

MAPS Properties Limited

Walsham Grange

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Walsham Grange is a residential care home providing accommodation personal and nursing care up to 75 people. At the time of our inspection there were 55 people using the service. The home is in a converted period building set over two floors with lift access.

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

There had been improvements at the service since our last inspection, however further improvements were still required.

Governance systems required further development to ensure these were effective in assessing, monitoring and implementing improvements within the service.

Whilst improvements had been made in relation to the management of medicines, this still required further improvement. The review of accidents and incidents would also benefit from further development.

People felt they were cared for, and their care was planned and delivered in a person-centred way by staff who had a good understanding of people's individual needs. People and their relatives were involved in the assessment, planning and review of care.

Staff understood their responsibilities in relation to keeping people safe and the reporting of safeguarding incidents.

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 were supported to maintain a healthy nutritional intake and were able to access healthcare professionals when needed.

Surveys had been implemented to gather feedback from people who used the service, relatives and staff. Relatives reported that communication from the staff team was good.

Whilst further improvements were still required, feedback from relatives and staff acknowledged the progress made since the last inspection.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 28 October 2019) and there were breaches of regulations. We met with the provider to discuss the improvements required and were given assurances

about the actions that would be taken to make the improvements. At this inspection we found improvements had been made, although the provider remained in breach of one regulation.

This service has been in special measures since 28 October 2019. 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 prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive, and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement recommendations

We have identified a breach in relation to the provider's governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider and will work alongside them and the Local Authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Walsham Grange

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.

Inspection team

This inspection was undertaken by two inspectors and a medicines inspector.

Service and service type

Walsham Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walsham Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (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.

During the inspection

We spoke with five people who used the service and nine members of staff including the registered manager, deputy manager, four care staff, a member of kitchen staff, one laundry staff member and one of the maintenance team. We looked at the medicines records for 10 people who used the service and the care records for eight people. We also reviewed governance records which related to the oversight and running of the service, records of accidents and incidents and personnel files for three staff.

We continued to seek clarification regarding our findings following the inspection site visit. We spoke with four relatives and a further five members of staff which included care staff, a wellbeing lead and a team leader. We also spoke with a Quality Monitoring Officer from the Local Authority and received written feedback from a healthcare professional.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively plan for and mitigate risks in relation to people's care, medicines, and the prevention and control of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to safe care and treatment. However, further improvement was required.

- Some concerns had been raised by healthcare professionals about the reporting of falls to the local authority. All falls were not being reported. After this error had been noted, retrospective reports were made and falls are now being reported in line with local policy.
- A review of records found care plans and risk assessments were being followed in relation to the management and mitigation of falls.
- Risks in relation to people's health and wellbeing had been documented in people's care records, with plans in place to mitigate known risks. For example, where people were at risk of developing pressure ulcers, we saw they were repositioned at regular intervals to maintain their skin integrity.
- Staff we spoke with had a good understanding of people's individual risks. They were able to describe to us how they managed risk in relation to people who showed behaviour that challenged, falls and pressure areas.
- Environmental risks were generally well managed, and we saw that regular servicing and checks of the gas supply and electrical equipment were undertaken.

Using medicines safely

- Staff authorised to give people their medicines had been assessed as competent and we observed that staff followed safe procedures when giving people their medicines.
- People's oral medicines were stored securely, however, we noted that topical medicines prescribed for external application were not always being kept safe and securely to protect people against access and accidental harm.
- The home had recently implemented an electronic medicine administration system to record people's medicines and to monitor medicine stock levels. However, the service had experienced initial difficulties with the system and there had been errors when people did not always receive their medicines as intended by prescribers. We also noted there were discrepancies arising due to inadequacies of the electronic recording system. We found that the service had not yet adapted their medicines audit to ensure effective

monitoring of the new electronic system. Therefore, errors were now always highlighted and acted upon in a timely manner.

- We noted that when people were prescribed medicated skin-patches, records did not show that previous patches had been removed prior to the application of new patches for safety.
- For a person with diabetes needing daily blood glucose tests, there were gaps in the records indicating that this did not always take place.
- There was written guidance in place for staff to refer to about people's medicines to enable them to give them consistently.
- After our inspection the manager took immediate action to rectify the concerns identified and provided us with assurances and a new medicines audit has been put in place.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were adequate levels of staff to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to staffing. However, further improvement was still required.

- Our observations on the day of the inspection showed there were consistently enough staff in all areas of the home, and they responded to call bells in a timely way.
- Relatives we spoke with told us they felt there were enough staff to meet their family member's needs. One relative said, "[There's] always enough staff."
- When we spoke with staff we received mixed feedback about staffing. One member of staff told us some staff will only answer call bells in the area they are working in. A second member of staff said staffing levels needed to be increased on weekends. However, other staff we spoke with stated staffing levels had improved, with one member of staff saying they now had time to sit and speak with people.
- A review of recruitment records showed staff had undergone checks by the Disclosure and Barring Service (DBS). DBS checks are able to provide details of any previous convictions and cautions held on the Police National Computer. This helps to assure providers potential staff are of suitable character. We saw references and past employment history were sought for staff.

Learning lessons when things go wrong

- There was a process in place for reviewing incidents and collating this information on a monthly basis to identify themes and trends. Falls analysis took place, and this identified themes and trends, however, it is not clear what action had been taken as a result of the analysis.
- Staff told us meetings were held to learn lessons from incidents, but one member of staff told us not all staff were invited to these meetings. The manager told us they discussed lessons learnt at the wider staff meetings and these were also documented in the meeting minutes.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had a good understanding of what constituted abuse, and they were able to tell us how they would report any concerns.
- Records showed we were notified of safeguarding incidents in line with regulatory requirements.

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 in care homes

- People were able to have visitors without restriction, and relatives we spoke with confirmed this. One relative told us, "Visiting is well done, properly done."

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs were carried out to determine if their needs could be met by the service. Relatives we spoke with told us they were involved in their family member's assessment. One relative explained how their family member met the deputy manager before they moved to the home, and how they discussed their family member's history and care needs.
- Relatives we spoke with told us they were involved in reviews of their family member's care and a review of care records showed reviews took place.
- Staff used nationally recognised tools to assess people's needs.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the appropriate training, knowledge and skills to perform the role expected of them. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to staffing.

- Staff completed an induction when they commenced employment. When we spoke with staff their views differed regarding the quality of the induction. One member of staff told us their induction lacked information about people's needs. They added they did not have the time to thoroughly read people's care records.
- A second member of staff spoke more positively about their induction and told us how they shadowed more experienced members of staff before working independently.
- Conversations with staff showed they were knowledgeable about people's specific areas of care, this included caring for people living with dementia, prevention of falls and end of life care.
- Staff told us they received regular supervisions with a senior member of staff.
- Staff told us they had training relevant to their role and a review of the training matrix confirmed this.

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were consistently met. This was a breach of regulation 14.

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

regulation 14 in relation to meeting nutritional and hydration needs.

- People we spoke with told us they enjoyed the food. One person told us, "The food I'm having is perfect." One person's relative told us their family member referred to the food as, "Lovely."
- People had a choice of when they ate, and drinks were readily available. One person said, "[You can] have food and drinks anytime of the day, whenever you want it." People were also able to choose where they had their meals, we saw some people chose to eat in their rooms, and others in different communal areas of the home.
- Our observations showed people were given a choice of lunchtime meal, and menus were in written and pictorial format. For people who were at risk of choking, we saw their meals were prepared in the textures required to keep them safe.
- A review of care records showed people's nutritional needs had been documented, including how to manage any risks associated with this. Daily records showed people were encouraged to maintain a healthy nutritional intake.

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

- People were supported to access healthcare services where needed. One person's relative told us, "[The staff] will get a doctor or nurse in, they seem to be on the ball."
- People's care records reflected advice given by professionals. For example, where people were at risk of choking, the guidance given by the speech and language therapy team was detailed in people's care records.

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

- The internal and external of the building was tired, and relatives we spoke with commented on this. The manager showed us an improvement plan and this included redecoration of the home.
- One relative told us more use could be made of the garden during the summer months.
- People's rooms were personalised with their personal effects such as photographs and soft furnishings.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to act in accordance with the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11 in relation to need for consent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- It was clearly documented in people's care records where they lacked the capacity to make decisions about their care and treatment. Decisions to be made in people's best interests had been documented and were decision specific.
- Applications to deprive people of their liberty had been appropriately made and were done in consultation with people's appointed representatives.
- Staff had a good understanding of the MCA and were able to tell us where they would make decisions in people's best interests.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider had failed to ensure that people were treated with respect and had their privacy and dignity upheld. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10 in relation to dignity and respect.

- People who used the service spoke positively about the way they were treated. One person told us, "[I'm] waited on hand and foot, can't say anything wrong about the place." A second person said, "The staff are very caring and kind. They're always polite to me." One person's relative said, "I can always tell [family member] is well cared for, [family member's] always tidy, hair done, and is wearing matching clothes."
- Staff we spoke with had a good understanding of people's life history, and encouraged people to talk about this.
- Our observations showed staff spoke with people in a kind way, and we saw staff stopping by people's rooms to ask if they were okay when they were walking about the service.
- A review of people's care records showed consideration had been given to people's diverse needs and people's life histories had been documented.

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

- People's relatives we spoke with told us how they were involved in the planning of their family member's care. For example, one person's relative explained how staff called them to involve them in discussing a possible change of medicine for their family member.
- Many people using the service were living with conditions which meant they were unable to make complex decisions about their care. Staff told us how they supported people to make day to day decisions, such as what they would like to wear, or whether they would like a bath or shower.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we saw people's privacy was upheld, personal care took place behind closed doors, and staff knocked and waited for a response before entering people's rooms.
- People were supported to be as independent as possible. For example, we saw people being supported to mobilise by themselves with staff providing gentle encouragement.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure that the care people received was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 in relation to person-centred care.

- Feedback we received from people and their relatives assured us the care people received was person-centred. One person's relative told us how staff took the time to get to know their family member and how their health and wellbeing improved since moving to Walsham Grange. They said, "They resurrected [family member's] personality...It's really nice to see that side of [family member] again, that's down to every single one of [the staff] that's interacted with [family member]."
- A review of people's care records showed their care was planned for in a person-centred way which detailed their individual care needs and preferences. One person's relative explained, "[The staff] really know [family member]...they manage [family member's] anxiety really well. They sit and talk to [family member]."
- Care plans show people and their relatives have been consulted when planning their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs are clearly detailed within their care records. Some people had fluctuating capacity, and their care records detailed their changing communication needs in relation to this.

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

- People were able to have visitors and were also supported to attend family events. One person told us how they had been visited by their daughters, and another person was supported to attend a family christening.
- We received positive feedback regarding the provision of activities. One person's relative told us how staff

would encourage their family member to take part in activities, but were responsive to their needs if they didn't want to stay for the duration.

- On the day of our inspection we saw an activity taking in place in one of the lounges, we heard people participating and laughter coming from the room.

Improving care quality in response to complaints or concerns

- A record of complaints was kept, and a review of this showed complaints were dealt with in a timely manner.

- The provider had a complaints policy in place.

End of life care and support

- A review of people's care records showed people's end of life wishes were documented. This included details such as whether they would like music playing and if there were any personal effects, they would like to have near them. Details of people's end of life wishes had been discussed with the involvement of their relatives.

- Staff we spoke with had a good understanding of end of life care. They told us how they would keep people comfortable, including pain management.

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; Continuous learning and improving care

At our last inspection the provider had failed to implement systems and processes to effectively assess and monitor the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17 in relation to good governance.

- The medicines audit had not been adapted to reflect the new electronic system used for people's medicines. This meant there was no oversight of how the system was being embedded into practice and discrepancies were not identified.
- An analysis of accidents and incidents took place, however, it was not clear what action was taken as a result of the analysis.
- Whilst audits were being undertaken by both the manager and provider, shortfalls identified did not have any timescales by which remedial action would be taken.
- There was an action plan in place for improvement required at the service, however, many of the actions remained outstanding.

The quality monitoring systems in place required further refinement in order to effectively monitor, assess and drive improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People we spoke with told us the service had improved since our last inspection. One relative told us, "The service has definitely improved." A member of staff explained how things had improved under the new manager, and that training provisions had also improved.
- The team leader we spoke with told us they were in the process of training staff to be 'champions' for different areas of care. This included taking on extra training in specific areas such as nutrition, pressure care and falls. These staff would be involved in driving improvement in these specific areas.

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

At our last inspection the provider had failed to notify the Commission of reportable incidents. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to notification of other incidents.

- We were notified of reportable incidents in line with the regulations.
- The manager told us staff meetings took place to learn from incidents. One member of staff told us group supervisions were held to discuss lessons learnt from incidents, and staff meeting minutes showed this was also discussed at wider team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were cared for by staff who were knowledgeable of their needs, and staff spoke with enthusiasm about their work.
- Satisfaction surveys had been undertaken, the results from the relatives survey had been collated and a 'You said, we did' had been publicised to relatives. The results from the service user and staff surveys were still being analysed.
- There were regular meetings for people who used the service to attend. Meeting minutes showed items such as activities and food choices were discussed. Actions had been taken as a result of the meetings, for example, the time of the tea time meal had been changed to suit people's preferences.
- Relatives reported they felt the communication from the staff team was good. One relative told us, "Communication is spot on." In addition to this, a regular newsletter was sent to relatives which detailed news such as improvements in the service as well as upcoming events.

Working in partnership with others

- Staff at the service worked in partnership with other agencies and healthcare professionals to continue to improve the service. Agencies staff worked with included safeguarding, the Local Authority and the medicines optimisation team.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement systems to effectively monitor, assess and embed improvement within the service. Regulation 17 (1)