

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

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection carried out by one inspector, took place on 5 and 6 December 2018.

Waltham House 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.

Waltham House accommodates up to 33 older people, some of whom may be living with dementia, in one building over two floors.

A registered manager was 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 2008 and associated Regulations about how the service is run.

Risks had been identified and personalised risk assessments formulated, so that steps could be taken to mitigate risk where possible. However, we found one incident where risk had been identified and systems in place to minimise the risk had not been followed. Further risk had been identified, but action had not been taken. This meant there had been a delay in one person receiving medical intervention for a pressure sore.

The home was generally clean and tidy, however we found some shortfalls including one bedroom and some toilets requiring a more thorough clean. There were some issues with the safety and maintenance of the environment including a potentially hazardous unused shower area; there was a risk people with dementia may have accessed this. The registered manager confirmed this was secured following the inspection.

Medicines were not always administered as prescribed. We found one person had missed medication when they were asleep and two people had missed eye drops when they were asleep. One person's cream chart had not been completed, which meant staff were missing guidance about where to apply the cream as prescribed, and guidance for one 'as and when required' medicines (also known as PRN) required additional details so staff could administer this safely.

Some systems were in place to assess and monitor the quality and safety of the service, but these were not always effective. This meant the opportunity to drive improvement had been lost and risk had not always been minimised. This had led to some safety issues in the environment and shortfalls in record keeping for the application of the Mental Capacity Act 2005 (MCA). We have made a recommendation about this.

Systems were in place to recruit staff safely. They were supported through on-going supervision and accessed training relevant to people's needs, to ensure these could be met. There were sufficient numbers of staff available to meet people's needs.

Staff protected people from avoidable harm, were knowledgeable about safeguarding and able to raise concerns. They supported people to meet their health needs. A nutritional diet was offered and choices were available. We received some mixed feedback about the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We found staff were aware of the MCA and supported people to make their own decisions wherever possible.

Staff were caring and friendly. We observed positive interactions from staff. They supported people to maintain their independence and treated them with dignity and respect.

There was a lack of meaningful activities provided for people. The registered manager told us they were in the process of recruiting a new activities coordinator to address this.

Care plans reflected people's individual needs and circumstances, which enabled staff to provide person-centred care as a result.

People told us they felt able to raise any issues or concerns. The provider had systems in place to manage and respond to any complaints.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Not all risk assessments were effective and action had not always been taken to mitigate risk.

There were some issues with the safety and cleanliness of the environment.

People did not always receive their medicines safely.

There were sufficient staff, who had been recruited safely and knew how to protect people from harm.

Is the service effective?

Requires Improvement ●

Staff had awareness of the Mental Capacity Act 2005 and this was adhered to. However, there were some missing records for how decisions had been made in people's best interests. We have made a recommendation about this.

People were supported to maintain their health and nutritional needs, although there had been some mixed feedback about the food.

Staff were equipped with relevant skills to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and friendly and interacted positively with people.

People were treated with dignity and respect. Confidentiality was maintained and people's independence was promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There was a lack of stimulating and meaningful activities

available to people. Plans were in place to recruit a new activities coordinator to address this.

People's needs were assessed and care plans produced. People and their relatives were involved in this process which helped staff to deliver support tailored to their needs and preferences.

Is the service well-led?

The service was not always well-led.

Systems to assess, monitor and improve the quality and safety of the service had not always been effective. This had led to some shortfalls including record keeping for the application of the MCA and some safety issues in the environment.

Staff felt the registered manager was approachable, but communication amongst the staff team could be improved.

Requires Improvement 

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 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 comprehensive inspection took place on 5 and 6 December 2018 and was carried out by one inspector. During the first day an Expert by Experience spoke with people who used the service to gain their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A dental inspector was also present during the first day, who looked in detail at how well the service supported people with their oral health.

Before the inspection, we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

We looked at three people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for four members of staff, staff training records and policies and procedures.

We spoke with ten people who used the service and two health and social care professionals. We spoke with three members of staff, as well as the registered manager and cook.

Is the service safe?

Our findings

Not all risk assessments were effective and action was not always taken to mitigate risk. One person was identified as being high risk of skin breakdown, which meant they required repositioning every two hours. On some occasions the person was not supported to reposition. Multiple staff had identified that an area of the person's skin had become red and recorded this on several occasions. However, no action was taken until this was brought to the registered manager's attention, as a result of our inspection eight days later. During the inspection, medical attention was sought. The person was found to have developed a grade two pressure sore. On this occasion risk had been identified, but not responded to and as a result one person had delayed medical intervention. The registered manager told us this had not been communicated between staff and as a result they would investigate what went wrong. We found other risks had been identified for people with necessary steps taken to minimise risk where possible. People had personalised risk assessments in place.

Steps were taken to ensure the safety of the premises, however we found some shortfalls. During our check of the premises, we found an out of use shower behind a sliding door, which contained loose tiles and screws. We also found the laundry room was not locked. There was a risk people living with dementia may have accessed these potentially hazardous areas. Other shortfalls included a shower chair with some rust underneath, which meant it could no longer be cleaned effectively and posed an infection control risk. We brought these concerns to the registered manager's attention, who addressed these during the inspection or shortly afterwards.

Fire safety checks were carried out and people had personal emergency evacuation plans in place, although we found one person's required updating, following a deterioration in their health. The registered manager confirmed this would be updated.

We found the home was generally clean and tidy, although one bedroom was in need of a thorough clean, as well as some toilets. There was a cleaning schedule in place, but this record had not been kept up to date therefore some cleaning may have been missed.

Medicines were not always managed and administered safely. We found one person had missed medicine and a further two had missed eye drops on more than one occasion because they had been asleep. No action had been taken following this to ensure their health and safety. We highlighted this to the registered manager, who later confirmed they had sought medical advice to resolve this. One person's cream chart had not been completed, which meant staff were missing guidance about where to apply the cream as prescribed. Guidance was available for 'as and when required' medicines (also known as PRN), but we found one was missing detail to guide staff about how to administer one person's medicines safely. Staff recorded when they administered medication on a medication administration record (MAR). We found these had been completed accurately.

We concluded the above evidence demonstrated a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above shortfalls people told us they felt safe and the home was kept tidy. A person said, "Yes, I'm safe. I've got a nice bed, food and all the comforts I need, and the staff are nice." Another person said, "It's clean and I've got a nice room. I've put my personal things in my room."

Staff knew how to protect people from avoidable harm. They had a good understanding of safeguarding and could tell us about reporting concerns. Staff were familiar with the different types of abuse and potential indicators to be aware of to keep people safe.

There were sufficient numbers of staff to meet people's needs. A person told us, "As far as I'm concerned there's enough staff to see to me." During our inspection, we observed there were plenty of staff available. The registered manager confirmed that the staffing levels were always maintained and worked well.

Systems were in place to recruit staff safely. Relevant pre-employment checks had been carried out for staff, including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Although, we found staff files had not been accurately maintained, which we refer to in the well-led section.

Accidents and incidents were recorded appropriately and appropriate action taken. For example, records confirmed appropriate medical attention was sought following a person falling. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff had a good understanding of the principles of MCA. People were offered choice and asked for consent before support tasks were undertaken by the staff.

Most best interest decisions were specific. However, we found some best interest decisions had not been documented. This included missing records for the decision for one person to have bed rails and another person to have a falls sensor mat. From speaking with staff, we could see that these decisions had been made in people's best interest. Staff had involved relevant persons and the least restrictive option had been explored.

We recommend the provider and registered manager review the Mental Capacity Act 2005 and its guidance, along with best practise guidance from a reputable source, to ensure the application of this legislation is recorded appropriately.

People were supported to maintain a nutritious diet and supported to eat and drink when required. We saw people were offered choices about what they eat and drank, and people confirmed alternatives were provided. People told us there was plenty to eat and we saw people enjoying their mealtime experience, chatting with other residents in the dining room. Other people preferred to sit in the lounge or eat in their bedrooms. We received some mixed feedback about the food. People's comments included, "The food is very good, there's a good menu" and "The food is a bit dry, they never have any sauces with it. It's all a bit hit and miss." The food looked appetising, but we heard some people commenting on some of the food not being hot enough. We shared this with the registered manager who confirmed the menu would continue to be reviewed based on feedback from people, and the food quality would continue to be monitored.

People's health and wellbeing continued to be monitored, and they were supported to access healthcare. The service maintained links with healthcare professionals, such as occupational therapists, GP's and the district nursing service. People's care records contained evidence of consultation with medical professionals when required.

Staff received necessary training to equip them with the skills to support people effectively. They received an

induction when they started in their role and continued to be supported with regular supervisions and a yearly appraisal.

Staff had the skills and abilities to communicate effectively. We saw staff were aware of how to communicate best with people, dependent on their needs and preferences.

The environment was suitable to meet people's needs. We saw people moving around the home as they chose to. Some areas could not be accessed without a fob and those who were able to move about independently had one, but there was sometimes a shortage of these. We spoke to the registered manager about ensuring both people and staff always had a fob available. They confirmed more were on order. We also spoke to the registered manager about the use of dementia friendly signage to support people to navigate their way round the home. They showed us how personalised signs were being developed with people for their bedrooms to make these easier to recognise. A maintenance and refurbishment plan was in place and we saw that works were being completed to update the home. The hallway was in the process of being redecorated.

Is the service caring?

Our findings

Staff were friendly and treated people with kindness. People spoke positively about the staff. One person said, "Staff are very caring. They put their arms round me to comfort me." Another told us, "Oh yes staff are very good and they treat you with respect."

Staff respected people's privacy and maintained their dignity. Staff could tell us ways they would do this, whether it was respecting someone's personal space or when supporting them with personal care. People confirmed staff knocked on their door before entering. A person told us, "Staff always knock on the door and wait."

People were relaxed in the presence of staff at the home. Staff were skilled and caring 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. They explained what they were doing and why, to help people understand and to reduce any anxiety about the support being provided.

People who used the service looked well-presented and cared for. We observed staff supported people when necessary to make sure they were clean and appropriately dressed according to their wishes and preferences.

Staff valued the importance of maintaining people's independence and promoted this where possible. Staff could tell us how they did this. For example, encouraging people to do small tasks for themselves like washing their own face when supported with personal care.

Staff were aware of equality and diversity and respected people's individual needs and circumstances. A person said, "They respect me as me and that's good."

People had decorated their bedrooms to reflect their own choices and preferences. We saw they were personalised and filled with people's personal items. A person told us, "I like being here. My room is nice, warm and cosy. I've got pictures of my own up."

We saw staff maintained confidentiality. They completed phone calls and discussions about people's health care needs in private, in office areas. Care files were held securely in the staff office and locked cupboards, and staff personnel files were held in the registered manager's office.

The registered manager confirmed they would support people to access advocacy services if needed. An advocate is an independent person who supports people to make and communicate their decisions.

Is the service responsive?

Our findings

There was a limited activities programme available because there was no activities coordinator. This meant there was a lack of meaningful and stimulating activities provided for people. The registered manager confirmed they were in the process of recruiting a new activities coordinator. Some people told us some activities were provided on occasion including chair exercise. Throughout the inspection, we did not observe any planned activities taking place, but some people were engaged in decorating the Christmas tree, socialising with other residents, reading newspapers and watching television programmes.

The registered manager told us people's key workers were encouraged to spend time supporting people to engage in their hobbies and interests. One person confirmed, "[Key worker's name] takes me out to Tesco to do some shopping. We have our lunch there. I really enjoy it." Following the inspection, it was confirmed weekly visits from a beautician to provide pamper sessions and visits from a Pets As Therapy (PAT) dog were provided. PAT is a national charity where volunteers provide a visiting service with their pets.

People had their care and support needs assessed prior to using the service. Assessments were completed with the people who used the service, their family and if appropriate, health professionals and the local authority. Detailed support plans were drawn up from this information.

People received personalised care and support based on their preferences and needs. The care records outlined the care and support the person needed. There was also information in the care records about each person's abilities, so staff knew the level of support needed and how to enable the person to maintain their independence.

Generally, support plans were person-centred, focusing upon the person as an individual and detailed their preferences, likes and dislikes. However, we found one person's was missing information about their life history which would have supported staff to have meaningful conversations with them.

Staff had started to look at how they could support people to achieve goals and aspirations. Key workers had spent time with people talking to them about what they would like to achieve. People expressed wishes to visit certain places or take part in certain activities. We could see these goals were recorded in people's care plans, but there was no evidence they had been supported to pursue them. We spoke to the registered manager about following through with this positive idea. They confirmed some people had achieved their goals, but they would be making plans for key workers to review these more regularly.

End of life care was considered at the home and people's wishes were documented in their care plans. This included their personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life.

Reviews were held with people who used the service, family members and other social and health care professionals, to ensure people's needs were met and they were satisfied with the service.

People's communication needs were assessed and planned which helped ensure staff understood how best to communicate with each person. The registered manager was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. They told us they would provide adapted information if this was needed.

People told us they felt able to raise any concerns or complaints. A person told us, "I've no need to complain. I would if I had to, and I know something would be done about it." Records showed complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

Some systems were in place to assess and monitor the quality and safety of the service, but these were not always effective. The opportunity to drive improvement had been lost and risk had not always been minimised. For example, an audit had identified that the gas safety certificate was due for renewal, but this was not organised far enough in advance. This resulted in a delay of twelve days, to ensure the safety of the gas since the last certificate expired. The audit had also not identified other areas of concern, which we referred to in the safe section of this report. This included the unsafe and unused shower area.

Systems to monitor the quality and safety of the service required development in some areas. For example, shortfalls in care plans including the documentation of mental capacity assessments and best interest decisions, which we referred to in the effective section of this report.

There was no system in place to consider when Deprivation of Liberty Safeguards (DoLS) applications may need to be reviewed. This meant for one person, who had previously consented to their care, when their cognition deteriorated and they were no longer able to consent to their care, the requirement for a DoLS application was not reconsidered and therefore not made until this was highlighted by our inspection.

Staff files had not been accurately maintained. There were gaps in the systems to monitor staff recruitment, which led to the following shortfalls. One person's application form was incomplete, so the provider did not have a record of their previous employment or qualifications and another person's file was missing a Disclosure and Barring Service (DBS) check. The registered manager ensured a new check was on record following the inspection.

We concluded the above evidence was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to monitor the quality and safety of the service in other areas. For example, the registered manager was organised and had systems for ensuring people's care was regularly reviewed and ensuring staff's supervisions and appraisals were up to date.

The registered manager communicated with people through a variety of means including team meetings. However, some members of staff told us some information was not always shared amongst staff and this could be improved at staff handovers. This meant there was a risk some staff may have missed information they needed to be aware of.

Staff told us the registered manager was approachable. One staff member said, "[Registered manager name] is approachable and I feel I can talk to them. I think if I had any concerns I could speak to them." Staff felt team morale had improved and positive changes were happening which meant staff were working together better as a team.

People's feedback was sought through an annual survey. We saw that the results had been collated to

identify any themes and action was taken to drive improvement and quality within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (2)(b) Everything reasonably practicable was not carried out to mitigate risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(2)(a)(b) The provider had not implemented effective systems or processes to assess, monitor and improve the quality and safety of the service provided to people, as well as mitigating risks to people. 17(2)(c) The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including an accurate record of all decisions taken. 17(2)(d) The provider had not maintained records for persons employed in the carrying on of the regulated activity.