

Clare Grange Limited

Waltham Hall Nursing & Residential Home

Inspection report

Melton Road
Waltham on the Wolds
Melton Mowbray
Leicestershire
LE14 4AJ
Tel: 01664 464865
Website: www.walthamhall.com

Date of inspection visit: 23 January & 3 February 2015
Date of publication: 22/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

An unannounced inspection took place on 23 January 2015 and we returned on 3 February 2015 in order to complete our inspection. Our previous inspection of 14 May 2014 found the provider was not meeting four regulations at that time. These were in relation to consent to care and treatment, care and welfare, staffing and assessing and monitoring the quality of service provision. Following that inspection the provider sent us an action

plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and these regulations were now met.

Summary of findings

Waltham Hall Nursing & Residential Home provides care and support for up to 80 older adults with a variety of needs. The home has two floors with a number of communal areas and extensive gardens available for people to use.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives were satisfied with the care and support provided and all felt their needs were being met. People were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed this. People felt involved in the planning and delivery of their care and had opportunities to be involved in the development of the service.

We saw that people were well supported by a staff team that understood their individual needs. We observed that staff were friendly, kind and treated people with respect although the intrusive impact of the homes' tannoy system on the people living there had not been properly considered. Staff we spoke with had a good understanding of people's needs and felt valued.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and felt they had received appropriate training. Nursing staff had sufficient support for their continuing professional development. Improvements had been made to staffing levels but there was no formal system to determine how many staff were required to ensure people's individual needs were being met.

Staff were aware of how to protect people from avoidable harm and were aware of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 had been met and improvements made in this area.

Medicines were safely stored and administered and people received their regular medicines as prescribed. However, there may have been inconsistency with the administration of medicines that were given 'when required'.

Improvements had been made in the planning and delivery of people's care and people had received the care the support they required. People's needs were assessed and plans were in place to meet those needs. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

The home had been well maintained and offered a pleasant environment for the people living there. However, the call bell system was often reported as broken and we were concerned that people may not have always been able to call for help when required.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. People's complaints and issues of concern had been responded to promptly and appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to staffing levels but some people we spoke with raised concern about staffing numbers and there was no system in place to determine how many staff were required. People were receiving medicines as prescribed but PRN medicines many not have been given consistently.

The home was well maintained but people's call bells were not always working.

There were robust systems in place to protect people from avoidable harm and to respond to allegations of abuse. Staff had been properly recruited.

Requires Improvement



Is the service effective?

The service was effective.

People's health had been monitored and responded to and people were provided with a balanced diet sufficient food and drink.

Staff had received sufficient support and training and had a good understanding of people's individual needs. Principles of the Mental Capacity Act 2005 had been adhered to.

Good



Is the service caring?

The service was caring.

People told us care staff supported them appropriately and were kind and respectful.

Our observations showed staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



Is the service responsive?

The service was responsive.

Improvements had been made to the planning and delivery of people's care. People's preferences and what was important to them was known and understood. People received opportunities to share their experience about the service including how to make a complaint.

Good



Is the service well-led?

The service was well-led.

People and staff had confidence in the management of the service. Staff were clear about their roles and responsibilities. Improvements had been made to quality assurance systems in the assessment and monitoring of service provision.

Good



Waltham Hall Nursing & Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive the information we requested due to a technical error. We reviewed other information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and who had funding responsibility for people who used the service.

This inspection took place on 23 January 2015 and was unannounced. The inspection was completed by two inspectors, and a specialist advisor who was a qualified nurse. A CQC pharmacy inspector reviewed medicines management on 3 February 2015.

We spoke with 12 people who used the service. We also spoke with five visiting relatives about their views of the service and a visiting health professional. We spoke with the deputy manager and five staff members including care workers and nursing staff. We were unable to speak with the registered manager as part of this inspection because they were on annual leave.

We reviewed a range of records about people's care and how the home was managed. This included four people's plans of care, four staff records and records in relation to the management of the service such as audits, checks, policies and procedures.

Is the service safe?

Our findings

Our previous inspection found there were not enough qualified, skilled and experienced staff to meet people's needs at all times. Many of the people we spoke with told us how they had to wait for their care needs to be met and we observed call bells going unanswered for long periods of times throughout the inspection. This was a breach of Regulation 22 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this.

Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made to staffing levels and found this regulation had now been met.

We asked people about the staffing levels at the home and most people felt they were adequate. One person said, "They don't stop and chat a lot but there seems to be enough around." Another person told us, "There's mostly somebody about." However, some people told us there were still occasional delays in answering call bells. One person told us they were reluctant to ask for assistance to sit in their chair as they were worried they might have to wait a long time for assistance back to bed as staff were not always available to assist them.

Staff we spoke with told us they thought there were usually enough staff on duty. One staff member said there were times when they were pushed if the staff members on duty were all newer members of staff and did not have a lot of experience. Nursing staff felt staffing levels were sufficient and told us how bank staff or agency could be used to cover sickness or unexpected absence. However, one staff member contacted us following our inspection to express concern over staffing levels.

During our inspection we found there were enough staff available to meet the needs of the people who used the service and keep them safe. We found that call bells were responded to promptly and quickly by the staff team and people did not have to wait to have their care or support needs met.

We spoke with the deputy manager and were told about the increase in staffing levels that had taken place since our last inspection. Rotas we looked at reflected these changes and we could also see that there were always qualified nurses on duty across the 24 hour period. People's

dependency needs had been assessed; however the provider did not have a formal system to determine how many staff were required based on people's assessed needs and requirements.

People and their relatives told us they felt safe living at the home and no one raised any concerns about their safety. People told us that if they had concerns they would raise them with 'matron'. One person told us, "They treat you kind and they don't grab you." They went on to say "You don't have to do what you don't want to."

Staff had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. Staff were aware that there was a whistleblowing policy in place and they knew how they were able to escalate their concerns if they felt that they were not being listened to. Staff we spoke with told us they had received training about how to protect people from the risk of abuse and records we looked at showed that most staff had received training in this area.

The management team were all aware of local procedures for reporting concerns about people's welfare and any allegations of abuse. We saw that the provider was working collaboratively with the local authority to investigate any issues that arose.

People told us that they received their medication when they needed it. One person told us "I've just had my injection; they always give me my injection when I need it." Another person told us "They always bring my medicines when I need them. If I need a painkiller, I ask and they give it to me."

We found that people were receiving of their medicines as prescribed. We looked in detail at the medicines and records for 16 people living in the home, including controlled drugs and found people were given their medicines appropriately and suitable records maintained. Medicines were being stored securely, and at the correct temperatures, for the protection of people living at the home. However, we found one person's supplementary drinks had been stored in their bathroom which was not in line with the manufacturer's guidance. We drew this to the attention of the deputy manager who agreed to move the drinks to a cool, dry and hygienic storage space so that the drinks would remain fit for purpose.

We observed people being given their medicines by the nursing and care staff. We saw that administration records

Is the service safe?

were referred to prior to the preparation and administration of the medicines and the administration records were being signed after the medicines had been given.

People who had been prescribed PRN medicines may not have had these medicines given in a consistent way by the nurses and care staff. PRN are medicines that are given on a 'when required basis'. There were no protocols or other guidance in place to inform staff about the circumstances under which they should give these medicines or how they should ensure that people received them when they were needed. There were risks to people's health and welfare if they were not given appropriately.

Records were in place when people had patches prescribed. These showed where they had been applied and were intended to ensure they were applied to different parts of the body. However, these records showed they were being reapplied to the same place too soon and not in line with the manufacture's guidance. This meant there was a risk that the drug was not being absorbed as it should have been and had the potential to be detrimental to people.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people's needs, including any individual risks and so were aware of how to provide care and support in the safest way.

Any accidents or incidents that had occurred, such as falls, had been recorded by staff. These were then reviewed and analysed by the registered manager to see if any changes or action should be taken to prevent future occurrences. We found appropriate action had been taken by the registered manager when required.

We found the home had been well maintained and provided a pleasant environment for the people who lived there. Records showed that the management team regularly undertook checks and audits in relation to health and safety which ensured the premises were safe and appropriately maintained.

We found that two people's call bells were not working. We raised this with the deputy manager who investigated and found both call bells were working at the time they tested them. Another person we spoke with told us they not sure whether their call bell worked all the time either. Maintenance records showed that call bells in people's rooms were regularly reported as being broken. There were 13 occasions in the previous three months when call bell issues were logged by staff for different people's rooms. Although action had been taken to mend them on each occasion, we were concerned that people may have been unable to call for help when they required it. Many people living at the home had high dependency needs and relied on the call bell system to call staff if they required assistance, support or required urgent attention. Some people were immobile and unable to obtain help from nurses or carers in other ways. People's safety was therefore compromised as the call bell system was unreliable and there was a risk that staff would not be aware that people needed help. We raised this with the deputy manager and they agreed to discuss with the provider.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there. One record we looked at showed the staff member had a conviction on their police record. The deputy manager was aware of this and did not consider the conviction to have any impact of the safety of people living at the home. However, there was no formal risk assessment in place to document this.

Is the service effective?

Our findings

Our previous inspection found the service did not have suitable arrangements in place for obtaining people's consent and acting in accordance with it. Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements. This was a breach of Regulation 18 of the Health and Social Care Act 2008. During this inspection we found improvements had been made and the requirements of the regulation had been met.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff we spoke with were able to explain their role and responsibilities with regard to the MCA. Records we looked at showed that where people lacked capacity to make a decision about their care or support, the proper procedures had been followed. This included carrying out a mental capacity assessment in consultation with relevant individuals and professionals. When people lacked capacity to make a certain decision, we found that staff had made the decision in people's best interests in line with legislation. This meant that people's legal rights were upheld when people lacked capacity to make decisions at the time they needed to be made.

The Deprivation of Liberty Safeguards (DoLS) had been used appropriately by the provider. The DoLS are legal protections which require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The deputy manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved.

Most people told us that they thought staff were sufficiently skilled to meet their needs. One person told us, "They seem to know what they are doing." Another person said, "I think the staff have had sufficient training, even the young ones are brilliant." However, one person told us, "On the whole yes but I don't think some have had enough training" but they were not able to give us an example of this so we could explore it further.

Staff we spoke with felt they'd had sufficient training and said they could always ask more experienced staff for support and guidance if they needed to. A new member of staff told us they had attended an induction that included information about safeguarding, moving and handling that included a practical session. Staff also said they received support through supervision, team meetings and an annual appraisal and records we looked at confirmed this. Nursing staff also told us they received enough support to enable their professional development.

People we spoke with felt their health needs were being met and were satisfied with the care and support they received. Relatives were also in agreement that their family member's care was appropriate and felt staff had a good understanding of people's individual requirements.

People told us they had been supported to see relevant health professionals when it was appropriate. We spoke with a visiting health professional who told us, "The carers are all nice and we get good communication from them". Records confirmed that staff monitored and responded to people's changing health needs when required.

People told us that the food was good. One person told us, "The food is good and you can have a choice." Another person told us, "The food is very good and we get drinks and biscuits throughout the day." One person told us, "If you don't like the main meal you can have something else." Another person told us "I get plenty to eat and drink."

We look at the food and drink people were offered during our inspection and observed the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People had been supported to make a choice of food and drink and were provided with appropriate support to eat their meal whilst remaining as independent as possible. People were provided with a choice of both hot and cold drinks throughout our visit.

Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. We also found that advice from health professionals in relation to people's eating and drinking had been acted on by staff at the home. This meant that people had effective support in relation to their nutritional needs.

Is the service caring?

Our findings

People told us the staff were caring. One person told us, "They [the staff] are very friendly." Another person told us, "The staff are brilliant." Other comments included, "I can have a good laugh with them", "The carers are really very good indeed," and "We're spoiled really I think".

One person told us how they liked to have their meals in their room as they felt embarrassed that they needed the staff to assist them to eat. This was respected by staff and they always had their meals in their room with the door closed to maintain their privacy and dignity.

Relatives told us, "I've no concerns at all about the care, the staff are very good." Another relative told us "My [relative] has very complex needs but they look after [my relative]. I can go home having the peace of mind that [my relative] is being looked after." "They [the carers] are all so lovely."

Staff had a good understanding of how they were able to promote people's independence and respect their privacy and dignity. They provided examples of how they were able to do this while supporting someone with their personal care, for example by covering people with a towel to protect their privacy. The deputy manager told us about initiatives they had introduced to promote people's dignity within the home. These included organising a cream tea for dignity in action day and activities completed with people for a memory tree.

People were involved and encouraged to make decisions about their care. Records supported this and showed that people's individual needs, wishes and preferences had been sought and recorded. We observed staff asking people how they would like their care and support to be provided throughout our visit.

We saw staff interacting with people in a kind and respectful way during the lunch time meal. Staff were considerate of people's individual needs with regard to their food and drink and promoted choice making throughout the meal.

During our inspection we noted the home used a tannoy system to communicate with staff. For example, so they could be alerted to take a telephone call. This happened on numerous occasions throughout our visit and the messages could be heard throughout the home. One person and their relative commented that they found this system very intrusive. We were concerned that people may have been constantly disturbed by the use of this system and that the provider had not considered how it may have impacted on their experiences at the home and was an intrusion of people's privacy. We spoke with the deputy manager about this and they agreed to discuss it with the provider.

Is the service responsive?

Our findings

Our previous inspection found people's care and treatment had not always been planned and delivered in a way that ensured their health, safety and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this.

Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made and found this regulation had now been met.

Staff had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people's care and support needs, preferences and likes and dislikes. People's care plans had been reviewed and updated and the information was now sufficient to enhance staffs' understanding of how people's care should be delivered. They were also clear about what people's health and support needs were. Our observations and review of records demonstrated that people's care had been delivered appropriately by the staff team.

People told us they were able to make choices about their care and how they spent their time. One person told us, "I have a shower once a week but you could have one every day if you liked." Another person told us, "I have a shower when I want one." Other comments included, "If I want anything I've only got to ask and it's there."

Relatives felt they contributed to the delivery of people's care and felt communication with staff at the home was good. One relative told us, "[My relative] is always nicely dressed as she would have been at home."

People told us they were aware that they had a care plan in place. One person, who was using the service for respite told us how staff always checked if there had been any changes to their care needs every time they came to stay. People's care plans had been reviewed and updated by the staff team and demonstrated that people's individual needs, wishes and preferences had been taken into account.

The staff we spoke with were knowledgeable about the people in the home. They knew their care and medical needs, and what was significant to them in their lives and we observed them responding accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

People told us about the activities offered by the home. They said that sometimes there was bingo, a quiz or a sing a long session in the lounge. One person told us about some animals that had recently been brought in for people to enjoy. There was an activity co-ordinator employed by the home and the activities offered were on display in the communal areas so people could see what was taking place each day. We found that people had been involved in making decisions about what activities they would like to take place during regular residents meetings and through the use of a survey which asked people and their relatives what their hobbies and interests were so activities that would appeal to people could be planned. One comment on the survey said, the person was thankful for the activities that their family member enjoyed. These had included painting and flower arranging

We looked at how staff at the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the service and referred to speaking with 'matron' (the registered manager). One person told us about how a complaint they had raised had been resolved quickly and to their satisfaction. Another person's relatives raised some concerns with us about their family members care. We discussed this with the deputy manager on the day of our inspection and found they took quick action to respond to and clarify the issues of concerns.

The provider had a complaints procedure which was displayed in the entrance hall. We looked at the log of complaints and concerns that had been made and found the registered manager had taken prompt action to investigate and respond to the issues raised.

Is the service well-led?

Our findings

Our previous inspection found there was an ineffective system in place to monitor and assess the quality of service being provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 and we asked the provider to make improvements. During this inspection we found sufficient improvements had been made to meet the regulation.

We found the registered manager had ensured improvements had been made to their quality assurance system. This was now effective as the risks to people were being assessed, monitored and responded to the registered manager and other senior staff. These included reviews and audits of people's care plans and risk assessments, supervision and appraisal systems and regular 'walkabouts' of the home. In addition regular audits were carried out. These included health and safety audits, incident and accident audits and environmental checks. Wherever issues or problems were identified it was clear what action had been taken to resolve issues. This meant that people living at the home could be confident that the quality of service provided was being monitored and responded to.

People we spoke with were satisfied with the home and the care they had received. Staff felt the registered manager and senior staff were approachable and were confident in raising any issues or concerns they had.

Staff were clear about their roles and responsibilities and felt they were listened to by the provider and registered manager. For example, nursing staff told us how their concerns about spending a significant amount of time carrying out administrative duties rather than nursing care had been listened to and resolved by the creation of a new role known as 'care co-ordinator'. We were told this was working well by all staff we spoke with. However, one staff member felt there was sometimes a bit of delay in response from the management team.

Staff felt well supported and valued and understood. They said the homes visions and values were to make the service a home for people where they could make their own choices. One staff member said, "This is people's homes, if they want a cup of tea at 8pm they can have one."

People were encouraged to share their views about the service in residents meetings, through the use of questionnaires and through informal discussion with the manager and staff team. We found that people's views, comments and concerns had been appropriately considered and responded to by the registered manager.