

Infinite Care (Lincs) Limited

# Waltham House Care Home

## Inspection report

Louth Road  
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Grimsby  
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## 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

This unannounced inspection took place on 01 and 02 June 2016. The service was last inspected on 05 February 2014 when the service was found to be compliant with the regulations inspected.

Waltham House is situated on the outskirts of Grimsby in a rural location. The home provides accommodation and personal care for up to 32 people. The service predominately provides care for older people some of whom may be living with dementia. At the time of our inspection there were 25 people using the service.

There was an acting manager in post who had applied and submitted an application to have their competencies and skills to be formally assessed by the Care Quality Commission and was currently awaiting an interview for this. 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 2008 and associated Regulations about how the service is run.

Assessments were carried out to enable staff to support people who used the service to take positive risks whilst keeping them safe from harm. Training had been provided to ensure staff knew how to protect people from potential abuse and checks had been carried out to ensure staff were safe to work with people who used the service. Staffing levels were monitored to ensure there were sufficient numbers available to meet people's needs. People received their medicines from staff who had been trained on the safe handling and administration of medication. Checks were carried out to ensure the building provided people with an environment that was safe.

Staff were provided with a range of training and development opportunities to enable them to effectively carry out their roles and help them develop their careers. Staff involved people in decisions about their support and obtained their consent before carrying out interventions. People's legal rights were protected and their best interests were upheld when people lacked the capacity to make important decisions for themselves. People received a good range of nourishing home cooked meals which they said they enjoyed. Community based health care professionals advised they had a good working relationship with the service.

Staff demonstrated courtesy and consideration for people's needs and upheld their dignity and respected their wishes for privacy. People and their relatives were involved in the planning of their support which was reviewed on a regular basis. Information about people was maintained in a confidential manner.

People were provided with a range of opportunities for social interaction to ensure their wellbeing was promoted. A complaints policy was in place to ensure people could raise any concerns and have these addressed when this was required.

Management feedback was provided to staff in a constructive way and meetings took place to ensure staff were aware of their professional roles and responsibilities. A range of audits were regularly carried out to enable the quality of the service to be monitored and enable it to learn and continually improve. People and their relatives were consulted to ensure they could contribute their views to help the service to develop, however service's without a registered manager cannot be rated higher than requires improvement in the well led domain.

## 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.

Staff had been recruited safely and provided with safeguarding training to enable them to recognise and report potential abuse.

Assessments of the dependencies of people who used the service were carried out to ensure staffing levels were appropriate to meet their needs.

People received their medicines from staff who had received relevant training and risk assessments about people were completed to help staff support them safely.

### Is the service effective?

Good ●

The service was effective.

Staff received a range of training to help them support the needs of people who used the service.

People were provided with a good range of nourishing home cooked meals and their nutritional needs were monitored to ensure they were not placed at risk of malnourishment.

Staff understood the need to gain consent from people before carrying out care interventions to ensure their legal rights were protected.

People's medical needs were appropriately supported by a range of healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated compassion and consideration to ensure people's personal dignity and wishes for privacy were respected.

People were supported to make choices and decisions about their lives.

Information about people's needs was available to help staff support their health and wellbeing. People and their relatives were involved in the planning and delivery of their support.

### Is the service responsive?

**Good** ●

The service was responsive.

A range of opportunities were available to enable people to participate in meaningful social activities to ensure their wellbeing was promoted.

People's care plans contained information about their personal likes and preferences and health care professionals were involved with their care and treatment when this was required.

A complaints policy was in place and people were able to raise concerns and have these investigated and resolved whenever this was possible.

### Is the service well-led?

**Requires Improvement** ●

Some elements of the service were not always well-led.

There was not a registered manager in place, although the acting manager was awaiting an interview to have the competencies and skills formally assessed for this position.

Systems were in place to enable the quality of the service to be monitored and take action to enable the service to learn and improve.

People were consulted and involved in decisions about the service and their views were considered to enable it to develop.

# Waltham House Care 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 registered provider is 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.

This unannounced inspection took place over two days on 01 and 02 June 2016 and was carried out by an adult social care inspector.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. The local authority safeguarding and quality performance teams were contacted as part of the inspection process, in order to obtain their views about the service.

During our inspection, we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, two visiting relatives, two members of care staff, a deputy manager, an assistant manager, the acting manager and members of ancillary staff, such as catering and domestic staff. We also spoke with a health care professional and a GP who were visiting the service.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service told us they liked the staff and felt safe in the home. One person said, "The staff treat me well, I feel safe here, I was asked if I wanted to move to a new room, as I was having difficulty using the stairs." A visiting relative advised their mother had struggled with falls when living at home, but had a history of cancelling calls from their domiciliary home care provider. They told us their mother had previously had respite stays in a number of different services, but had always wanted to return home. However, they told us their mother had told them after a trial stay at Waltham House they enjoyed it and did not want to go home and felt safe. The relative commented, "This place has been my saviour, it is wonderful."

We found the service had an approach that supported people to take positive risks whilst keeping them safe from harm. People's care files contained assessments about known risks, together with guidance for staff on how these were managed to enable people remain as independent as was possible. We saw evidence people's risk assessments were updated and reviewed on a regular basis, to ensure incidents and accidents were minimised. We saw that incidents and accidents were recorded and investigated by the acting manager to enable action to prevent them from reoccurring again where possible.

Staff told us about training they had been provided to ensure they were familiar with their professional roles and responsibilities to protect people from harm or potential abuse. The acting manager confirmed this included raising whistleblowing concerns about the service and reporting incidents of potential abuse to the local authority to enable these to be investigated when required. We found a range of policies and procedures were available to guide staff which were aligned with the local authority's guidance concerning the protection of vulnerable adults. Care staff demonstrated a positive understanding of the different forms of abuse and were confident management would take appropriate action to follow up potential issues when required together with the implementation of disciplinary measures when this was needed.

There was evidence new employees were appropriately checked before they were allowed to start work in the home. This helped ensure they did not pose a risk to people who used the service. We checked the files of three members of staff, including those of two who had been most recently employed. We found evidence of clearance from the Disclosure and Barring Service (DBS) to ensure potential applicants were not included on an official list that barred them from working with vulnerable adults. The acting manager showed us an action plan they had developed to enable DBS checks to be renewed for staff who had been employed for a number of years. Staff files contained evidence that prospective applicants completed an application form and interview process which included checks of their personal identity and previous employment experience, to enable gaps in their work history to be explored. We saw that applicant's references had been obtained for the two most recent members of staff, but were unable to find those for a member of staff who had been employed in the service for a considerable number of years. The acting manager confirmed they would follow this up and gain suitable written assurance concerning this member of staff.

People who used the service told us they felt there were enough staff available and did not have to wait long for them to answer their calls. Care staff demonstrated a positive commitment to their work and we

observed they worked well together as a team. The acting manager told us that staffing levels were assessed according to the individual needs and dependencies of people who used the service to enable them to identify how many staff were needed. We saw that additional staff were available at key times of the day such as meal times.

People who used the service told us they received their medicines at regular times and that care staff administered these as prescribed. Up to date records were maintained for medication that had been received and provided to people, together with good practice guidelines in relation to their specialist medical needs. The acting manager confirmed regular audits of people's medicines were carried out on both a weekly and monthly basis, together with external audits by a local pharmacy, to ensure medication errors were minimised and potential problems quickly addressed. We saw that recommendations made by the pharmacy had been followed up and found staff responsible for providing medication to people had completed training on this element of practice. We observed care staff talking patiently with people whilst carrying out medication rounds and providing explanations to them about what these were for.

We found a variety of checks of equipment and the building were carried to ensure people who used the service were kept safe from harm. We saw that equipment was regularly serviced and that contracts were in place with the suppliers, together with up to date certificates for utilities such as gas and electricity. We observed some parts of the building and furnishings such as bedding were showing signs of wear and saw a plan was in place to address these in priority order, although we noted this did not include timescales for completion. Personal evacuation plans were contained in people's personal care records and a business continuity plan was available for use in emergencies, such as flooding or outbreaks of infectious disease, together with fire training that was provided to staff.

There was evidence domestic staff completed regular planned schedules of work to ensure the building was kept clean and tidy, however we found the reception area toilets had an unpleasant smell and an upstairs toilet that was in need of cleaning. We spoke to the acting manager and that saw action was taken to quickly address this and saw the issue had been discussed in a recent staff meeting.



## Is the service effective?

### Our findings

People who used the service and their relatives were very positive about the care and treatment that was delivered. They told us that staff listened and involved them in decisions about their support to ensure their wishes and needs were met. A visiting relative told us, "Staff always involve me and keep me up to speed when there are changes. They involved a dentist recently when a tooth extraction was needed. They do everything I ask them to do and encourage [person's name] to eat and weigh her regularly." People told us staff respected their feelings. One person said, "I don't have any problems with the staff, they help me keep clean and tidy, I enjoy the food, there's always more than I want to eat and I have never heard anyone say they are hungry."

People told us the quality of the food served was good they enjoyed their meals. The acting manager told us they had introduced some changes to the breakfast menus recently, following consultation with people who used the service. We were told this now included croissants and pancakes alongside more traditional dishes such as porridge, bacon and egg breakfast buns and cereals. We observed a good range of nourishing; home cooked meals were provided that were tastefully presented to people in a friendly and relaxed atmosphere. We saw day's menu choices were on display and were told a pictorial menu was in the process of being developed to help people help identify and choose what they wished.

We observed staff asked people about their personal preferences such as where they wanted to sit for their meals and offered gentle reassurance and sensitivity to help ensure they were understood. We saw assistance was provided to people requiring support with eating their meals and observed staff carried this out at people's own pace to ensure their dignity was maintained.

Nutritional assessments and evidence of regular monitoring and recording of people's weight were included in their personal care files together with liaison and involvement with involvement from community professionals such as dieticians and speech and language professionals where required. We observed the cook spending time with people, asking them about their personal preferences and choices about their meals, to ensure they were happy with what was served. We found the service had been awarded a five star rating by the local environment health department for the cleanliness of the kitchen facilities in February 2016, which is the highest score that can be achieved. There was a sign on display about the promotion of person centred support that stated, "Mealtimes aren't just about the food we eat, it's about who you eat it with, where you sit and is it comfortable."

Visiting community based health care professionals were positive about the service provided by staff. A GP who was visiting to review a person's medical condition told us staff effectively contacted his practice to raise potential issues and had no issues with the service. A nurse who was attending commented, "Staff are good at following instructions. They ask for advice if they have any concerns or when people's moods change. Staff are really good at introducing themselves when I come to see new patients and act on their initiative well."

People's personal care files contained assessments and care plans based on their individual health and

social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and district nurses to ensure their wellbeing was promoted. People's care files were organised clearly to enable information to be easily found when required. Visiting relatives told us staff effectively communicated with them to ensure they were kept aware of any changes in their member family's conditions. Evaluations of people's care and support were carried out on a regular basis and we saw that their care plans had been amended following changes in their health status, together with details concerning how their human rights were supported.

We found that various training courses on the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities in this regard. The 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. The application procedures for this in care homes and hospitals are 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 were being met. We found the acting manager understood their responsibilities in relation to DoLS and had made applications and submitted notifications to the Care Quality Commission to ensure people were only deprived of their liberty lawfully and in line with current legislation.

We observed staff engaging with people throughout our inspection to ensure they consented to care interventions that were carried out. We saw evidence that capacity assessments for people had been completed as part of their care planning process before decisions were made on their behalf. This ensured their legal rights were protected and promoted. Where it was clear people lacked capacity to make informed decisions, best interest meetings were held involving relevant healthcare professionals and people with an interest in their care.

Staff told us about training they had completed to ensure they were equipped with the skills needed to carry out their roles. A training and development plan was in place that was monitored by the acting manager and included courses on a variety of topics, including; moving and handling, first aid, infection control, safeguarding vulnerable adults from harm, food and fire safety and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. Staff told us they were encouraged to undertake additional accredited external qualifications such as, the Qualifications and Credit Framework (QCF). We saw a variety of recently provided courses that staff had attended together with evidence of others that had been booked to ensure staff had development opportunities and were competent to perform their work.

There was evidence of an induction programme for new staff to complete that was based around the requirements of the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. A newly recruited member of staff who had successfully completed their Care Certificate said they had learnt a lot from their induction and believed this training should be mandatory for all staff who work in the sector. They told us, "I love it here, everyone is so friendly. I can always ask if I need help or support and they are always open and supportive." We saw that staff files contained evidence of regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised, together with a variety of training certificates for courses they had completed. Care staff were positive about

the training they received and appeared confident and knowledgeable in their skills. They told us the acting manager provided them with good support and was planning to implement a 'learning hub' to enable them to develop their knowledge with support from their peers.

We found the registered provider had considered the specialist needs of people living with dementia when designing and equipping the building. We saw that signage was available to help people orientate themselves around the service. The acting manager and deputy manager had both completed an observation based specialist dementia course to enable them to assess and 'map' the changing needs of people living with this condition. The acting manager told us this had led to improvements to people's dining experience including the introduction of 'finger foods'.

## Is the service caring?

### Our findings

People who used the service and their relatives told us staff supported them with making decisions about their lives and were happy with the way this was provided. One person with an interest in animals said, "They are going to take me to see the horses and my family come and take me out." A visiting relative told us, "They are caring staff and work together as a team."

Care staff demonstrated a positive regard for what was important and mattered to people and it was clear staff understood and knew them well. We observed care staff engaged with people in a courteous and friendly manner, providing reassurance and encouragement to help maximise people's independence where this was required. We saw care staff speaking sensitively to people, using touch and getting down to their eye level to ensure they were understood.

People told us their wishes for privacy were upheld and were able to spend time in their own rooms when they wanted. We saw people were able to bring items of personal belongings and furniture with them to help personalise their rooms to help them feel at home. Information about the service was on display together with details about the use advocacy services to enable people to have access to independent sources of advice and support.

One sign displayed in the reception area of the service stated, "Our staff will always remember our residents do not live in their workplace, we work in their home." This demonstrated the ethos of the service for respecting people's wishes and feelings.

People and their relatives told us they were involved and encouraged in making decisions and choices about their lives, such as what clothes they wanted to wear and what time to get up and go to bed. Interactions between staff and people who used the service were open and positive. We saw care staff were attentive to meeting the differing needs of people who used the service and observed them delivering personal care in a way that ensured people's dignity was respected and maintained. We saw arrangements had been made to develop a corner area in a lounge for men wishing to sit together to watch their choice of television such as sports programmes. We were told about plans to develop other gender specific activities following consultation with people who used the service.

People's care files contained information about their personal likes and preferences, together with details about their past histories to help staff understand and promote their individual needs. We saw evidence in people's care files of their involvement in reviews and decisions about their support and observed staff engaging positively with them in a professional and respectful manner. The acting manager showed us improvements recently introduced to make people's care plans more personalised and reflect their wishes about the end of their lives. We saw these included anticipatory decisions concerning five things people wanted to achieve and how they wished to be remembered, together with consent to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) where this had been agreed.

There was evidence monthly meetings with people who used the service took place to enable their

involvement in decisions about the home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home. Monthly newsletters were available to provide people with details of events that were due to take place in the service.

Throughout our inspection, we observed staff were patient and kind. We found staff upheld people's confidentiality and did not discuss issues in public or disclose information to people who did not need to know. We saw information that needed to be communicated about people's needs was passed on in private and that details about them was securely maintained.

## Is the service responsive?

### Our findings

People and their relatives told us the care at the service was personalised to meet their needs. They told us they had no complaints and that they were happy with the service provided. Speaking about their mother a visiting relative told us, "They absolutely know her and all her limitations. She takes part in some activities and enjoys listening to singing groups and going to bingo."

People and the relatives told us they knew how to raise a concern if this was needed and were confident these would be followed up. A relative told us, "Since [acting manager's name] has been here, things have started to be spruced up and developed."

There was a policy available to ensure people's complaints could be actioned and taken seriously. We saw records were maintained of complaints and compliments that had been received to enable the service to learn and improve. We saw that complaints had been followed up by the service and people had been kept informed of the outcome of issues that had been raised. The acting manager told us they maintained an open door policy and welcomed feedback as an opportunity for developing the service. A recent thank you card from a relative stated, "To each and every one of you, we would just like to say thank you very much for looking after and caring for [name] in her last few years."

People's personal care files contained evidence of their participation and involvement in decisions about their support to ensure their wishes and feelings were appropriately met. Information in people's care files contained details about their personal life histories, future wishes, individual preferences and interests to help staff to deliver support in a personalised way that enabled people to have as much choice and control over their lives as was possible. We found people had been assessed prior to their admission to ensure the service could meet their needs. People's plans contained up to date information and were individual to each person. Guidance was included for staff on how to monitor people, together with recordings of food and fluid input, weight monitoring, pressure area and general observations. Staff also completed daily notes on how the people had been that day and how their needs had been met. We saw assessments about known risks to people were included in their care files on various issues such as falls, skin integrity, risk of infection and nutrition. We found these were regularly updated, together with input from a range of community health professionals to ensure their involvement when people's needs changed.

Staff demonstrated a good understanding of people's individual personal strengths and needs. We observed staff had developed positive relationships with people to enable their personal wellbeing to be enhanced. We were told people had recently been involved in the selection and recruitment of an activity worker who was due to commence work in the near future. There were a range of opportunities regularly provided to enable people to participate in meaningful social activities. On the day first day of inspection we observed this included a bi weekly session from a keep fit worker, involving music and movement. We saw people joining in spontaneously, dancing and singing favourite tunes with smiles on their faces. We observed people taking part in games of giant skittles and were told about fundraising events and visits to places of interest that had recently taken place or were planned, such as a street party to celebrate the Queen's birthday. We were told about plans involving the use of electronic technology (I Pad) for a virtual dementia

reminiscence group and enabling people to communicate with friends and family to minimise risks of potential social isolation.

People who used the service told us that staff consulted them about their views and whether improvements could be made to different aspects of the service. We saw evidence of feedback about from these in the form of information and entitled 'We asked', 'You said', and 'We did'. This demonstrated people were listened to and had the opportunity to develop the service when possible.

## Is the service well-led?

### Our findings

People who used the service and their visiting relatives told us they had confidence in the management and staff. One relative told us, "Everything is not covered up." People and their visitors confirmed the acting manager and staff listened to their ideas and suggestions to help the service improve and develop.

This location has a condition of registration that it must have a registered manager in place. The acting manager had been in post for approximately 10 months following the departure of the previous registered manager. The acting manager told us they had submitted an application to be registered with the Care Quality Commission (CQC) and were awaiting an interview for their skills and competencies to be formally assessed for this position. This domain cannot currently be rated higher than Requires Improvement, as the rules for rating this as good require there to be registered manager in post who is responsible for management of the service.

There was evidence the acting manager had a range of knowledge and experience of health and social care services. We found the acting manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service.

We found the acting manager was supported by a deputy manager and an assistant manager and that appropriate systems were in place to support the running of the service. There was evidence the acting manager placed a high importance on the development of a staff culture that was inclusive. This encouraged staff to develop their skills, question practice and ensured communication was open and constructive. The deputy manager told us, "I have learnt more from [acting manager's name] to improve and develop the home. She has helped make Waltham House what it is today. She is good at setting goals and is a good mentor as well as a manager." The assistant manager told us, "This home has changed so much for the better since [acting manager's name] came. She has given me the support and confidence I needed. We share ideas and the residents love her." A member of recently employed staff told us, "[acting manager's name] is really good. I can go to her and ask her anything, she is very supportive. Another member of staff said, "I can't fault the management in any way."

We observed the acting manager had a 'hands on' approach and was readily available throughout our inspection, providing support and guidance to staff and people who used the service. We found the acting manager carried out daily walk rounds of the service and was directly involved in the delivery of people's support and knew people who used the service well. There was evidence the acting manager kept their skills up to date and attended regular meetings to ensure new legislation and best practice could be discussed and enable safe working practices to be improved. We were told the acting manager was approachable and maintained an open door policy for people who used the service, their visitors and staff and understood the need for involving them to enable the service to learn and develop. We found evidence of a personalised approach to the delivery of people's support was provided.

Staff files contained evidence of individual meetings with senior staff to enable their attitudes and



behaviours to be monitored and their skills to be appraised. Care staff told us regular meetings were held to enable the acting manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. Members of staff told us about key responsibilities that had been given to them to act as 'champions' for the promotion of different key aspects of the service, such as dementia, end of life care, infection control and sight and hearing. Care staff told us they received feedback about their work in a constructive manner and that the acting manager listened to their ideas to help the service develop. Care staff told us they had confidence in the acting manager and could talk to them about any concerns they might have. One member of staff told us, "It feels like a family."

We found systems and procedures were in place to enable the quality of the service to be monitored and ensure it was well led. We saw evidence of a range of audits of different aspects of the service such as incidents and accidents, staff training, complaints, medicines management, people's care records, the environment and safety issues. This enabled trends and patterns to be analysed and help improvements to be implemented.