

Care UK Community Partnerships Ltd

# Weald Heights

## Inspection report

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### 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 Heights is a purpose built residential and respite care home providing personal and nursing care to 68 people aged 65 and over at the time of the inspection. The service can support up to 80 people across three floors each of which has separate facilities and are accessible via a passenger lift. The service has its own coffee shop, hair salon, cinema and library. One of the floors specialises in providing care to people living with dementia.

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

People were safe and well cared for by safely recruited and trained staff who knew them well. All feedback from people, relatives and staff was positive and no concerns were found. We asked staff if they would be happy for their relative to live in the home and in response one staff member said, "I would definitely put a relative in this home, in fact, I have recommended it to people."

All risks to people, including any from the environment were well managed and staff knew how to keep people safe. There were enough staff to ensure people's safety and meet people's needs. People received their medicines as prescribed. Immediate action was taken in response to any accidents and incidents and lessons were learnt to prevent reoccurrence. Staff had managed well during the COVID-19 pandemic.

The service was well managed with strong quality assurance systems in place which ensured any improvements needed were identified and actioned. There was a positive person-centred culture in the home. All the people we spoke with told us they were happy living there and staff we spoke with told us they were happy working there. People, relatives and staff were engaged with the service and staff worked with health care professionals and their local communities to meet people's needs and offer them a good quality of life.

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 Good (published 13 September 2018).

### Why we inspected

We received concerns in relation to the management culture in the home and quality of care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 not changed. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns Please see the safe and well-led sections of this full report.

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

#### Follow up

We will continue to monitor information we receive about the service until we 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?**

**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 Heights

## 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.

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

This inspection was carried out by 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.

#### Service and service type

Weald Heights 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 had a manager registered with the Care Quality Commission. 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.

#### 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 received feedback from one commissioner who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, clinical lead, nurses, team leaders and care assistants.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including action plans and audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at meeting minutes and quality assurance records. We spoke with four relatives about their experience of the care provided to their loved ones.

# 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. We had received concerns around incidents not always being reported by the registered manager and low staffing levels which we followed up. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe. Comments included, "Oh yes, it's safe, I have no worries, moving here has wiped all my worries away. We are very well looked after here." And, "They make sure we are safe and comfortable...really anything we want, they will do."
- People were protected from the potential risk of harm and abuse. All care records were electronic permanent records and flagged any incidents to the registered manager. Incidents were reported to the local authority and appropriately investigated if required with detailed recorded outcomes.
- People were clear who to speak to if they needed to raise a safeguarding concern. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.
- Staff had received safeguarding training and updates. Staff had a good awareness of safeguarding and could identify the different types of abuse. They were able to tell us what steps they would take if they believed people were at risk of harm. This included reporting it to the most senior person on duty or to the local authority safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- All risks to people were assessed, reviewed regularly and recorded electronically. This provided the current guidance staff needed to nurse and care for people safely and to ensure good outcomes for their care. For example, people's skin integrity was well managed, and people did not have any pressure sores. When people were admitted to the service with pressure sores these had greatly improved. People at risk of choking had been referred to Speech and Language Therapy for advice and staff followed the guidance given in people's care plans. People at risk of weight loss or dehydration were monitored to ensure their health was maintained.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans. These informed staff how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- All accidents and incidents were fully recorded with appropriate action taken in response. Analysis of these was completed to identify any trends and learning and shared with staff at team meetings. For example, the number of falls and action taken to prevent reoccurrence.

### Staffing and recruitment

- Everyone we spoke with told us there were no problems with staffing levels at any times of the day or week and they never felt rushed. Comments included, "They are always popping in to check on me." And, "They answer the call bell almost immediately."
- Enough staff were available to ensure people were kept safe and to meet their needs. We observed staff responded to people's needs immediately and staff were visible throughout the building. Rotas evidenced how enough staff were deployed across the service. This included the use of regular agency staff when required. Agency staff received an induction to the home to ensure they cared for people safely. This included reading people's care plans before providing personal care or assisting people to move.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

### Using medicines safely

- People's medicines were managed safely, and people received these as prescribed. There were well established systems and procedures in place to ensure the safe management of all medicines, including controlled drugs. For example, controlled drugs were stored in a separate locked cupboard, records were signed by two staff and weekly stock checks were completed.
- An electronic system was used which alerted staff to people's needs. For example, to check if people needed pain management medicines or other 'as required' medicines. One person said, "I have regular medication, the nurse comes and finds me."
- Medicine audits were completed regularly, identified any issues and any remedial action required was taken. For example, an audit completed in January 2021 identified and actioned the need for two people's homely remedy agreement to be signed by their GP. The competence of nurses administering medicines were checked.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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. We had received concerns around the registered manager's approach to people management and the culture in the service therefore we inspected to follow this up. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The vision and values of the service were displayed on posters around the service for all to see. These had been developed with the staff team and focused on being passionate, caring and on teamwork. Spot checks were completed by the registered manager and the deputy manager to ensure all staff were behaving in line with the values. For example, they had attended the service in the early hours of the morning on three consecutive days in November 2020.
- All people and relatives we spoke with said they were happy with the service and described good outcomes. For example, one relative described how the staff have worked very hard to get to know their loved one and their ways. Comments from people included, "I'm impressed with the service, they are always happy to help you." And, "They are wonderful, they cannot do enough for you."
- There was a person-centred, homely atmosphere in the service and both people and staff looked happy and relaxed. We saw people enjoying activities and having fun with one another and staff. One staff member said, "We get time to talk to people and that means a lot to them. We get to know what they like and that cheers them up."

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person; the registered person must provide an explanation, and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this. They had informed relatives of any incidents or accidents and worked closely with other healthcare professionals and the local authority.

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

- There was an experienced registered manager in post who had worked at the service since its registration with CQC in April 2017. The registered manager was supported by a deputy manager and a clinical lead for the service. Staff and people, we spoke with were positive about the management of the home. One staff member said, "(Name of registered manager) is always approachable, they listen to us. They are very understanding, even if they are busy."
- The service had a strong emphasis on teamwork and communication sharing. Handover between shifts

was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. Up to date information was made available for staff including details of specific conditions, such as dementia. This ensured they had information about how to assist people.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider had met all their regulatory requirements and notified CQC as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings in easy view for people and visitors at the service and on their website.

#### Continuous learning and improving care

- There were strong and embedded governance systems in place to ensure safety and quality of care. This included regular quality assurance visits by the provider. Performance audits and compliance checks were used effectively to monitor and improve all aspects of the service. For example, on care records, weight loss, infections, hospital attendance, falls and complaints. Data from these were analysed for learning, for example the reasons for hospital admissions. Any actions identified were consistently completed, for example when a care records audit identified more detail was needed for one person's care plan, this was done.

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

- People and staff were actively involved in developing the service. For example, staff had the opportunity to become colleague voice representatives and be involved with sharing ideas and concerns with staff and management. The registered manager had implemented open-door sessions, whereby staff had the opportunity discuss any issues and ideas they may have. Staff had raised that they wanted to be able to get in touch with senior members of staff out of hours, so the executive team had set up an out of hours rota, so that they could be contacted.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings, events and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. For example, topics discussed at staff and residents meetings included up to date guidance to follow in respect to COVID-19.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

#### Working in partnership with others

- The registered manager and staff liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery. Due to the lockdown some professionals were not routinely visiting the service but were providing remote support and guidance.
- Local churches, schools and charitable organisations were also engaged with the service.