

Claregrange (Trading) Limited

Waltham Hall Nursing & Residential Home

Inspection report

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

Date of inspection visit:
31 March 2022

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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 Home is a residential care home providing personal and nursing care to up to 81 people. The service provides support to older people some of who had dementia. At the time of our inspection there were 38 people using the service.

The service was provided in one adapted building suitable for care and nursing needs including end of life care.

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

The care people received was safe. The service had systems and processes in place for safeguarding people and managing incidents and accidents. Medicines management was safe and followed good practice guidance. Staff numbers and deployment promoted safe care.

Staff received training and support required to fulfil the responsibilities of their role. They ensured people had prompt access to required services and professionals to maintain their health and wellbeing.

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.

We have made a recommendation about the staff communication system used within the building.

Staff were kind and compassionate. They involved people in decisions about their care and respected the choices people had made. Staff treated people with dignity, respect and supported them to be as independent as possible.

The care people received was tailored to their individual needs. Care plans reflected people's needs, their preferences and their choices. People were supported to maintain good well-being and reduce the risk of social isolation.

The service was well-led. Leaders were visible and accessible. There was a culture of openness, inclusion and person-centeredness. There were systems in place to monitor the quality of care people received. The provider acted on their findings to improve the quality of care.

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

Rating at last inspection

The last rating for the service under the previous provider name was Good, published 02 May 2019.

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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

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. 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 an inspector and a nurse specialist advisor.

Service and service type

Waltham Hall Nursing 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 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 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. We sought feedback from the local authority and professionals who work with the service. 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 three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, one activities co-ordinator and three nursing staff and one care staff.

We reviewed a range of records. This included five people's care records and three medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care at Waltham Hall. They told us they felt safe at the service. One person described feeling secure at the home. They went on to say "Staff cannot do enough for me."
- The service had systems and processes in place to protect people from the risk of abuse and avoidable harm. There were effective systems in place to promptly report and act on concerns or changes with regards to people's care and wellbeing. This included care planning and safeguarding systems. People and staff knew and applied these systems in their daily practice.
- People's care records provided information and prompts to support the delivery of safe care. The service also had a stable staff team which meant information and changes to people's care were quickly responded to.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's care well. For example, where people were at risks of developing sores, staff took action to ensure they provided care in a way that reduced this risk of pressure sores.
- People had required aids and equipment for their needs. Staff had the skills to safely support people with their aids and equipment. The provider ensured equipment was safe and well-maintained.
- Care records included risk assessments for different areas of people's lives and wellbeing. Each risk assessment contained detailed information on how staff would support the person to mitigate the risk and maintain their health and wellbeing.
- There were systems in place to monitor risks such as falls or other incidents or accidents that occur at the home. The registered manager reported these to relevant professionals where required and worked with them to put measures in place to prevent reoccurrence.

Staffing and recruitment

- There were sufficient numbers of staff who were efficiently deployed to meet people's needs. Staff had the required skill set, experience and competencies to fulfil their role.
- There was clear set of responsibilities and accountability for each staff group. This meant staff were clear about the expectations of their role and received robust training and support for their role.
- The provider followed safe recruitment practices. Staff satisfied relevant pre-employment checks before they were employed at the service. This included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service had safe medicines management practices. There were clear staff roles relating to the management, storage and administration of medicines. This supported safety.
- Medicines were stored safely. Medicines were administered correctly in-line with the Nursing and Midwifery Council (NMC) standards for medicine management. We saw nursing staff show compassion, respect and dignity when administering medicines, talking respectfully to each person spending time encouraging them and explaining what the medicine was for when asked.
- The service had protocols in place for when people may refuse their medicines, require medicines covertly, and for 'as required' medicines. Staff understood these protocols and applied this in their practice. They worked with the relevant health professionals to follow and maintain safe medicines practices.

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.
- The provider had protocols in place to ensure people could be visited by their family, friends and other people involved in their life. The protocols in place were in accordance with the government guidance at the time of our inspection.

Learning lessons when things go wrong

- The provider had systems in place for the reporting, recording and escalation of incidents that occurred at the service. Staff were confident in the use of these systems to report any relevant incidents.
- The registered manager promptly responded to incidents. They completed regular reviews and audits and used their findings to improve practice at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 needs were assessed before they received care from Waltham Hall Nursing Home. Their assessments were used in planning and delivering care in a way which met their individual needs. Staff regularly reviewed people's assessments and ensured any changes in needs were recorded and catered to.
- People's assessments included their needs relating to protected characteristics as defined by the Equality Act 2010. This protected people from discriminatory practices relating to gender, race, disability, religion etc.

Staff support: induction, training, skills and experience

- Staff were competent in their role. They were skilled in their areas of responsibility.
- New staff were supported through an induction program. One staff member told us they found their induction very informative. Care staff were supported to complete Care Home Assistant Practitioner bracket (CHAP) and care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- In addition to relevant training required to deliver good and safe care, senior care staff had access to specialist advanced training which would support their practice.
- Nursing staff were supported to maintain their professional requirements for clinical competency

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's nutritional and hydration needs were met. They had access to a variety of meals, drinks and snacks. They were supported to eat meals of their choice. One person told us, "I think the food is of good quality considering the number of people they have to cook for, we are always offered a choice."
- Staff worked with relevant health professionals such as dieticians and speech and language therapists to provide specialist support people needed to maintain nutrition and hydration.
- Staff supported and promoted people's health and wellbeing. They followed relevant guidance to support people with health monitoring and they promptly sought for further support from other health professionals when people's needs changed in a way that required this.

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

- The premises were suited to the needs of people who used the service. The home was clean and well maintained. People had access to private and communal indoor and outdoor spaces which promoted privacy, independence and social interaction.

- Staff sometimes used a public address system for communicating with other staff within the service. This was not in the line with best practice for a residential care service. We spoke with the registered manager who told us this was a historical system used within the premises.

We recommend the provider consider and review the use of tannoy as a communication tool for passing information within the staff team.

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.

- People consented to the care they received where able to. Where people were unable to make their own decisions independently, staff took steps to support them and the people they had authorised to support them with decision making.
- People were not subject to restrictive practices such as restraint or seclusion.
- People's choices were respected, necessary records of advance choices were maintained and available to relevant health and social care professionals where needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff treated people with kindness and compassion. People and their relatives were happy with the care they received. We observed caring interactions between staff and people who used the service.
- Staff had long service histories which meant they knew people well and were able to know their preferences and background. They used this knowledge to support people in a way that met their individual needs.

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

- People were involved in decisions about their care. A care staff told us, "Most of the residents have capacity and will tell you what they want and need."
- Staff made adjustments where possible to support people make decisions about how they would like to be supported. This include best interests' decisions; advance decision making and use of independent advocates or representatives.
- Staff training and deployment ensure that they had the right skills and sufficient time to support people in an individualised way. This meant staff had time to effectively communicate to people in a way that ensured they were involved and given support to make and communicate their choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff addressed people as they preferred to be addressed. They were treated like they mattered.
- Staff practices and the premises promoted privacy. For example, people could choose to be in their own bedroom or communal spaces and be assured their needs would be met as they chose.
- Staff understood and promoted confidentiality. People's personal information were stored securely and shared only with authorised people such as health and social care professionals.
- The service promoted people's independence. Staff supported people to maintain skills where possible. This included providing prompting and supervision where needed and ensuring people's choices were respected and met.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives were involved in their assessment and care planning. Their needs, choices and desired outcomes were taken into account and reflected in their care plans. This meant staff had information they required to guide them provide care tailored to people's needs.
- Care plans were reviewed and updated regularly. This meant any changes to people's needs were responded to.

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.

- The provider has policies and protocols in place to provide information in an accessible format which could meet a variety of communication needs. At the time of our inspection, no one required information in an accessible format. However, staff had applied the policies to support people in the past.

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 supported to maintain links and relationships with their family and friends.
- The service employed two activities co-ordinators who supported people with a range of group and personal social support. One activities co-ordinator told us the variety of ways they supported people to avoid social isolation. They told us they received good support from their managers to fulfil their role including being involved in care planning to ensure people's needs were met holistically. They went on to say, "I see myself also as a wellbeing coordinator."
- People's religious and cultural needs were met. Staff took steps to arrange for any request people made to meet this area of need.

Improving care quality in response to complaints or concerns

- The provider had systems in place for people, relatives and staff to raise any complaints or concerns they may have about the service.
- Where complaints had been raised, we saw they were dealt with satisfactorily according to the provider's policies.

End of life care and support

- The service had systems in place to support people when they come to the end of their life. This included robust end of life care planning which reflected people and their loved ones needs and choices.
- Staff had the skills and experience to ensure people would receive the support they required to have dignified and pain free care at the end of their life. A nursing staff told us they linked to a local hospice training for end of life care which they found to be very good.
- Notifications we had received from the provider showed people received good and compassionate care at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us there was an open and inclusive culture within the service. They spoke highly of the leadership of the service. They told us they had regular and timely communication with the managers. A relative told us, "We've only ever had very minor things to talk to the management about. Things get put right without fuss." Another said, "The leadership is outstanding. I've been impressed by their management since they started."
- Staff felt valued and supported in their role. They had access to prompt and regular supervision and guidance.
- The service was run in a non-hierarchical structure. This promoted an inclusive and empowering service which supported staff practice and engagement of people who use the service.

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

- We saw that the provider acted within the requirements of the duty of candour. A relative told us, "They're open and honest and will quickly flag up any problems."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. They notified the CQC of relevant incidents that occurred at the service.
- The registered manager was supported in their role by the provider who was experienced in community social care provision.
- Staff we spoke with all demonstrated a clear understanding of their role and what was expected of them. They were supported by the provider to meet the expectations of their role.
- The provider had systems in place for regular audits which supported their understanding of the quality of care they provided. We saw evidence they used this to improve the service.

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

- People, their relatives and staff were treated as partners to care provided. Their views and feedback is regularly sought and considered. The provider acted on their feedback. This was used to improve care quality and people's outcome.

- People were treated according to the requirements of the Equality Act.

Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met people's needs.