

# Claregrange (Trading) Limited Waltham Hall Nursing & Residential Home

## Inspection report

87 Melton Road  
Waltham On The Wolds  
Melton Mowbray  
LE14 4AJ

Tel: 01664464865  
Website: [www.walthamhall.com](http://www.walthamhall.com)

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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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Waltham Hall Nursing and Residential Home is a residential care home providing personal and nursing care to 37 people at the time of our inspection.

Waltham Hall Nursing and Residential Home accommodates up to 81 people in one adapted and extended building. Bedrooms and communal living areas are over two floors.

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

Quality assurance and audit checks were not completed regularly or consistently in some key areas of the service. The provider and registered manager could not assure themselves that systems to assess, monitor and improve the quality of the service were effective. This included the areas of health and safety, infection prevention and control, and care records.

The provider and registered manager could not assure themselves of the quality and safety of care provision to people living in the service in all areas. There were no records of management oversight of people's care records covering daily monitoring checks such as food and fluid charts, repositioning charts, daily notes and specialist health checks.

People's care plans and risk assessments were not always accurate or easily navigated. Information found in one care plan was not transferred to another which raised the risk of inconsistent care provision. A significant piece of work was ongoing to renew care plans before moving to an electronic system. This needed time to take place and embed into practice.

Staff had not received training in all key areas of care provision to help ensure they had the skills and knowledge to fulfill their roles. We did not find any negative impact upon people's care due to this.

People and relatives told us people were safe living in the service. Staff had received training in safeguarding. Recruitment checks took place prior to new staff commencing work, although not all application forms contained full employment and education histories.

There were enough staff to meet people's care needs. People were supported with their medicines safely and medicines practices were effective. The service was clean and infection control practices were followed.

Accidents, incidents and falls were reported, followed up and regularly reviewed. A new system had been implemented recently in this area and needed time to be embedded and sustained in practice.

People's care records contained assessments prior to their moving into the service, which covered their care and support needs.

People were observed to receive physical support with their eating and drinking where this was needed. People were supported to promptly access health care services when required. Positive feedback was received from 2 health professionals who we spoke to as part of this inspection.

The registered manager was well regarded by the staff team and staff felt supported by the management team. The registered manager was committed to making the required improvements to ensure people received continued good quality care supported by effective governance arrangements. The local authority was involved in offering regular support to identify and drive improvements.

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.

#### Rating at last inspection

The last rating for this service was good (published 21 May 2022).

#### 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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waltham Hall Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to people's safe care and treatment, and governance arrangements at this inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Waltham Hall Nursing & Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors, a deputy director, a specialist nurse advisor and an Expert by Experience. The specialist nurse advisor examined clinical and nursing practice in the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, and they made phone calls to relatives of people living in the service to ask for their feedback.

#### Service and service type

Waltham Hall Nursing and Residential Care Home 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. Waltham Hall Nursing and Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people living in the service and 10 relatives about their experience of the care provided. We spoke with the registered manager. We also spoke with the clinical lead, audit lead, nurses, a medicines officer, care home assistant practitioner, senior care co-ordinator, care staff, kitchen staff and domestic staff. We sent out an email to request feedback from staff and received responses from 21 members of the team. We also spoke with 2 visiting health professionals.

We looked at aspects of 8 people's care records and multiple medication records. We reviewed 3 staff files. We looked at a range of other records including quality assurance checks, meeting minutes and training records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. 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

- Not all risks associated to people's care were assessed and included in their care and risk support plans. For example, one person was at risk of fungal infections but there was no risk assessment in place. Some people's care plans for diabetes did not have sufficient detail to ensure safe care delivery. This placed people at heightened risk of receiving unsafe care or care which did not meet their needs.
- Recording of monitoring checks was not always effective. For example, some people required their food or fluid intake recorded, or checks completed if they received nutritional intake via a tube directly into their stomach. Records were not always completed by staff or reviewed at the end of the day. This meant the registered manager could not be assured the monitoring tasks always took place which raised the risk of people receiving unsafe care.
- Many of the radiators in the building did not have covers. They were very hot to touch so people were at risk of burns should they touch or fall against them by accident. The registered manager explained some covers had shrunk in the wash so were being replaced. There were no measures in place to reduce the risk to people in the meantime.
- Some people had fridges or freezers in their rooms containing food which needed to be stored at the correct low temperature. No checks took place to ensure the temperatures of the appliances were within range. This raised risk to people of consuming food which had gone off, which could cause harm.

Not all risks to people's health, safety and welfare were assessed, monitored and mitigated. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives spoke positively about the safety and care of their loved ones. This included safe use of equipment such as hoists to support their relatives move safely. Relatives also commented that staff understood people's risks and managed these well. One relative said, "Absolutely brilliant care. Staff have a good grip on things."

Systems and processes to safeguard people from the risk of abuse

- The registered manager knew how to follow local safeguarding protocols when required. Staff received training to recognise abuse and protect people from the risk of abuse.
- During the inspection the registered manager confirmed their plan to introduce a safeguarding tracker. This meant safeguarding issues would be logged and monitored to ensure all necessary actions were promptly taken and reviewed as needed. We did not find any safeguarding concerns had been caused or missed due to a tracker not being in place.

- People felt safe living in the service, and feedback from people and their relatives confirmed this. One relative told us, "Yes, [my family member is] definitely kept safe. No sign of any form of abuse."

#### Staffing and recruitment

- There were sufficient staff to meet people's needs. A new dependency tool was recently introduced to help calculate safe staffing numbers according to people's care needs. This new process needed time to be embedded into practice to ensure its effectiveness.
- Safe recruitment processes were followed including pre-employment checks, for example references and a criminal background check. Not all staff files contained a full employment and education history as required. The registered manager confirmed they would review staff files and request this information from staff.
- Some staff told us that staffing levels had improved recently and they felt positive about this. Feedback from relatives and people confirmed that sometimes staffing levels were stretched but usually there were enough staff to meet people's needs.

#### Learning lessons when things go wrong

- Processes to report and record accidents, incidents and falls were recently strengthened. Further training to support staff to build skill and confidence in this area was planned. This was planned to ensure all accidents, incidents and falls were reported appropriately so follow up actions were taken promptly to support people's safety.
- Recent improvements were introduced so regular review and analysis of accidents, incidents and falls was undertaken by the management team. This included looking for themes or patterns and ensuring relevant agencies were informed. Measures to reduce the risk of reoccurrence were also considered and reviewed.

#### Using medicines safely

- People received their medicines safely and in the way they preferred. Medicines were administered by staff who were trained. We observed part of a medicines round at lunch time and saw staff followed good principles of safe administration.
- Processes to order, store, administer and dispose or return medicines were safe and effective. Audits took place regularly to identify any issues and action was taken to follow up as needed.
- People's individual needs in relation to medicines support and administration were assessed and met. For example, where people wished to administer their own medicines and had the ability to do so, this was supported and monitored appropriately. Where people required their medicine to be administered covertly sometimes, for example, by crushing or adding to food or drinks, this was kept under review and only given covertly when necessary.
- Clear guidance was available for staff to follow for medicines which were prescribed to be taken as 'when required'. This meant staff knew what symptoms to look for and what dosage should be given for each individual.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

A notice on the front door stated visits should take place either in people's bedrooms or outside. This was taken down during the inspection and the registered manager confirmed visits could take place wherever people and their relatives preferred. Relatives told us there were no restrictions on visiting their loved ones and they could visit at any time.

# 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 good. 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.

Staff support: induction, training, skills and experience

- Staff completed a range of mandatory and additional training courses. Some areas of care were not covered in the training programme such as oral care, person centred care or recording and reporting. The majority of care staff had not completed training in dignity or equality and diversity. This meant staff may not have the full range of skills or knowledge expected for their roles.
- Staff supported people with a range of specialist health needs and many care staff had not received training in topics such as dysphagia, diabetes or dementia. Although nurses were on hand, this meant staff did not receive the opportunity to learn more about these important areas of care to support people optimally.
- We did not find any impact upon people's care due to the gaps we found with training. All relatives spoke positively about staff abilities. One relative told us, "Staff are well trained and know [family member] well."
- Recent improvements were made to ensure staff were sufficiently supported through supervision which needed time to embed into practice. Supervision sessions gave the opportunity for staff to discuss their role and any support or development needs. A new tracker was in place and we saw most staff had received supervision by way of a group or individual meeting.

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

- Reviews of people's care were completed but care plans were not always fully updated with relevant information. For example, one person decided they did not want to attend any further eye examinations. This was recorded in their communication care plan, but not in their eye care plan. This could lead to staff taking action which was not in line with people's preferences or needs.
- Information in people's care records was not always easily found. All care records were in the process of being fully refreshed and revised with support and guidance from the local authority. This was to ensure people had a set of care plans and risk assessments which were up to date, accurate and covered all aspects of their health, care and support needs.
- Assessments of people's needs were undertaken before they moved into the service, and these were kept in their care files. The assessment covered key areas of people's health and social needs including aspects of religious, cultural and diversity needs.

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

- Monitoring of people's food and fluid intake, when needed, was not always effective. Relevant information was not always readily available to staff to ensure they knew individual requirements, for example, target fluid intake. Intake was not reviewed daily to ensure the effectiveness of the monitoring, and to ensure

people's nutritional needs were met.

- Dietary needs were catered for and people were offered choices in their daily meals. People who needed assistance to eat and drink were supported by staff. We observed mealtimes to be relaxed, with people dining communally or in their rooms according to their preference.
- Mixed feedback was received about the quality of the food and choices available from people, relatives and staff. One member of staff said, "A lot of residents complain about the food and the quality. In my opinion it is pretty poor. I feel strongly about this." One relative said, "The food is very good, [family member] likes it, good variety and choices, plenty to drink and snacks, they are never hungry."

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses and speech and language therapists.
- A weekly virtual 'ward round' was undertaken with a nurse practitioner to ensure any arising health issues were discussed and followed up promptly.
- Positive feedback was received from 2 health professionals. Both spoke positively about staff following their recommendations and seeking timely support when any issue was identified. One professional told us, "Staff really care and know people well. Staff follow through on advice and will ring up with any queries. I can't think of any improvements needed."

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

- The service was spacious, clean and had no malodours. Some areas of the décor were tired and required renewal, particularly some carpets and areas which needed painting.
- There was a lack of signage to assist orientation and navigation around the building. This would be of benefit to people living in the service, particularly those living with dementia.
- People's rooms were personalised with their furniture and belongings. Communal areas were homely and well used by people. Relatives provided positive feedback about the atmosphere in the service. One relative said, "The atmosphere is very pleasant, friendly and homely."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required.
- The registered manager had made DoLS applications to the local authority when it was in people's best

interests to ensure their safety.

# 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 good. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance and audit processes in key areas of the service were ineffective. There was no consistent programme of quality assurance checks in place to assess, monitor and improve some areas of the service. For example, health and safety including oversight of domestic and kitchen processes, infection prevention and control and areas of people's care such as daily monitoring checks.
- Not everyone had a consistently accurate and legible set of care plans and risk assessments, and some were disorganised in places. A programme to renew and improve people's care plans and risk assessments was ongoing. There were plans to move to an electronic care planning system in the near future. This significant piece of work needed time to be completed and embedded into practice.
- There was no evidence of effective oversight of people's care records including risk assessments and daily notes. This meant the quality of assessment and recording was not reviewed to ensure areas for improvement were identified and acted upon.
- Oversight of the daily monitoring in relation to people's care risks was ineffective. For example, re-positioning charts, food and fluid monitoring charts and checks when people had specialist health needs. There was no evidence of concerns about poor recording by staff being identified or addressed. This placed people at heightened risk of physical harm.
- Sometimes charts were used to record incidents when people became distressed, to ensure staff supported people appropriately and the right follow up action was taken. There was no evidence of management oversight of these. The provider could not assure themselves that staff acted appropriately, or that the charts were used properly to support people's emotional wellbeing and physical safety.
- It had not been identified that staff had not received training in all key areas to ensure they had the skills and knowledge to fulfil their roles. Staff support through supervision had recently improved and this required time to be sustained in practice.
- There was no plan identifying and prioritising improvements required to the building and environment. This included safety issues including the lack of radiator covers, and improvements to the décor such as carpets, paintwork and dementia friendly signage.

We found no evidence that people had been harmed. However, people were at risk of harm due to failures in management and provider oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recent improvements had been made in various areas including oversight of accidents, incidents and falls and use of a dependency tool to calculate staffing levels. The registered manager spoke positively about the impact of this and was keen to ensure improvements in all other areas were implemented and sustained.
- The registered manager was well regarded along with the management team. Staff confirmed this in their feedback. One member of staff told us, "[Managers] take so much pride in their jobs and the residents are their top priority." Another said, "The managers are very supportive and approachable," and there were many similar comments to this. A member of night staff told us, "If we need any support it's a phone call away to either of the managers."
- The majority of staff enjoyed their roles and felt people's needs were well met through good team work. One staff member said, "We all work well as a team and share responsibilities." Others made similar comments. A member of staff said, "Carers go the extra mile to help people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to work openly and transparently when things went wrong.
- The registered manager knew about their responsibility to notify CQC of certain events and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people, relatives and staff was gained informally on a regular basis. A formal survey was last completed in 2021. The registered manager confirmed they planned to undertake a round of surveys during 2023 to seek feedback on the service.
- Staff meetings took place and minutes were taken which could be shared with staff who were not able to attend.

Working in partnership with others

- The management team and staff continued to work in partnership with health professionals involved in monitoring and providing care and treatment for people using the service.
- The local authority were involved in supporting the service with an action plan so that required improvements could be prioritised and monitored. The local authority visited regularly to support the management team with this work.
- The registered manager was supportive of the inspection process and transparent about the shortfalls in the service. They were working hard with the whole staff team to make and sustain improvements.

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
Diagnostic and screening procedures	Risks to people's health, safety and welfare were not consistently identified, assessed, monitored and mitigated.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider and registered manager had failed to have effective governance arrangements in place to assess, monitor and drive improvements. Quality assurance audits did not cover all key areas of the service.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We issued a Warning Notice and gave a short timeframe for improvements to be made.