

Infinite Care (Lincs) Limited

Waltham House Care Home

Inspection report

Louth Road
New Waltham
Grimsby
Lincolnshire
DN36 4RY

Tel: 01472827725

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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 accommodation to a maximum of 33 older people, some of whom are living with dementia. At the time of this inspection there were 24 people using the service.

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

Since the last inspection, the provider improved the quality of care records in relation to people's safety. Care records contained information about people's needs and risks. People's preferences and choices were considered and reflected within records. Fire safety issues had been addressed and regular fire drills carried out to ensure people's care needs were identified in the event of an emergency situation. Staffing levels had improved at night to meet people's individual needs.

People and relatives said they felt the service was safe and that people were well supported and received good quality care.

People received safe, person centred care. Good systems were in place to protect people from abuse. The service had recently implemented a full electronic recording system which had improved recording and oversight of care such as checks for skin integrity and medicines.

Medicines were managed safely. Staff received training and competency checks in relation to medicines. Staff also received training on the new electronic system used to record medicines.

Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed. However, some relatives highlighted concerns regarding lack of communication at times.

Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. 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.

People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

The registered manager and provider were responsive to feedback and committed to improving the service.

Staff were recruited safely and received the training and support they needed to undertake their role. Staff spoke positively about the support they received from the management team.

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

Rating at last inspection

The last rating for this service was inadequate (published 10 June 2021) 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 and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed their staffing levels in line with people's individual support needs. At this inspection we found improvements had been made to staffing levels.

This service has been in Special Measures since 10 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

The provider has taken action to effectively mitigate the risks identified in the previous inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waltham House Care Home on our website at www.cqc.org.uk

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 not always 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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 team consisted of 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

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals involved with the service. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four 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.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider failed to adequately manage robust medicine systems and practice. This was 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.

- Medicines were managed safely.
- Since the last inspection robust systems had been put in place to ensure the safe management of medicines, with the introduction of an electronic recording system. One staff member said, "The electronic system is easy to use and does not allow you to make human errors."
- Controlled drugs were stored appropriately, and stock levels were accurate.
- Staff completed training to administer medicines and their competency was checked.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to adequately assess, monitor and reduce risks to people's health and safety. 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.

- The provider had made improvements within the service. Robust fire safety systems were now in place to ensure people's safety in the event of a fire emergency. Each person had a personal emergency evacuation plan to describe the support they would need in the event of a fire or other emergency situation. These were up to date and reflective of people's support needs.
- Regular fire checks and drills were carried out and fire scenarios discussed to ensure staff had the knowledge and skills to safely evacuate in an emergency.
- Risks associated with people's pressure care needs had been assessed and appropriately managed.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people. This meant that the support given by staff was appropriate and safe for people living in the service.

Staffing and recruitment

At our last inspection we made a recommendation regarding staffing levels at night.

Enough improvement had been made at this inspection.

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Staff told us they felt there were enough staff to meet people's needs.
- People told us that they did not have to wait for support from staff. We observed staff assisting people and delivering care in a timely manner.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. One person said, "The staff are lovely and really help me, I feel safe here."
- Relatives told us that they were satisfied that their relatives were safe and well cared for.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the registered manager would address any concerns reported to them and make the required referrals.

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.
- Visiting was carried out in line with current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 our last inspection the provider failed to ensure consent to care in line with the law. This was a breach of Regulation 11 (Need for consent) 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 11.

- Principles of the MCA were followed.
- Care plans reflected the principles of the MCA and DoLS. Appropriate applications to the local authority had been made and notifications were sent to the CQC where restrictions were in place.
- Assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.
- We observed staff giving people choices and respecting their wishes.

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 in place to ensure people's needs were assessed and their preferences fully understood.

- Staff made appropriate referrals to other agencies when required such as the falls team and general practitioner. Referrals were made promptly, and advice was incorporated into the way people were supported.
- People were supported to attend medical appointments.
- People told us they were well supported by staff. One person said, "I can tell the staff if I am in pain and they will get me my pain killers."

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably inducted, trained and supported to perform their roles.
- Improvements had been made since the last inspection. Staff received regular supervision and appraisal of their work performance in line with the provider's policy.
- Daily handovers were carried out. The registered manager had recently introduced 'flash meetings' in the morning as another way of communicating any changes to people's care regularly. Feedback from staff was positive.

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

- People's nutrition and hydration needs were effectively met.
- Snacks and drinks were offered to people throughout the day.
- People told us, "The food is lovely; there is always lots of drinks and snacks." and "There is always plenty to eat, the food is very nice especially the puddings."
- Information about people's dietary needs were clearly recorded.

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

- Improvements had been made to the service since the last inspection. Refurbishment had taken place as per improvement plan and old furniture had been replaced.
- 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.
- People's rooms were personalised and reflected people's preferences and choices.

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 inadequate. At this inspection the rating has changed to requires improvement. 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

At the last inspection the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. 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.

- Improvements had been made to the provider's quality assurance system since our last inspection. However, where issues had been identified in medicines audits, there was little record of actions taken or lessons learnt from these incidents.
- A full electronic system had been installed to support with the completion of audits and general oversight of the service.
- The provider and the registered manager were both committed to driving the necessary improvements within the service.
- The registered manager told us they felt supported within their role. They described how they had worked alongside the staff team to make changes within the service which directly impacted on people's experience of the service.
- Standards of record keeping had improved and were now audited regularly to ensure they were up to date and reflected people's needs. For example care records were reviewed and updated when needed.
- The provider and registered manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.

The provider responded after the inspection and had made improvements to their audits.

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

At the last inspection the provider failed to ensure processes and effective systems were 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

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

- The culture of the service had benefitted from improvements made by the provider and the registered manager. The experiences of staff and people using the service that were shared with us demonstrated that the changes made had a positive impact on the wellbeing of all who worked at and used the service.
- A new electronic system put in place supported the monitoring of record keeping. This meant staff were able to access up to date personalised care records easily. This improved the time taken to complete records such as pressure area care and weight charts and easily identified any concerns.

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 dealt with complaints appropriately and in a timely manner, ensuring people were kept up to date with any findings.
- The provider had appropriately notified agencies of all incidents.
- The registered manager was open and honest with people and informed relatives when accidents and incidents had occurred.

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

- Relatives we spoke with said they were happy with the service. However, some relatives said communication was not always clear. One relative said, "Communication has really improved recently, we always receive email updates for things like visiting." Another relative said "The manager would not ring you unless there is something wrong, if you want an update you have to ring them yourself and staff do not always know the answers. I can sometimes find it hard to contact the manager directly."
- People, their relatives and professionals were sent questionnaires to request their views and wishes in relation to the service and the care given. Feedback given was positive and was used to improve the service where needed.
- Regular staff meetings had been held to allow staff to voice their concerns or views within the service. Staff told us the management team had recently changed and this had improved team morale. One staff member told us, "If I have a problem I can go to the senior on duty or the manager and they will help me."
- The provider and registered manager accessed support and guidance from other professionals in relation to people's needs when required.