

Infinite Care (Lincs) Limited

Waltham House Care Home

Inspection report

Louth Road
New Waltham
Grimsby
Lincolnshire
DN36 4RY

Tel: 01472827725

Date of inspection visit:
16 January 2020
17 January 2020

Date of publication:
27 February 2020

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

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 23 people using the service.

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

People received safe, person-centred care. Since the last inspection, there had been improvements in risk management and the safety and cleanliness of the environment. The quality of care records in relation to people's safety had improved and recruitment records contained appropriate checks.

Improved consent records demonstrated 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 provider's quality monitoring system had been developed and new monitoring systems introduced, but some recent improvements needed to be embedded and sustained. For example, the recording of the application of topical medicines and some care records. More robust audits and effective monitoring were needed to drive improvements around odour management.

People were supported to access the wider community. The staff team had made efforts to improve the range of social activities, but many people remained reluctant to participate. We made a recommendation around changing the culture and approach to activities.

The registered manager and provider were responsive to feedback and committed to continually improve the service. They promoted a very person-centred culture which respected people's diversity. Meetings were held with people, relatives and staff to exchange information and gather feedback.

People were treated with dignity and respect and their independence was promoted. Staff worked together to effectively meet people's needs. Enough staff were deployed to support people in a patient and caring way. Staff received training and supervision to help with their development and confidence when supporting people's needs.

Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. Communication care plans were in place to support people's communication preferences. People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

The provider had a system for the management of complaints, and people felt able to raise concerns knowing they would be addressed.

For more details, please see the full report which is on the Care Quality Commission website at

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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.

Inspection team

This inspection was carried out by one inspector.

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. The Care Quality Commission (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 CQC. 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. 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 sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) and nine members of staff including the registered manager, senior team leader, a senior care worker, three care workers, a housekeeper, kitchen assistant and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were also reviewed. These included staff training, safeguarding and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to carry out everything reasonably practicable to mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- Risks to people had been assessed and plans were in place for staff to manage these and keep people safe from harm. The format of the bed rail risk assessment was updated during the inspection to include the reason for provision and suitability of the person's needs.
- The environment and equipment were safe and maintained.
- Staff had completed fire safety training, and emergency plans were in place and up to date to ensure people were protected in the event of a fire.
- Accidents and incidents were responded to appropriately. These were monitored, and action had been taken to contact relevant professionals when concerns were found.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff contacted people's GP's to review their medicines and times for administration when needed.
- Staff involved in handling medicines had completed training and competency assessments to ensure their practice was safe.
- Audits of people's medicine administration records showed there had been a significant improvement overall in the quality of recording. We found some continued shortfalls in the recording of topical medicines, which the registered manager confirmed they would address.

Staffing and recruitment

- Staff files had not been maintained at the last inspection. At this inspection, the provider had a safe recruitment system with full employment checks carried out before staff started to work in the service.
- Staffing levels met people's needs and people were supported in a timely manner. Comments from people included, "There's always plenty of staff on and they are very willing to help" and "I spend all my time in bed now and staff are always popping in to check I'm okay and have a chat. They are very good to me."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe and staff were attentive to their needs. A relative said, "It is very safe here. I trust all the staff."

Preventing and controlling infection

- Earlier in the year, the community nurse for infection prevention and control had completed an audit and found concerns with standards of hygiene. The service was clean and tidy when we visited, although malodours were present in some areas.
- People confirmed their environment was cleaned to their liking. One person told us, "My room is cleaned every day and the bathrooms are spotless."

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At the last inspection we made a recommendation to ensure people's consent records were recorded appropriately in line with the MCA. Improvements had been made.
- The provider and registered manager acted within current legislation when people were assessed as lacking capacity to make their own decisions.
- The registered manager made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
- Staff gained people's consent before providing care and support. One person told us, "The girls have been looking after me for a long time now, but they always check how I like things done."

Staff support: induction, training, skills and experience

- Staff received induction, training, supervision and appraisal to ensure they had the right skills to meet people's needs.
- Staff were sufficiently supported to fulfil their role. Staff told us, "The management here are great and we can approach them at any time for advice" and "We have had a lot of training recently and I'm up to date now. There is a good team here and we all support each other."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received additional support from health and social care professionals when needed and any guidance and support was followed.

- People told us their health needs were met and they had regular access to health professionals. One person told us, "If I'm ill, the staff will ring the GP or nurse, and someone usually comes out."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.
- Staff understood and promoted equality and diversity. Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of assessment and care planning.

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

- Staff were knowledgeable about people's dietary needs and provided appropriate support for each person with eating and drinking. Support included gentle encouragement and cutting up meals.
- Everyone commented positively about the meals. One person said, "I enjoy my meals and sitting with everyone in the dining room. Staff are always coming around with drinks and snacks too."

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

- People's rooms were personalised to their own tastes. People had a new personalised picture or photo on their bedroom door to make these easier to recognise.
- The management team sought and acted on people's views for proposed changes to the decoration of the home. People told us they had chosen the décor and layout of the furniture in the dining room.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- There was a clear person-centred culture. Staff supported people to make decisions about their care including their preferred routines and what mattered to them.
- Staff knew people well and understood when they needed the support of their relatives and others to express their views and make decisions about their care.
- Staff completed reviews of people's care plans, which gave people and their relatives the opportunity to comment on the care they received.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance. People were approached by staff in a kind and sensitive manner to offer support.
- Staff maintained people's privacy and dignity and understood how to do this. One person said, "Staff always knock on my door. I have a shower every day and they are mindful to close the curtains and cover me up."
- Staff respected people's wishes around how they spent their day. Some people preferred to stay in their room and staff respected this whilst ensuring they interacted and chatted with them regularly.
- Records relating to people's care were kept confidential and staff knew the importance of discussing people's care in private.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and helpful. People and their relatives all spoke highly of the staff. Comments included, "They are all so kind and willing to help", "The staff here are my family, so nice and friendly" and "They make time for us. Always on good form and have a smile on their face."
- Staff had developed positive relationships with people. People talked, joked and laughed with staff and were relaxed in their company.
- People were supported at their own pace. Staff were patient, they reassured people and talked to people during tasks and activities, helping them to remain involved.
- Staff were skilled and compassionate in the way they supported people who were confused or upset. We observed staff patiently speaking with people, reassuring them or providing distractions when necessary to promote people's wellbeing.
- Staff respected people as individuals and were trained in equality and diversity. A relative said, "The staff here are very respectful of people's differences."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found there was a lack of meaningful and stimulating activities provided for people. At this inspection, people were offered a wider range of social activities and encouraged to participate, however many people were reluctant to join in.
- There was an activity programme which included games, bingo, exercise sessions, pet therapy and visiting entertainers. People said their religious needs were met and they enjoyed the weekly services at the home. There were regular trips out to the local community.
- People described the activities they participated in but also referred to their preference to stay in their room or watch television in the lounge. Comments included, "I don't mix, I generally stay in my room and watch cowboy films. I like my regular trips out to the shop with my keyworker" and "The exercise sessions are very good. Most of the time I enjoy sitting in the lounge with everyone."

We recommend the provider seek support and training for staff about their approach and improving the culture around people's involvement in activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care

- Staff delivered care to people that was individualised to their needs. Staff knew people's routines and people were supported in line with their preferences. Comments from people and their relatives included, "Lovely staff; they look after me very well and always make sure I'm comfortable" and "I'm very happy with all aspects of the care. Staff are always dancing with [family member] and he loves it."
- Care plans contained person-centred information and guided staff in how to support people. Some records could be further enhanced, and some had not always been consistently updated when changes occurred. The registered manager took action to address this during the inspection.
- People could remain in the service for end of life care with support from local health professionals if this was their choice.
- People's end of life wishes had been discussed with them or their relatives and recorded in specific care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs. Communication care plans were in place.
- The provider and registered manager were aware of the AIS and information was presented in a way people could understand, for example colourful newsletters and photographs of activities.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to complaints. People felt able to raise concerns and complaints, knowing they would be addressed.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, the provider had failed to robustly monitor and improve the quality and safety of the service. There was also a failure to ensure accurate and complete records for people who used and employed by the service were kept. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had made positive progress to address concerns identified at the last inspection. For example, improved recording for the application of the MCA, management of risk and safer staff recruitment processes.
- Some recent improvements needed to be embedded and sustained, for example, when recording the administration of people's topical medicines and care monitoring records.
- More robust audits and monitoring were needed to drive improvements around the activities programme and odour management.
- The registered manager recognised some audits were limited in format and all action plans needed timescales for improvements to be completed. They said this would be prioritised moving forward.
- Accidents and incidents were analysed within the service to look for patterns and trends. Learning was shared with staff at team meetings to help reduce the risk of them happening again.

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

- People gave positive feedback about the service and the staff who supported them. One person told us, "There is a very friendly and homely atmosphere. I've got to know all the staff really well and have confidence in the care here."
- The provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations.
- The Care Quality Commission and other agencies received timely notifications of incidents, which affected

the safety and welfare of people.

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

- People, relatives and staff were included in the development of the service. The registered manager held regular meetings with people and sent out questionnaires to find out their views. They respected people's views and improved the service in the way people wanted.
- The service worked well with other organisations and supported people to access community facilities and healthcare services.
- The provider had worked with the local authority since our previous inspection to improve standards at the home.