care inspectorate

Well Hall Residential Home
Care Home Service

60 Wellhall Road
Hamilton
ML3 9DL

Telephone: 01698 286 151

Type of inspection: Unannounced
Inspection completed on: 30 March 2018

Service provided by:
Church of Scotland Trading as Crossreach

Service provider number:
SP2004005785

Care service number:
CS2003001405

HAPPY TO TRANSLATE

About the service

Well Hall Residential Home is owned and managed by Crossreach, the social care arm of the Church of Scotland. The service is situated within a quiet, residential area of Hamilton, close to the town centre, local amenities and public transport links. The service is operated from a purpose-built two storey building that was completed and occupied in 2011.
The service offers single room accommodation with en-suite facilities. There is a range of sitting rooms and dining rooms throughout the home. Residents and their visitors have access to a garden at the rear of the home.
The service's stated aim and objectives include the following statement:
'To provide care for older people in a dignified and respectful setting. Well Hall offers a level of professional and specialist care provided by a committed care team, led by the unit manager. Well Hall offers a dedicated keyworker system and personal care plan, which enables service users to be as independent as possible, whilst providing the warmth and comfort of a safe, caring and supportive environment.'

What people told us

We were supported by two inspection volunteers who spent time speaking with six residents and a visiting relative. They told us:
"I'm happy here, very well presented, no complaints"
"food is good and they will make you something else if you want"
"staff all very nice"
"staff in here are good, they contact us straight away if anything is wrong, good communication"
"never had any concerns"

Self assessment

We did not ask the service to submit a self-assessment before this inspection.

From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of environment	3 - Adequate
Quality of staffing	1 - Unsatisfactory
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

Care plans provide a clear picture of how to support residents and meet their individual health and wellbeing needs. These documents promote a person centred approach to care. However when we looked at care plans they failed to provide the necessary information to allow staff to personalise residents support to meet their exact needs.

When monthly evaluations were carried out, the care plan was not updated to reflect changes in residents' health or support needs. This had resulted in unreliable and confusing information which meant the support offered did not match resident's requirements.
There was a lack of detail for post falls treatments. An example was a resident who had a serious injury yet there was no care plan to inform how to support this with no pain management put in place. This resulted in the resident not receiving the type of support they would either choose or they required.
(See requirement 1)

We were concerned about the amount of falls and inadequate falls management. There was a monthly audit of accidents including falls. However this failed to identify risks and give the necessary information to put measures in place to try to prevent further falls. This resulted in residents not getting the support they needed to move around.
Although the service completed a monthly dependency tool this did not clearly reflect the frailty of residents and the number of them who required observation or support to mobilise. This meant there was not enough staff to assist residents to move around which had resulted in numerous falls.
We also had concerns about the number of skin tears requiring treatment as this had the potential to be a protection issue. We did not find clear measures to try to prevent further breakdown of skin where any skin damage was present.
(See requirement 2)

There was a lack of stimulating environment. We saw little in the way of activities with some residents sleeping in chairs. Residents we spoke with told us there was not much to do. We would expect to find an activity programme that reflected resident's personal interests and hobbies. This would encourage residents to take part in activities to maintain their individuality and would provide opportunities to socialise which would benefit their health and wellbeing.
(See requirement 3)

We carried out an observation in upstairs sitting room. There were some nice interactions by staff who obviously knew residents well. Residents were happy to spend time with staff and were comfortable in their company. When staff spoke with residents they were kind and warm and offered support in a dignified, discrete way.

We also observed lunch and found this an enjoyable experience. Residents were offered visual choices of food which encouraged them to choose what they preferred to eat. Tables were nicely set and residents enjoyed a meal that was relaxed and unhurried.

Requirements

Number of requirements: 3

1. The provider must ensure that all residents' personal plans set out how their health, welfare and safety needs are to be met and that these are fully implemented at all times. In particular you must: -
(a) have carried out a review of the health, welfare and safety needs of all residents ('service users') of the care service;
(b) have compiled, or updated existing, Personal Plans for each service user following the reviews carried out at (a) above. Each Personal Plan must record the service user's individual health, welfare and safety needs and how these are to be met. This must include but is not limited to details of: -
(i) the level of assistance required for each service user to allow them to move and mobilise safely around the home;
(ii) the skin care needs of service users and how these are to be met, including any measures to be adopted to try to prevent further breakdown of skin where any skin damage is present;

(iii) any health conditions and how these are to be managed; and
(iv) any prescribed or 'as required' medication the service user may take and guidance on when and how these medications are to be administered;
(c) ensure that the measures identified in Personal Plans are being implemented in practice and that each resident has access to any identified specialist equipment required to meet their health, welfare and safety needs.
(d) have systems in place to ensure that Personal Plans are reviewed when there is a significant change in a service user's health, welfare or safety needs and at least once in every six month period while the service user is in receipt of the service; and revise the plan as appropriate following any review.
(e) ensure that service users and, where it appears appropriate, their representatives, are consulted prior to revising their Personal Plan.
(f) ensure that risk assessments are carried out as and when required and that these are being used to inform service users' Personal Plans.

This is in order to comply with Regulations 4(1)(a) and 5(2)(b)(ii) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).
Timescale:By 14 May 2018
This is part of an improvement notice.

2. The provider must ensure that the health, welfare and safety needs of service users who experience falls or accidents are adequately met and that measures are adopted to help prevent falls, accidents and incidents. In particular you must: -
(a) ensure that service users receive appropriate treatment or care following a fall, accident or incident, or a deterioration in mobility, including seeking assistance of health care professionals, where appropriate;
(b) ensure that all falls, accidents and incidents are recorded by staff and that any unexplained bruising is fully documented to include body maps, incident forms and investigation into possible reasons..
(c) ensure that staff make timely Adult Support and Protection referrals to the relevant Local Authority and the Care Inspectorate
(d) ensure that risk assessments are completed for service users who are at risk of falling. These must record the risks specific to the service user, what actions staff should take to help prevent falls and must be reviewed regularly to assess whether any further action or measures are required to help keep service users safe.
(e) ensure that an audit and analysis of falls, accidents and incidents is carried out at least monthly. This analysis must include identifying any factors that may contribute to, or increase, the risk of falls, accidents or incidents within the care service and any measures to be adopted to prevent further falls, accidents and incidents.

This is in order to comply with Regulation 4(1)(a) and 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 19(3)(d) and 21(2)(b) of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010.
Timescale:By 14 May 2018
This is part of an improvement notice.

3. The provider must ensure there is a stimulating environment. In particular you must ensure:
(a) there is evidence residents are involved in the development of an activity plan that takes into account their interests and hobbies
(b) activities are evaluated to ask residents if they enjoyed it or wanted to make changes
(c) there are resources available for all residents who want to participate in activities

This is order to comply with Regulation 4 (1)(a) the Social Work Improvement Scotland (Requirements for Care Services)
Timescale:By 14 May 2018

Recommendations

Number of recommendations: 1

1. Resident meetings should provide opportunities for residents to give their views on the quality of all areas of the home.
National Care Standards, Care Homes for Older People, Standard 11, Expressing Your Views

Grade: 1 - unsatisfactory

Quality of environment

Findings from the inspection

We found the home clean, tidy and odour free. The environment was warm, welcoming and homely. The well maintained garden had independent access for residents to enjoy the outdoor space. Residents we spoke with told us they made use of the garden in better weather.

Improving the signage in the long corridors would support people experiencing care to find their rooms better therefore improving their independence.
There were lots of small quiet rooms but these seemed to be mainly unused. This may be due to lack of staff to monitor residents who chose to sit there or the lack of signage to direct people to where they are. We have asked the management team to look at how these rooms are used as they provide quiet spaces for residents who may find communal areas noisy at times.

The service had carried out an environmental audit in November 2017. This was used to determine if the environment was dementia friendly and identified areas to improve. However although there was an action plan it had not been updated since the audit was carried out. This meant there was limited evidence the service had taken any actions to improve the environment. We were assured this audit would be carried out again with a new action plan to show areas that would benefit from improvement.

When we looked at maintenance records of safety equipment we found required checks had been carried out in the appropriate timescales. This contributed to keeping people safe.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The environment should be improved for residents on their dementia journey.

National Care Standards, Care Homes for Older People, Standard 4, Your Environment

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Staff were challenged to deliver care and support as there were not enough staff on duty. Whilst staff were committed to providing good support they told us they were stretched. This had meant there was inadequate supervision of residents as they moved around resulting in numerous falls.

Residents should be supported by a staff team who had been well-trained. This helps all stakeholders, including family members of those receiving support, to know that staff are capable, knowledgeable and qualified in their particular role.
However we found new staff were not given an appropriate induction. Although there was an induction programme in place the ones we looked at were poorly completed and failed to show training and shadow sessions undertaken. For example we found three new staff working with residents without moving and assisting training delivered by the provider although they had completed this training with their previous employer. This could put residents and other staff at risk if they had not completed training in moving residents safely.

There was a lack of training opportunities in key care areas such as Adult Support and Protection. We were concerned that lack of training meant staff were not aware of when to action adult support and protection issues or what should be reported.
Staff were not given adequate training to support residents with dementia. Care staff who work closely with residents are required to be trained to skilled level dementia training. This would build staff confidence and give them the right skills to support residents living with dementia.

Some training had shown staff how to use restraint techniques that were not suitable for use with residents who lived in Well Hall. This had the potential for staff to use inappropriate forms of restraint. This is not good practice and could result in injuries to residents.
Staff did not have opportunities to review their practice and discuss their training needs as
1-1 time with their line manager was not taking place.
(See requirement 1)

All staff were registered with the appropriate bodies. This is a requirement for care staff who work in services and helps to ensure appropriate people are caring for vulnerable residents.

We found the only way staff had to contribute their ideas and views were through unit meetings. Minutes showed staff were involved in discussions and staff we spoke to said they felt their opinions were asked for and valued.

Requirements

Number of requirements: 1

1. The provider must ensure that persons employed in the provision of care have the knowledge and skills necessary for the work they are to perform in the service. In particular you must:
(a) carry out a review of all staff providing care in respect of their knowledge, skills and competency to carry out the work they are to perform, identifying any training or other development needs;
(b) following the review carried out at (a), compile a training plan, identifying appropriate training for staff to complete to enable them to competently carry out the work they are to perform and the dates when such training is to be completed;
(c) ensure that all care staff undertake training appropriate to the work they are to perform. This must include the training identified in the training plan at (b) and training relating to:
(i) dealing appropriately with stress and distress situations, taking account of the health, welfare and safety needs of service users;
(ii) dementia skilled level training for those staff who have direct and/or substantial contact with people who have dementia
(d) staff receive regular management support and have the opportunity to raise training and developmental needs;
(e) new staff undertake a full and comprehensive induction programme which ensures they are competent to carry out the work they are to perform; and
(f) a system is in place to ensure that staff implement their learning from training.

This is in order to comply with Regulations 4(1)(a), 9 and 15(a) and (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).
Timescale:By 30 June 2018
This is part of an improvement notice.

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

Quality of management and leadership

Findings from the inspection

We were concerned about staffing levels. There were times throughout inspection we did not see any staff available in communal areas. A number of residents were assessed as needing to be monitored as they walked around due to their poor mobility but we did not see this happen.
There was also a large number of agency staff working in the home. This meant there was lack of consistency with agency staff not always aware of residents' needs.
(See requirement 1)

We were given a list of Adult Support and Protection issues submitted to the local authority but not submitted to the Care Inspectorate. During inspection we also found incidents that should have been notified to the Care Inspectorate but had not been. When notifications had been submitted there was often a long delay of five or six days with one case of 18 days delay. This meant the Care Inspectorate did not have a clear, up to date record of incidents within the service.
(See requirement 2)

There was a lack of management overview of the service both internal and external. As a result there was limited opportunities to assure the quality of the service and deal with any risk with appropriate actions. For example we found an episode of unexplained bruising that was poorly recorded and not reported to management. This had resulted in no investigation into the cause of this.

Throughout our discussions with staff and management and throughout this report we have made numerous references to the failings we found within Well Hall which we believe have been allowed to become custom and practice over a period of time. A focussed management structure would promote an ethos of leadership and accountability throughout the staff team. This will result in a team focussed on their role of consistently assuring the health and wellbeing of people using the service.

An effective service development plan will provide focus, aims and objectives and would ensure all stakeholders are aware of where the service wants to improve and within set timescales. No such plan exists within Well Hall.

There is a history of poor grades across all quality themes and we were concerned the service does not have the capacity to improve and maintain any improvement.
Lack of this management and leadership had resulted in the service providing an overall unsatisfactory service.
(See requirement 3)

Requirements

Number of requirements: 3

1. The provider must ensure that there are adequate numbers of suitably qualified and competent persons working in the care service in such numbers as are appropriate to meet the health, welfare and safety needs of residents.

This is in order to comply with Regulations 15.- (a) and 4 (1)(a) the Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)
Timescale:By 14 May 2018
This is part of an improvement notice

2. The provider must ensure that relevant incidents are reported as Adult Support and Protection issues to the Care Inspectorate as directed in "Guidance on notification reporting for all registered care services except child minders" which requires the reporting of all allegations of abuse (as defined in adult support and protection and child protection legislation) involving someone using a service.

This is in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 53(6) of the Public Services Reform (Scotland) Act 2010.
Timescale:By 14 May 2018

This is part of an improvement notice

3. The provider must ensure a satisfactory quality of service is consistently provided. To help achieve this, they must fully implement a quality assurance system which includes but is not restricted to the following:
- improving internal audits to ensure policies and procedures are followed, taking into account issues highlighted in the inspection report
- ensure an action plan is developed when the audit process highlights an issue. This must include timescales for actions to address those issues.
-ensure there is an overview of the service

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).
This also takes into account National Care Standards for care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: by 14 May 2018.

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure a satisfactory quality of service is consistently provided. To help achieve this, they must fully implement a quality assurance system which includes but is not restricted to the following:

- improving internal audits to ensure policies and procedures are followed, taking into account issues highlighted in the inspection report

- ensure an action plan is developed when the audit process highlights an issue. This must include timescales for actions to address those issues.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

This also takes into account National Care Standards for care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: The provider must start to address this requirement on receipt of this report and work to meet this requirement by 11 August 2017.

This requirement was made on 12 June 2017.

Action taken on previous requirement

We found the manager did not have an overview of the service such as the health, welfare and safety needs of all residents.
An overview which was regularly reviewed and updated would ensure the manager had the information to identify issues and deal with them.
When we looked at audits being completed there were no action plans developed to show how any issues would be dealt with.
The service did not have a development plan which detailed how the service planned to improve the quality of service delivered. We would expect to find a plan developed from issues raised through quality assurance systems such as resident meetings, reviews, staff meetings and complaints.
This is repeated under management and leadership requirement 3.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should ensure that medication is available at the time of administration and is given as prescribed.

National Care Standards for care homes for older people. Standard 15 - Keeping well - medication.

This recommendation was made on 12 June 2017.

Action taken on previous recommendation

We did not find individual protocols to meet residents needs with "as and when" (PRN) medication administration. This is now part of a requirement.
Please see under care and support requirement 2

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

Please see Care Inspectorate website (www.careinspectorate.com) for details of enforcement action taken against the service.

Inspection and grading history

Date	Type	Gradings	
16 Aug 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
23 Aug 2017	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 3 - Adequate
3 May 2017	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
17 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
7 Sep 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
8 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
7 Oct 2015	Unannounced	Care and support	3 - Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate
10 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
16 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
3 Sep 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 3 - Adequate 3 - Adequate
16 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
17 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
24 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 2 - Weak 2 - Weak Not assessed
20 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good Not assessed Not assessed
31 Jan 2011	Unannounced	Care and support	4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed
7 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate Not assessed Not assessed
15 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
6 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
28 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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