the service. One person said, "The new manager is great and is very passionate about the service. Staff are excellent and very caring. There have been a phenomenal amount of improvements within such a short space of time."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in to minimise the risk of infections. There were safe medicine procedures for staff to follow.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to raise concerns and knew what to do to safeguard people. Effective arrangements were in place to ensure recruitment checks on staff were safe.

The provider had monitoring systems to ensure they provided good care and these were kept under regular review.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 8 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service on 28 September 2022.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weald Hall Residential Home on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Weald Hall Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Weald Hall Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the manager of the service had applied to CQC to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke to four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff, including the manager, the provider, a health professional and support workers.

We reviewed a range of records. This included four people's care records and eight people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaint and compliment 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 Requires improvement. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns of actual or potential abuse, and I would know how to escalate them if I needed to."
- The manager understood their legal responsibilities to protect people and share important information with the local authority or CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and the equipment through regular checks and action to minimise risk.

Staffing and recruitment

- There were enough staff to support people's needs. A person told us, "There's always someone here to help me whenever I need help with anything, I don't have to wait around."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. The manager told us, "We have a good induction in place and then staff shadow until they are confident to work independently." Staff confirmed the induction had been extensive and offered an opportunity for shadowing until they were confident which prepared them for their job.
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the last inspection effective systems were not in place to identify, monitor or mitigate risks to people's safety or ensure the proper and safe use of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a

warning notice to the provider.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and the requirements of the warning notice had been met.

#### Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.
- Staff did not support people with medicines until they had completed the required training, medicine competency assessments were seen on file.
- Risk assessment and care plan documentation were in place to ensure safe medication. The provider completed regular audits of people's medicines.
- Some people were prescribed 'as needed' medicines. Information to guide staff on the administration of these medicines were seen on file.

#### Preventing and controlling infection

- Staff had received training in infection prevention control and provided with the appropriate personal protective equipment (PPE).
- Staff wore appropriate PPE when supporting people and there were measures in place to ensure the safe storage and disposal of PPE.
- Staff were tested for COVID-19, consistent with government guidance,

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLs)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the manager investigated incidents and shared lessons learnt. The manager told us, "I speak to staff during team meeting and supervisions and discuss any issues or incidents to share information with them."
- We reviewed one incident and saw it had been recorded with action taken and information shared with another organisation where an error had occurred.



# 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 inadequate. At this inspection this key question has changed to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection effective systems were not in place to assess and monitor the service to ensure compliance with regulatory requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to the provider.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and the requirements of the warning notice had been met.

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

- Since our last inspection a new manager had been appointed. They were clear about their role and had been working with the provider and staff to address previous issues identified at the service.
- The manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service. There was an effective quality audit system including a medication audit which correlated to medication records.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The manager had regular contact with health professionals and updated support plans accordingly.

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

- The manager had sent people and relatives surveys for feedback on the service they received. One relative told us, "I am really impressed with the new manager and feel very optimistic about all the changes and improvements."
- Staff received regular supervision to discuss their support needs and any practice issues. There were also regular staff meetings, one member of staff said, "We use our supervisions to discuss residents' wellbeing, the running of the service and how staff are progressing."

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was aware of their responsibilities in relation to the duty of candour. This requires providers

to be open and transparent with people who use their services and others acting lawfully on their behalf.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of any important reportable events. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "I enjoy working here. We work well together as a team. I get a lot of support from the management."
- People we spoke with were complimentary of the service and staff, one person said, "I have noticed lots of improvements since the new manager has joined. My [relative] is well cared for and I always get informed if they are not feeling well or anything has changed. We have a good relationship with the home."
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training and examples of lessons learnt.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked closely alongside an external quality team in order to drive continuous learning and improvement in the service.
- The manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The District nurses attended the service to support people's physical health needs and support with people's Insulin medication. The Optician was at the home on the day of the inspection supporting people with eye health checks.