Claregrange Limited

# Waltham Hall Nursing & Residential Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

About the service: Waltham Hall Nursing and Residential Home is a care home providing personal and nursing care and accommodation for up to 81 people, some of whom have dementia. There were 52 people living at the service at the time of our inspection.

People's experience of using this service:
•People felt safe living at Waltham Hall Residential and Nursing Home and with the staff team who supported them. The staff team were aware of their responsibilities for keeping people safe from abuse and avoidable harm.
•Risks associated with people's care and support had been assessed, managed and regularly monitored. Checks had been carried out on the environment and equipment to ensure it was safe and fit for purpose.
•People felt that, overall, there were enough staff on duty to meet their care and support needs. However, people told us they sometimes had to wait for their call bell to be answered. The matron acknowledged this but was confident a new way of working would address this.
•People using the service were involved in the recruitment of new staff to ensure they were suitable to work there. The staff team received the training they required to meet people's care and support needs.
•People received their medicines in a safe way.
•People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time on their own, or with others.
•People were supported to access healthcare services when they needed them and they were supported to eat and drink well. Food and fluids records had not always been completed accurately or totalled to show the recommended fluid levels had been met.
•People had plans of care in place and whilst some were more comprehensive than others, the staff team knew the people they were supporting well.
•People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the polices and systems in the service supported this practice.
•People were involved in making decisions about their care and support whenever possible and their consent was always obtained.
•The matron ensured information was provided to people in a way they found accessible.
•People were treated in a kind way and their privacy and dignity were maintained and respected.
•Lessons were learned when things went wrong to improve the service provided.
•People's personal preferences within daily living had been identified and they were supported to attend activities they enjoyed.
•People were involved in how the service was run through meetings, the use of surveys and day to day conversations with the matron and the staff team.
•People were supported with compassion and kindness at the end of their life.
•Systems were in place to monitor the quality and safety of the service being provided. A complaints process was in place and people knew who to talk to if they had a concern.
•The matron worked in partnership with others to ensure people received the safe care and support they required.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 7 September 2016) all the key questions were rated Good and the service was rated as Good overall.

Rating at this inspection: The rating for this service has not changed and the service remains Good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up:  Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our Safe findings below. | Good |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | Good |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | Good |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led<br>Details are in our Well-Led findings below. | Good |

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors, a registered nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people living with dementia.

Service and service type: Waltham Hall Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager (known to the people using the service as 'matron') registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The Inspection was unannounced.

What we did:

Before inspection: The provider had completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority and clinical commissioning group

who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with seven people living there and four visitors. We also spoke with the matron, the audit manager, two registered nurses, the medicine coordinator and eleven members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included five people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The matron provided us with copies of documents requested to demonstrate compliance with the regulations.

Good

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
•People felt safe living at the service. One person told us, "I feel perfectly safe living here." A relative explained, "[Person] is perfectly safe here and the family have peace of mind that [person] is being looked after well, 24/7."
•The staff team were aware of their responsibilities for keeping people safe from harm and knew what to look out for if they suspected someone was at risk of harm.
•The management team understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and the CQC.

Assessing risk, safety monitoring and management.
•The risks associated with people's care and support had been assessed when they had first moved to the service. Risks assessed included those associated with the moving and handling of people, the risk of falls and people's nutrition and hydration.
•People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used. Personal emergency evacuation plans were in place. These showed how people must be assisted in the event of an emergency.

Staffing levels and recruitment.
•People felt there were, overall, suitable numbers of staff available to meet their care and support needs though they told us they sometimes had to wait a while for them to come. One person told us, "I do find that sometimes you can wait rather a long time if you call them. The night staff are quite fast and probably better than the day. The longest I have waited during the day is 30-45 minutes, but I know if I pressed the Emergency button, they would be here in a shot as carers have had to run suddenly if it (Emergency bell) goes off." Another stated, "They (staff) usually acknowledge calls, but they don't always come back." We discussed this with the matron as an incident of this type had occurred during our inspection. The matron explained this had been addressed with the staff member in question.
•A new allocation system had recently been introduced and we were told this would stream line working practices and free up staff to enable them to answer calls more quickly. A staff member told us, "We have a few staff who congregate, so the list will help. Lots of time is wasted by working at one end of the corridor to the other so the list is organised so that those [people using the service] who need two [staff members] are together."
•The matron had commenced a regular audit of the call bell system to enable them to monitor the length of time it took staff to answer the call bells and take the appropriate action.
•Staff members told us there were normally enough staff on shift to enable them to meet people's needs appropriately. One explained, "The amount of staff in the building is ok, sometimes people ring in sick, but we cover, so it's ok."

•People using the service were involved in the interview process enabling them to have a say on who was recruited. Appropriate checks had been carried out on new staff members to make sure they were safe and suitable to work at the service.

Using medicines safely.
•People's medicines had been appropriately managed. Records were completed to show medicines were administered regularly.
•People were provided with their medicines in a safe way. Staff members had received training in medicine management and their competency was regularly checked.
•We saw the nurse allocated to administer medicines, did so consistently and methodically.
•Medicine records contained a photograph of the person to aid identification.
•We did note the medicine records, which included confidential information were left on the medicine trolley whilst the nurse supported people with their medicines. This meant anyone could have access to the confidential information contained within them. We discussed this with the matron who immediately arranged to have these stored in the medicine trolley.
•People were given time to take their medicine at their own pace, being provided with a drink and explanation. One person explained, "I get my medication in a little pot and they use a spoon to feed them to me at a pace that works for me."

Preventing and controlling infection.
•The staff team had received training on the prevention and control of infection and they followed the provider's infection control policy.
•We did note staff did not always cover food being transported from the dining room to people's bedrooms. We shared this with the matron for their attention and action.
•Personal protective equipment (PPE) such as gloves and aprons were readily available, and these were appropriately used throughout our visit. One person told us, "Staff always wear their aprons and gloves when they are helping me."
•Audits were carried out on the environment to ensure people were provided with a clean place to live.

Learning lessons when things go wrong.
•The staff team were encouraged to report incidents that happened at the service and the matron ensured lessons were learned and improvements made when things went wrong. This included improving the staff team's knowledge and understanding of dealing with behaviours that challenged others following an incident that had occurred at the service.

Good

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•People's care and support needs had been assessed prior to them moving into the service. Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests. A relative explained, "[Person] had a detailed assessment before leaving the hospital, they [staff team] knew all the concerns."
•People were supported to make choices and decisions about their care and support daily. One person explained, "I can choose exactly what I want to do and when. They [staff] know I wake up early and like to get up, so even if they don't have time to wash and dress me, they will sit me in my easy chair and then come back later when the day shift arrives at 7.30am."
•Treatment and support was provided in line with national guidance and best practice guidelines.

Staff skills, knowledge and experience.
•The staff team had received an induction into the service when they first started working there and training relevant to their roles had been provided. One explained, "I had two days induction with the training officer, then I shadowed until I felt confident (to work on own) I definitely felt confident."
•Nurses working at the service had been supported by the matron to meet their requirements for revalidation and maintain their professional registration.
•The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "I am definitely supported. We have team meetings and supervisions as well."

Supporting people to eat and drink enough with choice in a balanced diet.
•People's thoughts varied on the food offered. Whilst some people told us they enjoyed the food offered, others didn't. One person told us, "The food is good and there is plenty of choice. I don't think I would ever go hungry here. The cake is nice too." Another explained, "I have had to complain about stone cold toast that turned up. It hasn't happened since, although I ate it, it wasn't pleasant."
•Following recent comments regarding the food, the matron had carried out a further audit with regards to the sandwiches offered at tea time. The results were provided to the kitchen staff and people shared that improvements in this area had been made.
•Choices were offered at each mealtime and drinks and snacks were offered throughout the day. One person explained, "We are always being offered regular drinks and snacks. That (tea) trolley is laden with everything you can think of. Biscuits, Cakes, Crisps and Chocolate."
•Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored monthly. When people were at risk of losing weight, or required assistance from staff, records were kept of the amount they ate and drank. We did note these

records were not always completed accurately. They did not always show what people had been offered or been totalled to show the recommended amount of fluids each person should be provided with, had been met. The matron had highlighted this through their auditing processes and was working with the staff team to improve the records being maintained.
•Catering staff were aware of people's dietary needs and had a list of the special dietary requirements of each person living at the service. Where people had specific dietary needs, these were catered for.

Staff providing consistent, effective, timely care.
•People had regular access to healthcare professionals. One person explained, "I have my own Chiropodist and Hairdresser and [staff member] looks after my nails for me."
•Any change in people's health was recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. A relative explained, "[Person] had a fall in the early hours of this morning and they called the Paramedics. [Person's] not at all themselves today and the GP has now been called in. I think they do their best for [person] here and we certainly have peace of mind that they are in the best place."

Adapting service, design, decoration to meet people's needs.
•People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. Communal areas were tastefully decorated and were homely and inviting.
•We did note some areas of the service were looking worn and tired including some of the carpets. In one person's bathroom, the flooring was coming away and there was mould evident. A piece of skirting board had also come away from the wall. We shared our findings with the matron for their attention and action. We were informed following our visit that these areas had been addressed. A relative told us, "Parts of this building really could be doing with some updating and some redecoration now. It lets it down a bit, but having said that, is nicer than a lot of homes we looked at before [person] came in here."

Ensuring consent to care and treatment in line with law and guidance.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•The matron was working within the principles of the MCA and DoLS. New documentation had been developed. This ensured mental capacity assessments were decision specific, detailed how decisions were reached and who was involved in the decision-making process.
•The staff team had received training on the MCA and DoLS and those we spoke with during our visit understood the principles of this legislation. Further training had been arranged to ensure the staff team continued to work line with its requirements.
•People were encouraged and supported to make decisions about their day to day routines and personal preferences. During our visit we saw members of the staff team supporting people to make choices regarding how they spent their day, whether to be involved in an activity and what to eat and drink. People's

consent to their care and support was always obtained.

Good

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.
•People told us the staff team were kind and caring and they looked after them well. One person told us, "The staff couldn't be kinder to us. They are a lovely bunch of people. Our lives would be different without them because we couldn't stay at home."
•A relative explained, "We have never seen anything other than caring, kind and patient staff here."
•The staff team had the information they needed to provide individualised care and support. They were knowledgeable about people's history. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called. They spoke to people in a kind way and offered support in a relaxed and caring manner.

Supporting people to express their views and be involved in making decisions about their care.
•People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. A staff member explained, "I always ask people what they want to do and support them to make decisions for themselves."
•The matron and management team kept relatives informed about their family member. One relative explained, "They keep the family fully informed." Another told us, "We are kept in the loop with [person] condition."

Respecting and promoting people's privacy, dignity and independence.
•People were treated with respect and their privacy and dignity maintained. The staff team gave us examples of how they promoted people's privacy and dignity. One told us, "I always close the curtains and make sure the door is shut and I put a towel over their lap when I'm washing them."
•One of the people using the service explained, "They [staff] do knock when they come to my room and I'm pretty sure they ask if it's ok to do things."
•People were encouraged to maintain relationships that were important to them. Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.
•Relatives and friends were encouraged to visit, and they told us they could visit at any time. One relative told us, "We can visit at any time, the mealtimes are protected but that's good for other people who have meals in dining room. It is not a rule but a suggestion."
•People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible, for example to wash and dress. A staff member explained, "We get them [people using the service] to do as much as they can for themselves, it's important to support them to do as much as they can for as long as they can."
•A confidentiality policy was in place and whilst the staff team understood their responsibilities for keeping

people's personal information confidential, we noted some records were accessible in one of the lounges. We shared this with the matron who immediately arranged to have the records removed.
To ensure people's confidentiality, records must be stored in line with the providers policy.

Good

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
•People had been involved in the planning of their care with the support of their relatives. A relative told us, "We are involved in care planning meetings when they happen."
•People received care and support based on their individual needs. Plans of care had been developed when people had first moved into the service. Not all of those seen were comprehensive, and for one person who had recently moved into the service, their plan of care had limited information within it. This was immediately addressed following our visit. Whilst their plan of care was still in its infancy, and others needed further information including, the staff team were aware of people's needs and the support they required.
•Plans of care covered areas such as, mobility, the persons nutritional needs and the personal care they required. Plans seen had been reviewed monthly or sooner if changes to the person's health and welfare had been identified. We did note one person's diabetic plan stated, 'To encourage to drink if sleepy'. We did not observe this during our visit. We shared this with the matron for their attention and action.
•The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard 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. Information within the service was available in large print and pictorial form. A relative explained, "[Person] can no longer read, and [matron] offered talking books straight away. They identify a problem and find a solution."
•People were supported to follow their interests and take part in activities. The provider employed an activity coordinator and people's interests and hobbies were explored. One person told us, "There is quite a bit to do here if you want too, but no one forces you. I would like some chair exercise though." (We noted keep fit had been arranged for 26 April 2019) Another explained, "We enjoy the church service every month."
•A relative told us, "[Person] is a bit old school, they like to be invited to things. The carers seem to understand this now and [name] who does the activities is very good with them and seems to be able to get them to join in more than we ever thought they would."

Improving care quality in response to complaints or concerns.
•A formal complaints process was in place and a copy was displayed in the services reception area for people's information. People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person told us, "I did formally complain about one carer who was very unkind and disrespectful to me. The Matron sorted it out because I haven't seen the [person] since, nor would I want to."
•When a complaint had been received, this had been handled in line with the providers complaints policy and investigated and responded to appropriately.

End of life care and support.

•People had been able to discuss their wishes at the end of their life with the management team. End of life plans had been developed and included people's wishes. One person's stated, 'I would like to stay at home, comfortable and pain free'. The staff team followed the Swan model of care. The Swan model of end of life and bereavement care is used to support and guide the care of people using the service and their loved ones at the end of life and after they have died.

Good

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.
•A registered manager was in place (known as matron) and people spoke positively about them and the staff team. One person explained, "There is nothing really and truly that is wrong here. I have a good rapport with the matron and all the staff are approachable."
•The matron had systems in place to monitor the quality and safety of the service. Monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed were issues had been identified, action had been taken. We did note due to these audits being carried out at the end of each month, the issues identified with regards to food and fluid charts were still being addressed at the time of our visit.
•Audits to monitor the environment and the equipment used to maintain people's safety had also been carried out. This made sure people were provided with a safe place to live.
•The matron understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.
•There were procedures in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as safeguarding, whistleblowing, equality and diversity and human rights.
•The staff team understood the provider's vision for the service and they told us they worked as a team to deliver the standards of care and support people expected. One staff member explained, "It's about giving the best care you can give to make them happy to the end of their days. I always go home knowing I've done my best."
•The matron worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff.
•People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through informal chats, meetings and the use of surveys. We did note whilst people's

views of the service had been sought, there was no evidence that the information had been analysed or acted on. The matron explained they were in the process of developing a 'you said, we did' action plan to inform people of the actions taken to the suggestions made.
•A resident group had recently been established which was being led by one of the people using the service. This enabled them to have a say and influence how the service was run. Improvements to the size of meals provided had been made as a result of the last meeting.
•A newsletter was also used to keep people involved. One person told us, "There is a newsletter which goes around, and this keeps me informed. I know I stay in my room a lot, but I don't feel isolated because of it."
•Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and appraisals. There was again no evidence that the staff members views of the service had been analysed or acted on. The matron was in the process of addressing this.

Continuous learning and improving care.
•The matron was committed to continually improving the service. They had recently introduced nutrition champions to monitor the nutritional needs of the people using the service and liaise with appropriate healthcare professionals.
•The staff team were working toward gaining the dignity award from the local authority and members of staff had been identified as dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe the service they provide must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

Working in partnership with others.
•The matron and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people were kept safe and received the care and support they needed.
•The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups including a local children's nursery and local entertainers attended the service to provide companionship and entertainment.