

Infinite Care (Lincs) Limited

# Waltham House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Waltham House Care Home is a residential care service providing personal care to a maximum of 33 older people, some of whom are living with dementia. At the time of this inspection there were 25 people using the service.

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

People at Waltham House Care Home did not receive a safe, effective and well led service. We identified concerns relating to people's safety which included poor oversight of fire safety issues by the provider. A lack of guidance for staff on how to support people in the event of a fire emergency situation put people at significant risk of harm.

Staffing levels at night did not meet the individual needs of people using the service. We have made a recommendation about this.

People did not always receive person-centred care and care records did not fully reflect their needs. Staff lacked guidance and had failed to seek professional advice and make appropriate referrals in relation to people's poor skin integrity.

The provider had no oversight of the safety and quality of the service. Quality assurance systems were not robust and operated effectively to ensure compliance with regulations.

Medicines were not managed safely. Staff did not always have guidance to ensure they administered 'as and when required' medicines to people safely. The provider's policies and protocols were not being followed by staff and management.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; policies and systems in the service did not support this practice.

Systems were in place to recruit staff safely.

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

### Rating at last inspection and update

The last rating for this service was good (published 22 February 2020) at this inspection the service is rated inadequate.

### Why we inspected

The inspection was prompted in part due to concerns received about pressure care and the organisation and leadership of the service. A decision was made for us to inspect and examine those risks.

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 from good to inadequate. This is based on the findings at this inspection.

We have found evidence that 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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety of the service, need for consent and the provider's oversight and governance arrangements.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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.

#### Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Waltham House Care 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.

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.

#### Service and service type

Waltham House Care Home 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

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.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, team leader, senior care workers and care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not managed safely.
- People were placed at increased risk of not receiving their medicines safely as robust systems were not in place to ensure the safe management of medicines. The providers medication policy was not always followed by staff.
- Records did not always provide a clear and complete account of the support staff provided with people's medicines. This meant we could not be certain people's medicines had been administered as prescribed.
- Guidance for staff to follow when administering medicines prescribed on an 'as and when required' basis (PRN) was not always in place. Records which were in place lacked detail and needed further improvement. This meant staff did not have full guidance to help them make decisions about when and how much medicine to give people.
- Controlled drugs were not stored appropriately and stock levels were inaccurate.
- Audits had not been used effectively to help monitor and make sure medicines were managed safely. Where issues had been identified, there were no record of actions taken or lessons learnt from the incidents.

The failure to adequately manage robust medicine systems and practice was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

Assessing risk, safety monitoring and management

- People were placed at risk of harm because the provider had failed to fully mitigate risks relating to fire safety. Records such as weekly fire checks and fire assessments, were not up to date.
- The provider's policy relating to fire safety was not followed by staff. The registered manager had advised staff, and overseen records guiding staff to follow a 'stay put' policy in the event of a fire emergency situation. We found this had not been implemented in consultation with the fire service. We shared our concerns with the fire service after the inspection.
- Personal emergency evacuation plans (PEEPS) were in place. However, they did not contain clear guidance for staff on how to support people in the event of an emergency. For example, how to use evacuation equipment.
- Risks associated with people's pressure care needs had not been fully assessed or appropriately managed. Where people required regular re-positioning due to poor skin integrity, records contained gaps which meant we could not be sure people had received this support.
- The registered manager had failed to seek the advice of relevant healthcare professionals when making decisions about how to provide safe care for people. This meant that the support given by staff was not appropriate or safe for people living in the service.

The failure to adequately assess, monitor and reduce risks to people's health and safety is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

#### Staffing and recruitment

- There was not always a sufficient number of staff on duty at night to ensure that people could be safely evacuated in the event of an emergency.
- Staff told us staffing levels at night were not sufficient and they were worried about people's safety in the event of an emergency.

We recommend the provider reviews how staffing the service at night is planned and organised.

- Staff rotas showed planned staffing levels were achieved and staff told us there were enough staff to meet people's needs during the day.
- Safe recruitment practises were in place to ensure staff were suitable to work with vulnerable people

#### Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse.
- Visiting professionals had raised safeguarding concerns in relation to the care people were receiving, particularly in relation to pressure area care.
- We spoke with staff who were aware of the signs of abuse and how to report safeguarding concerns. However, concerns we found during inspection had not been identified by staff.
- People told us they felt safe. One person said "I like living here, it's better than living on my own. I am safe here."
- Relatives were satisfied that people were safe and well cared for.

#### 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 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.

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

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 MCA. 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.

- Principles of the MCA were not followed.
- Assessments of people's mental capacity were of poor quality and records lacked clear information as to how decisions had been made and by whom.
- Best interest decision making principles were not followed.
- Decisions had been made without the consideration of whether it was in the person's best interests or the least restrictive option.

Failure to ensure consent to care in line with the law was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were supported in their roles. One staff member said, "I feel supported by the registered manager and receive regular support and supervision."
- Staff had completed online training during their employment and on induction that was relevant to their role.
- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff.

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

- Peoples nutrition and hydration needs were effectively met.
- People's nutritional needs were assessed on admission and the chef was aware of any dietary requirements that people had. People were offered choice of meals and snacks during the day.
- People told us "The food is nice and fresh, and they always ask me what I would like to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were not in place to ensure people's needs were always assessed and their preferences fully understood. This meant people were at risk of receiving inappropriate care and support.
- Professionals raised concerns about the care and support being provided to people.
- Staff did not always seek support from health care services to ensure effective and timely assessment.

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

- Areas of the service required refurbishment. For example, some bedroom furniture was old and worn and increased the risk of spread of infection. The provider had put an action plan in place to ensure improvements were carried out.
- The accommodation was arranged over two floors and the layout of the service met the needs of the people who lived there. People who were able to mobilise independently were given a key fob to allow them to access all areas of the service easily.

# 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 requires improvement. At this inspection this key question has now 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 service was not well led.
- There was no information to show how the provider monitored the safety and quality of the service.
- The registered manager did not understand quality performance, risk and regulatory requirements.
- Some quality assurance processes were carried out by the registered manager in the form of completing regular audits. However, these were ineffective as they had failed to identify concerns found during the inspection. These included fire safety, management of medicines, completion of monitoring charts by staff and adherence to MCA 2005.
- The lack of robust systems and processes in place to identify concerns or shortfalls within the service had placed people at increased risk of harm.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A culture of high quality, person centred care which valued and respected people's rights was not embedded within the service. This was evident by the breaches of regulation identified during this inspection.
- Record keeping had not been adequately monitored at the service and this impacted on staff's ability to provide person centred care to people. For example, body maps were not completed for people who were prescribed topical creams, and care plans did not always reflect people's current needs.
- There was a clear lack of effective oversight from the provider which impacted on the outcomes for people.

There was ineffective leadership at the service. Processes and effective systems were not in place to test the quality of the service and respond to failures and concerns. There was a lack of insight about the standard of care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had appropriately notified agencies of all incidents, but had failed to identify and report all safeguarding concerns.
- The provider dealt with complaints appropriately and in a timely manner, ensuring people were kept up to date with any findings.

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

- People, their relatives and professionals were sent questionnaires to request their views and wishes in relation to the service and the care given. However, very few were returned to allow the provider to use feedback to improve the service.
- Regular staff meetings had been held to allow staff to voice their concerns or views within the service. However, staff felt there was a culture of favouritism amongst the management team which affected staffs confidence when sharing their views or voicing concerns.
- There were times the manager and provider had not accessed support and advice from other professionals in relation to people's needs.

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 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure consent to care was gained in line with the law.  Regulation 11(1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess, monitor and reduce risks to peoples health and safety.  The provider had failed to ensure that systems for the management of medicines were safe.  Regulation 12 (1) (2) (a) (b) (f) (g)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective governance systems to ensure the safety and quality of the service.  The provider had failed to ensure good standards of record keeping.  Regulation 17 (1) (2) (a) (b) (c) (d) (e)

### **The enforcement action we took:**

We issued a warning notice against the provider and the registered manager.