

Claregrange (Trading) Limited

# Waltham Hall Nursing & Residential Home

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Waltham Hall Nursing and Residential Home is a residential care home providing personal and nursing care up to 81 people in 1 adapted and extended building, over two floors.

At the time of our inspection, on day 1, 36 people were living at the service and on day 2, 38 people were living at the service, 2 people had been admitted for a short stay.

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

The provider's systems and processes that assessed, monitored and mitigated risks showed some improvements. However, further action was required to strengthen, embed and sustain improvements.

The management team were not always visible and easily available for staff.

The provider had implemented a new electronic care record system. Improvements were ongoing, in ensuring guidance for staff about how to meet people's care and treatment needs was personalised and up to date.

The monitoring of people's food and fluid intake needed improving. People's lunchtime experience, meal choice and food quality needed to be improved.

Staff had received training in safeguarding and knew how to protect people from abuse and avoidable harm. Incidents and accidents were reviewed, and action taken to reduce risks. However, monitoring, actions and opportunities for learning needed to be further strengthened.

People were positive about the competency of staff and felt confident they knew and understood their individual care and treatment needs. Staff were recruited safely. People were supported to access health care services.

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 received their medicines safely. Staff had received medicines training and had their competency assessed. However, the provider's audits and checks had failed to ensure best practice guidance in the management and storage of medicines were consistently followed. Infection prevention and control best practice guidance was followed. The service was clean and hygienic.

The provider had a quality assurance procedure whereby they invited people, relatives and staff to share their experience of the service.

Staff worked with external health and social care professionals to support people to achieve positive outcomes. The management team were open and honest about the ongoing improvements required and were committed to achieve this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rated inspection for this service was requires improvement (published 21 March 2023). Breaches in regulations relating to safe care and treatment and good governance were identified. The provider completed an action plan after the inspection to show what they would do and by when, to improve and meet the breaches in regulation related to safe care and treatment. A Warning Notice was served for the breach relating to governance.

At this inspection, we found some improvements had been made, however, the provider remained in breach of regulation and the rating remains requires improvement.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has remained requires improvement based on the findings of this inspection.

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.

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

A continued breach of Regulation 17 Good Governance was identified.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

#### Inspection team

This inspection was completed by 2 inspectors, a specialist advisor who was a registered nurse, a pharmacy specialist 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.

#### Service and service type

Waltham Hall Nursing and Residential 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 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, but unavailable during the inspection.

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority who funded some people's care packages. 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 11 staff members this included; the clinical lead, audit manager, managing director, nurses, the cook, care staff, the housekeeper, domestic, care coordinator and senior care worker.

We spoke with 6 people who lived at the service and 5 visiting family. We looked at aspects of care records for 12 people. We reviewed a range of documentation relating to the management of the service including training records, 3 staff recruitment files, audits and checks, incident analysis and meeting records. We also reviewed equipment and the environment. Following the inspection we sought feedback from 2 GP practices for their experience of the service.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess, monitor and mitigate all risks associated with people's health, safety and welfare. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- Risks to people's health and well-being had been assessed and planned for. Since the last inspection, electronic care records had been introduced. Improvements had been made to the level of guidance provided to staff about how to manage and mitigate risks. However, the quality of guidance was variable.
- Guidance in relation to clinical care (people with health conditions requiring nursing care) were well detailed and up to date. Other people's care records were less detailed. We also found the recording of people's food and fluid intake; repositioning and weight monitoring was variable. However, staff were knowledgeable about people's care needs. There was no evidence on impact to people, we therefore concluded this was a recording issue.
- At the last inspection, radiators were found not to have a covering and were hot to touch, putting people at risk of injury. At this inspection, improvements had been made and radiator covers were in place.
- At the last inspection, some people had fridges or freezers in their bedrooms. However, there were no temperature checks to ensure foods were being stored safely. At this inspection, improvements had been made, where people continued to have a fridge or freezer in their bedroom, the temperature was checked and monitored daily.
- The provider had procedures in place to monitor the health and safety of the environment, premises and equipment. Electronic personal emergency evacuation plans (PEEPs) were in place. However, the folder used to store this information to assist emergency services in the event people needed to be evacuated quickly, was found to have some missing PEEPs. We discussed this with the management team who took immediate action.

### Systems and processes to safeguard people from the risk of abuse

- We identified a person required additional staff support to maintain their safety. The registered manager was in the process of sourcing additional resources. However, they agreed to provide an additional staff member to support this person with immediate effect.
- Staff were aware of their role and responsibilities to keep people safe from avoidable harm and abuse. A staff member said, "Any concerns we record and report, I would contact the local authority or CQC if I felt no

action was taken."

- People told us they felt safe living at the service. People that were mobile, with or without a walking aid, were free to walk around as they wanted. Those that used a walker to get around were aware of their physical limitations in how far they could go without needing to ask for staff support. Call bells were within reach and 1 person showed us their call bell on a lanyard.
- Staff followed the provider's procedure of reporting any unexplained injuries and these were reviewed by the management team for possible causes. The registered manager reported any safeguarding concerns or incidents to the local authority in accordance with the multi-agency safeguarding procedure.

#### Staffing and recruitment

- Feedback from staff was variable. Some staff were positive about staffing levels being sufficient, others raised concerns. During the inspection, we concluded staffing levels met people's needs. Staff responded well to requests for assistance and were attentive to people's needs and were organised. However, we noted some care staff took their break during people's lunchtime, this had a negative impact on people's mealtime experience. We discussed this with the management team who told us this was not acceptable practice and staff were aware this should not happen. This was followed up with staff.
- Staff were recruited safely. Employment checks confirmed action had been taken to ensure staff's suitability to work with vulnerable people. This included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We noted 1 staff file had limited identity documents and discussed this with the management team to follow up.
- Staffing levels met people's individual care and support needs. The provider used a dependency tool to assist them in determining what staff were required. The provider was in the process of making changes to some staff roles and reviewing night staff levels with a view of increasing this.
- Overall, feedback from people about the availability of staff was positive. Where a person raised a specific concern, this was discussed with the management team who took action to address this.

#### Lessons Learnt when things go wrong

- Incident and accident procedures were in place. Since the last inspection, improvements had been made and were ongoing about how accidents and incidents were analysed for learning opportunities to reduce reoccurrence. This included the procedure to record and monitor incidents of emotional distress that impacted on people's safety.
- Actions taken to mitigate further risks included referrals to health care professionals such as the GP, community falls and mental health teams. The management team had identified moving and handling refresher training and competency assessments were an area for improvement and had taken action to address this.

#### Using medicines safely

- People received their prescribed medicines safely. However, the provider's audits and checks had failed to ensure best practice guidance in the management and storage of medicines were consistently followed. No person had come to harm because of this.
- Staff responsible for managing and administering medicines had received training and their competency assessed.
- People received their medicines when they needed them. A person said, "I've never had problems with my tablets and if I have a headache then I can have paracetamol." We observed staff administering people's medicines and this was completed safely and followed best practice guidance.



### Preventing and controlling infection

- 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 preventing visitors from catching and spreading infections.
- 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

Visits were facilitated in line with current government guidance. People told us their friends and relatives were made welcome and there were no restrictions on visiting.

# 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 requires improvement. At this inspection the rating has remained 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 refresher training was ongoing. At the last inspection, we identified some gaps in the provider's mandatory training. At this inspection, improvements had been made and action was ongoing. Whilst nursing staff training was up to date, they had not had any competency assessments completed. The management team were exploring options of how this could be completed.
- Expected training such as oral health and diabetes care had been added to the mandatory training. The frequency of some other training topics had also been changed. A staff member told us about the oral health care training and how informative this had been. They said, "Training has got better. I've had face to face training in moving and handling, fire safety, first aid, and recently oral healthcare which was really good and interesting."
- The management team had prioritised staff training and plans were in place with timescales. Staff received ongoing opportunities to discuss their work, training and development needs. Nursing staff were found to be well skilled, experienced and knowledgeable. Overall, the care staff were a stable, experienced team.
- People were positive about the staff approach. A person said, 'The staff treat me well.' Another person said, "I'm satisfied with the carers and what they do." We observed staff to be kind, caring and responsive.
- Staff were observed to support people with moving and handling safely.

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

- People's hydration and food intake records were variable, with some people having limited fluid intake. Although a recording system was in place, staff had not consistently recorded when people had been offered drinks or how much they drank. Although we found no indication that people were dehydrated at the time of the inspection, the provider's records did not evidence that people were being supported to drink enough to maintain their health.
- Monitoring of people's food and fluid intake was an ongoing area the management team were addressing.
- Information about people's dietary needs and risks such as choking, preferences and any allergies were known and understood by staff. Feedback about the quality and choice of meals were variable. We discussed this with the management team who agreed to follow up and seek people's views and to complete lunchtime observations.
- Foods were stored and managed in accordance with government foods standards agency requirements.

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.

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.

- MCA assessments and best interest decisions had been completed for people who were unable to consent to aspects of their care and treatment. From records reviewed, these had been completed in line with this legislation. However, we noted not all people who lacked mental capacity to consent to the use of assistive technology such as motion sensors, (used to support people at risk of falls) had a MCA assessment and best interest decision. We discussed this with the management team who agreed to follow this up.
- The registered manager had a tracker to monitor people's DoLS authorisation expiry date and any imposed conditions. Care plans provided staff with details of the DoLS expiry date and some had recorded conditions, and some did not. The management team told us they would review care plans to ensure they provided staff with all required information. We found DoLS conditions were being met.
- Staff demonstrated they were adhering to the principles of the MCA. We observed people being given choices and consent was sought before care and treatment was provided.

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

- People's individual care and treatment needs were assessed in line with current legislation. This included national best practice guidance. Recognised assessment tools were used to monitor people at risk of falls, skin breakdown or dehydration and malnutrition. Oral health care plans provided staff with guidance for supporting people. People's needs in relation to the protected characteristics under the Equality Act were also considered.
- Improvements had been made and were ongoing, in the development of person-centred care plans. Staff were in the process of receiving additional training and support to improve the quality of care plans to ensure they reflected important information relating to people's likes, dislikes, and preferences. This helped to ensure staff provided care in line with people's assessed needs and wishes

Staff working with other agencies to provide consistent, effective, timely care

- People received support to access health care services. People told us they were well supported with their health needs and had access to the GP or other health care professionals when needed.
- Staff worked in partnership with external health and social care partners to support people to achieve positive outcomes. Care records and speaking with staff confirmed this. Recommendations made by health care professionals had been included in care plan and risk assessment information.
- Information was shared with external healthcare professionals such as ambulance and hospital staff to support a person's ongoing care.

Adapting service design, decoration to meet people's needs

- Improvements had been made and were ongoing in relation to the environment and dementia friendly signage. This included replacement flooring in some areas, a refurbished bathroom, and decoration.
- The environment was spacious and clean. People had personalised their bedrooms with their furniture

and belongings. Where people chose to remain in their bedroom, they had access to the call bell and drinks were available.

# 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 requires improvement. At this inspection, the rating remains the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At the last inspection, the provider had failed to ensure systems and processes that assessed quality and safety were effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst it was evident improvements had been made and were ongoing, we identified further action was required to fully meet this regulation. This was therefore a continued breach.

- The provider had new and improved systems and processes that assessed, monitored, and reviewed quality and safety. However, these were not yet fully embedded. Whilst there were several monthly audits completed. We noted the monthly environmental audit was last completed in May 2023. We also identified the provider did not have an ongoing action plan whereby they could add actions identified from their internal audits and checks. This limited the ability of the provider to have oversight and track improvements.
- The medicines monthly audit had failed to identify shortfalls we found during this inspection. For example, a person's handwritten medicine administration record (MAR) did not have a second staff signature. This is important to confirm transcribing details were correct. Allergies were not documented on handwritten MARs. One person was missing a PRN protocol for a prescribed medicine to be administered when required. There were no minimum or maximum recording of fridge temperatures. This important as the effectiveness of some medicines maybe changed when exposed to different temperatures.
- The provider's internal monitoring systems for health and safety needed to be strengthened. This was evident by the shortfalls found in mattresses not being correctly set. The gaps in people's daily records relating to food and fluid intake. A document used to review and monitor incidents referred to as ABC charts, had a managers review section to be completed. From records reviewed, this section had not been completed. Whilst no person had come to harm, there was a potential risk of harm to people.
- The lack of visibility and accessibility of the management team for staff team was a concern. The clinical lead told us the registered manager did a daily walk around on "most days" and this was documented. We reviewed these documents that showed the last recorded walk around was the 9 June 2023, and records prior to this confirmed it was not daily or even, "most days" as described. This showed a lack of oversight and monitoring.

- Due to staff not having had sufficient training and support in the use of the new electronic care records, this had resulted in care plans and risk assessments having to be reviewed again. This put people at risk of not receiving care and treatment personalised to their individual needs, preferences and wishes.
- Staff meeting records confirmed what was discussed. However, there was a lack of agreed actions, accountability and follow up by the management team to track required improvements.
- It was evident from speaking with the management team and staff, how roles and responsibilities needed to be further defined. At present there was limited accountability and oversight, and this needed to be strengthened.

The provider had failed to ensure systems and processes monitored and improved the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were found to be open and honest during the inspection. They acknowledged further action was required to make improvements, and embed and sustain these. They showed a commitment to continue to make improvements and develop the service.
- The local authority had identified ongoing shortfalls from their ongoing monitoring of the service, and the provider had an action plan to address these issues.
- We reviewed compliments received from family members since our last inspection. This included feedback from four relatives, expressing thanks to the care and treatment their loved one had received.

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 had met their legal duty in relation to the duty of candour. The registered manager had been open and honest when things had gone wrong. They had investigated any complaints and had kept people informed of actions taken following investigations and following incidents. The registered manager had also met their legal duties of sending notifications when appropriate to the local authority and CQC.

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

- Staff gave a mixed response about the management and leadership of the service. Whilst staff reported they enjoyed their work; some concerns were raised. This was in relation to communication, feeling valued and listened to and the management team not routinely being present and visible to staff and people. Concerns were also raised about care staff not always being held to account for mistakes they made.
- We noted the management teams office was on a different floor and we observed limited management presence on the floors. We discussed this with the management team, who agreed to spend more time on the floors and increasing communication such as reviewing the frequency of staff meetings.
- The provider had a quality assurance procedure that enabled people to share their experience about the service. Whilst this was generally informal, a feedback survey had recently been sent to people and relatives. The registered manager was awaiting further responses before they analysed the findings. Surveys were also in the process of being sent to staff to seek their feedback about working at the service.
- People overall were positive about the approach of the registered manager. A person said, "I'm happy to talk to the manager or matron. I am asked for my opinion, but I can't fault anything."

Working in partnership with others

- The provider worked in partnership with health and social care professionals. Care records and feedback

from people and staff, confirmed any recommendations were implemented.

- Feedback from the NHS Integrated Care Board [ICB] confirmed improvements had been made and were ongoing. The ICB had plans to provide the management team with support and guidance.

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
Diagnostic and screening procedures	The provider had failed to ensure systems and processes that assessed, monitored and mitigated risks were sufficiently robust. This put people at increased risk of harm .
Treatment of disease, disorder or injury	Regulation 17 (1)