

Weyspring Limited

# Weyspring Park

## Inspection report

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Date of inspection visit:  
09 November 2022

Date of publication:  
28 November 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

Weyspring Park is a residential care home providing personal care to up to 34 people in one adapted building. The service provides support to people with a range of complex health and care needs including diabetes, people living with dementia and complex psychological conditions including schizophrenia. At the time of our inspection there were 27 people using the service.

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

People were protected from abuse and the risk of discrimination. Risks to people had been fully assessed and mitigated. People told us they were supported to keep themselves and their personal belongings safe. People received their medicines safely. Infection control processes protected people from the risk of infection.

People's care plans were individualised and reflected their needs and personal preferences. The service worked together with healthcare professionals to ensure people's health, care and wellbeing needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance processes and audits were in place to monitor and improve the quality and safety of the care provided. Staff were suitably trained and had their competencies assessed regularly. There was enough staff to safely support people. We received positive feedback about the registered manager and provider about how the service was managed.

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 30 December 2021).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at a previous 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.

We undertook an unannounced focused inspection of the service on 22 March 2021, 8 April and 5 May 2021. Breaches of legal requirements were found, and conditions were placed on the providers registration in relation to the following regulations of the Health and Social Care Act 2008 (Regulated Activities) regulations

2014; Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment; Regulation 17(Good governance), Regulation 18 (Staffing).

The provider completed an action plan after the inspection on the 5 May 2021 to show how they would improve and by when. We undertook an unannounced focused inspection of the service on 9 November 2021 to check they had followed their action plan. At the inspection on the 9 November 2021 the provider was no longer in breach of regulations.

Following the inspection on 22 March 2021 and 5 May 2021 the provider was required to send CQC a monthly report of actions to demonstrate how they were meeting the conditions placed on their registration. At inspection on 9 November 2021 we did not review the conditions. This is because they had only recently been placed upon the providers registration and the provider needed further time to address the required actions and embed service improvements.

We undertook this focused inspection to check they were meeting the conditions and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement 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 Weyspring Park 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, 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 section below.

# Weyspring Park

## 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 was undertaken 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

Weyspring Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Weyspring Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. 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 (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. We used all this information to plan our inspection.

### During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with seven people who used the service and ten members of staff including the registered manager, nominated individual, clinical lead, nurses, the chef and care support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care and medicine records for ten people. We also received feedback from 12 relatives and five visiting professionals about their experience of the care provided. We looked at a range of records. This included information about staffing, policies and procedures, environmental safety and information relating to the governance of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question 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

- Systems and processes were in place to protect people from the risk of abuse. People told us staff supported them to keep themselves and their personal belongings safe. A person told us, "I am safe, indeed." Feedback from people and visitors demonstrated they knew how to raise a concern and would not hesitate to do so if the need arose.
- Staff had received safeguarding training and were aware of the need to raise concerns and how to do this. Staff followed guidance from the local authority and the providers safeguarding policies. This ensured appropriate action was taken to keep people safe.
- People's relatives told us they had no concerns about their family members safety and well-being. They were confident their family member was safe living at the service. A relative said, "They have endless patience with [name] and he can be challenging. He can lash out, but they're as calm as anything with him." Another told us, "He seems quite settled. You talk to him and he's happy there."
- Visiting professionals had no concerns about people's safety and said staff were courteous and caring. Feedback included, "It is evident that the care home staff treat the residents with compassion, dignity and respect." And, "I am in the position to be able to check regularly and without notice and have never seen any concerning events." Another said, "We observed residents interacting well with staff."

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate these. People were protected from the risk of avoidable harm. Information was recorded about known risks and people were supported in the least restrictive way to safely meet their needs.
- Positive behaviour support plans were in place to improve the quality of life for people who had complex behaviours or psychological needs. A visiting health professional told us, "I feel that the management are constantly assessing risk and taking active steps to manage it." A relative told us "[Name] behaviour was very difficult, but it's improved superbly since he's been at the home", adding "We're delighted with the care."
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans.
- People were actively involved in discussion about risks posed to them and how these could be mitigated. A relative told us, "They have specialised things in his care plan. They know he has triggering subjects, which he obsesses on and his behaviour escalates, so they use distracting techniques which work well." Another relative said, "The care plans are really good. They take everything into account. I'm happy with the way they're done."

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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only 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. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- There were enough staff to meet people's needs. The provider used a staffing dependency tool to ensure there were enough staff on duty to keep people safe and meet their needs. Our observations were there were enough staff on duty. Call bells were answered promptly, and people said that this was usually the case. People received care and support in a timely way, and we saw staff taking the time to sit and talk with people, facilitating activities and taking people for a walk.
- There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- There was a comprehensive range of training opportunities and development opportunities to ensure staff had the skills and knowledge to carry out their role. Staff new to care undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We received positive feedback about the staff which included, "They're kind to him and to me. They're lovely." And, "We went to their summer party and we saw how they were with the patients. It hit us how they cared for people as individuals. It was nice to see." A visiting health professional told us, "I observed that residents felt listened to and understood by the care home staff."

### Using medicines safely

- People received their medicines safely. Medicines were administered by nurses who received refresher training in the safe administration of medicines. People's medication administration records (MAR) were audited regularly, any omissions or errors identified, and appropriate action taken.
- Where people were prescribed sedative medicines, robust processes were in place to ensure they were used safely and in line with the prescriber's intentions. People received regular medicine reviews with health care professionals. Regular monitoring and multidisciplinary health and well-being reviews had a positive outcome for people. There was evidence that some people's prescribed sedatives had been reduced or stopped. Medicine support plans and guidance ensured least restrictive options were considered prior to administering PRN sedatives.
- Pro-active protocols were in place for people who required medicines to be administered 'as and when required' (PRN). These included discussions with the person as to why they might need the medicines and if any alternative measures could be taken. Staff were competent at recognising the signs and symptoms that



could indicate a person was experiencing pain and how to address this appropriately with each person.

- Medicines were stored safely in line with National Institute for Health and Care Excellence (NICE) guidance. There were robust processes in place for ordering and disposal of medicines. Regular medicine audits ensured medicines were in date and medicine stocks sufficient to ensure people did not run out of their prescribed medicines. There was a process to ensure excess medicine stock was returned to the pharmacy in a timely way.

#### Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken and lessons were learnt to drive service improvements.
- Staff told us incidents and accidents were discussed with them. Staff were encouraged to provide feedback on the circumstances that may have led to the incident and how a further occurrence could be avoided. A visiting health care professional told us "They react well to any concerns raised and actively seek to learn from any significant events." Another health professional told us they were reassured by staff's ability to identify and manage acute physical health emergencies.
- Relatives told us they were kept informed of accidents and incidents affecting their relative. Learning outcomes from these, and measures taken to mitigate any further risk, were discussed and shared with people and their relatives. A relative told us, "They call me if he's had a fall and tell me what they did or if they had to have the doctor in. They say how they can stop him having falls in the future." Another relative said their concern was taken "Incredibly seriously, I was really pleased. They looked into it and explained what they'd done."

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

Processes were in place to welcome visitors to the care home. People told us their friends and loved ones were able to visit the service and they welcomed these visits. A relative told us "They're kind and they make us welcome." Another said "'We're able to visit any time, they're very accommodating. During lockdown we were doing video calls with him, they were very good about it.'

To maintain good infection control and reduce the risk of Covid 19 in the service, visitors were asked to wear face coverings, and these were provided. There was plenty of hand sanitiser and visitors were encouraged to use this. During times of a Covid19 outbreak in the service the provider implemented safe visiting processes in line with government guidelines.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating 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.

Following the inspection on 22 March, 8 April and 5 May 2021 enforcement action was taken against the provider and conditions were placed on the providers registration for Weyspring Park. This was in relation to keeping people safe, medicines, person centred care, provider oversight, management, staffing and the culture of the service. At this inspection the provider had complied with the conditions and the required level of compliance had been met.

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

- Following the inspection on 22 March and 5 May 2021 conditions were placed on the provider registration. The provider sent us an action plan to tell us how they planned to make the necessary improvements required and by when. At this inspection the provider had followed their action plan and there were sustained improvements to the way the service was operated and managed.
- There was provider led systems and processes for quality monitoring and auditing. Quality assurance processes and governance audits were robust and actions arising were followed up. This ensured good governance of the service and continued service improvement.
- Accurate, complete and detailed records were kept in respect of each person's care. Systems were in place to ensure care plans transferred onto the electronic care system were documented in a way that supported a person-centred approach and were accurate. Staff were supportive of the newly implemented electronic care record system and said the detailed and person centred support plans had a positive impact on the service people were receiving.
- We received positive feedback in relation to how the service was run, and our own observations supported this. There was strong, clear leadership. Visiting health care professionals spoke highly of the management team and responsiveness of staff. The registered manager spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.

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

- The ethos of person centred care ran throughout the organisation. There was a clear vision and strategy to provide people with the very best care and support. People were valued and treated with compassion and kindness by a committed staff team. The registered manager was involved in local care networks and updated their learning to continuously develop best practice and make a difference to people's lives.
- Feedback from professionals reflected people and their relatives were at the centre of the service. Visiting health care professions said the management team and staff knew people well. A health professional said,

"Staff know their patients incredibly well, particularly the senior care staff." They told us in their experience managers and staff provided, "An individualised care plan and subsequent service to a set of incredibly complex patients."

- We were provided with examples of how the service had supported people to celebrate important events with their families. One relative told us they had arranged a party to celebrate their wedding anniversary and staff had supported their spouse to attend. They said, "It was fabulous. We were really impressed, and it was a happy memory for us." Another relative told us how staff had supported their family member to a restaurant to enjoy a family meal.

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 registered manager promoted the ethos of honesty, learning from mistakes. The registered manager understood their responsibility to be open in the event of anything going wrong. They apologised to people, and those important to them, when things went wrong. Relatives told us they were informed of incidents involving their loved ones and were kept informed of any matters arising as a result.
- The registered manager understood their responsibility to notify CQC of significant events, as they are required to by law. Notifications had been sent to CQC in a timely manner and were completed in line with requirements. Records showed the local safeguarding authority had been notified of concerns in line with safeguarding guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a proactive and positive approach to partnership working embedded throughout the service. People's care plans showed how a multi-disciplinary approach to people's care ensured improved outcomes. One visiting professional said there were good and proactive communication links between their team and the service. Another told us, "The service provides excellent level of care in a very niche and incredibly complex and demanding area of care."
- Relatives told us they felt fully involved and consulted and communication with the service was good. Regular satisfaction surveys sought the opinion of people, relatives, professionals, stakeholder and staff about the service. Feedback was consistently positive. A relative told us, 'I couldn't rate the home higher. The staff are so professional, and they update me all the time. They do a fantastic job.'
- The registered manager created a culture which developed staff's understanding of their role and responsibilities, which supported them to provide good and effective care. Staff demonstrated a clear understanding of the impact of their role on people's wellbeing, and a commitment to making a difference to people's lives.
- Relatives told us they were encouraged to share any suggestions they may have. Relatives felt they were listened to. One relative said, "The manager is happy to discuss anything. He's very approachable and he's able to sort out anything I've requested.' Another told us, "They have family days; they have fireworks and stuff and they have get togethers where families can meet with the management and bring up anything they want to."