

# Walton Lodge Limited

# Walton Lodge

## Inspection report

316 Bawtry Road  
Doncaster  
South Yorkshire  
DN4 7PD  
Tel: 01302 868897  
Website:

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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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 24 and 25 February 2015 and was unannounced on the first day. We last inspected the service in February 2014 when it was found to be meeting with the regulations we assessed.

Walton Lodge is a care home for adults aged between 18 - 65 years old who have severe learning disabilities and autism. The home consists of a converted large bungalow which accommodates 14 people, and a separate building which accommodates six people who are working to

develop their independent living skills. There is also a secure garden available. The home is located on the outskirts of Doncaster with access to public transport links.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. People's comments and our observations indicated people using the service received appropriate care and support from staff who knew them and their individual needs well.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

We saw there was enough skilled and experienced staff on duty to meet people's needs. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. The majority of staff had received timely refresher training to update their knowledge and skills. Where this had not taken place the registered manager had identified shortfalls and was arranging further training. We saw there was enough skilled and experienced staff on duty to meet people's needs.

We saw people received a well-balanced diet and were involved in choosing what they ate. Our observations and people's comments indicated they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

We found people's needs had been assessed before they moved into the service and they and their relatives had been involved in formulating their support plans. However, this was not always evidenced in the records we sampled. The five care files we checked reflected people's needs but their individual preferences and goals were not always recorded. However, we saw additional person centred booklets were being completed to reflect these topics in more detail. We also found support plans had not been regularly evaluated to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives.

A varied programme was in place to enable people to join in regular activities and stimulation both in-house and in the community. People told us they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise complaints. There was a structured system in place for recording the detail and outcome of any concerns raised.

We saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had put action plans in place to address these.

# Summary of findings

## 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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We saw there was sufficient staff employed to meet people's individual needs. We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely which included key staff receiving medication training.

Good



### Is the service effective?

The service was effective

The majority of staff had completed training about the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a comprehensive induction and a varied training programme was available which helped them meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. We saw people were happy with the meals provided and specialist dietary needs had been assessed and catered for.

Good



### Is the service caring?

The service was caring

People were happy with how staff supported them and they raised no concerns with us about the care and support they received.

We saw staff interacted with people in a positive way while respecting their privacy, preferences and decisions. They demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive

Support plans reflected each person's individual needs, but their personal goals and preferences were not always recorded in detail. Support plans had not been evaluated on a regular basis to see if they were being effective in meeting people's needs and goals in life.

Requires Improvement



# Summary of findings

People had individualised activities programmes that were formulated around what they liked to do.

People were told how to make a complaint and how it would be managed. The people we spoke with raised no complaints or concerns.

## **Is the service well-led?**

The service was well led

There was a system in place to assess if the home was operating correctly and action plans had been put in place to address any areas that needed improving.

People were consulted about the service they or their relative received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

**Good**



# Walton Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 25 February 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and a specialist professional advisor who had expertise in supporting people with learning disabilities.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. The provider told us they had not completed a Provider Information Return (PIR) as we had not requested them to submit one. This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also requested the

views of service commissioners 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.

At the time of our inspection there were 20 people using the service. We spoke with three people who used the service, the registered manager, one of the company directors, six staff and two contract monitoring officers from Doncaster council who were assessing the home during our inspection. We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing five people's care files, staff rotas, training records, five staff recruitment and support files, medication records, audits, policies and procedures.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the two days we also spent time observing how care and support was provided.

# Is the service safe?

## Our findings

People we spoke with felt the home was a safe place to live and work and our observations confirmed this. We saw the premises were secure, with key pads and fingerprint locks used to access certain areas of the home.

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety.

We looked at the number of staff that were on duty on the days of our visits and checked the staff rotas to confirm the number was correct. We saw staff were able to meet people's needs in a timely way and support them to go out into the community. This included attending appointments, going to work or taking part in social activities. The majority of people who used the service were unable to confirm there was enough staff available to meet their needs. However, staff told us there was sufficient staff available to support people on an individual basis and this was confirmed by our observations.

Care and support was delivered in a way that promoted people's safety and welfare. The five care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. However, in one person's file we found a potential risk had not been fully documented to identify what action staff should take to minimise the risk. We found staff were aware of the risks and appropriate actions were being taken to keep the person as safe as possible.

Records showed the majority of staff had received training in Non-Abusive Psychological and Physical Intervention (NAPPI). NAPPI is a method used when working with people whose behaviour can be challenging. Staff we spoke with confirmed they had received NAPPI training but said they had not had to use the techniques very often, with the exception of distracting or redirecting people.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Evidence showed safeguarding concerns had been reported to the local authority safeguarding team and the

Care Quality Commission (CQC) in a timely manner. We saw the registered manager kept a log of these incidents and the outcomes. They told us how they had started to analyse this information to minimise the risk of a reoccurrence.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject as part of their induction and at periodic intervals after that. There was also a whistleblowing policy which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

The recruitment policy, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked five staff files to see how this had been implemented. We found files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Each file had a checklist which we were told was to ensure all essential checks were completed and important information was provided. In four of the files we checked the checklist was incomplete, but on checking we found all checks had been undertaken. The registered manager said they would remind staff involved in completing recruitment records that they must complete all sections of the form.

We spoke with three recently recruited staff who described their recruitment, this reflected the company policy. They told us they had not been allowed to start work until all their checks had been completed.

The service had a medication policy outlining the safe storage and handling of medicines and the team leader we spoke with was aware of its content. We saw there was a system in place to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed. We sampled ten medication administration records [MAR]. On the whole these were completed appropriately but we found one gap

## Is the service safe?

where staff should have signed the MAR. The registered manager was able to explain the reason for the omission and said they would reiterate the importance of fully completing the MAR to staff.

On the second day of our inspection we observed the team leader administering medicines. We saw they followed good practice guidance and recorded medicines after they had been given. We found covert medicines were sometimes given; this is when essential medicines are concealed in food or drink to ensure they are taken. Records showed a meeting had taken place which had included the person's doctor and key people involved in their care. The meeting had considered what was in the person's best interest and recorded the decisions made. A care plan and risk assessment was also in place to inform and guide staff.

There was an audit system in place to make sure staff had followed the home's medication procedure. We saw regular checks and audits had been carried out to make sure that medicines were given and recorded correctly. Where action was required these had been identified and addressed.

In the extension part of the home people told us about how they were supported to prepare their own meals. The unit had a domestic type kitchen, with suitable appliances to enable them to do this. However, we saw there was sign over the sink saying to be careful as the water was very hot. When we tested the water with our hand it was very hot. We discussed this with the registered manager because hot water accessible to people using the service should be distributed at a safe temperature. They told us people using the service were always supervised when using the kitchen but they would ensure the water being distributed was at an acceptable temperature as a matter of urgency.

# Is the service effective?

## Our findings

The people we spoke with commented positively about the care and support they received. We observed that people were cared for by staff who were supportive, friendly and efficient at their job. We saw staff listened to what people wanted and took time to make sure their preferences were met.

Records showed that people were supported to maintain good health and had access to healthcare services. Care records indicated people had accessed outside agencies and health care professionals when needed. This included opticians, dieticians, dentists, chiropodists, GPs and social workers. However, we found some people's weight had not been monitored regularly. The registered manager told us this was due to changes in their general condition which meant they could no longer use the stand on scales at the home. They said sit on scales were to be purchased to address this issue. Following our visit we received written confirmation that a set of sit on scales had been purchased.

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken a structured induction that had included completing the company's mandatory training. Each file contained an induction checklist which staff told us had been completed on the first day of their employment. However, this was basic and did not provide any details about what was discussed or undertaken. The registered manager said on the first day staff would be encouraged to read policies and care records and commence the induction training workbooks. They added that they would add more information into the initial checklist so it reflected what had been discussed with staff in more detail. We saw staff had gone on to complete a more comprehensive induction booklet during the first 12 weeks of their employment.

Two recently recruited care workers confirmed they had completed all the induction training booklets, which included an assessment of their knowledge. They also told us they had shadowed an experienced staff member for up to two weeks as part of their induction training, which they felt had prepared them well for carrying out their job. One care worker commented, "My experience was very good.

They went through what training I had already done and what I needed to do, policies and procedures etcetera. I shadowed someone and then they shadowed me to make sure I understood the job."

Staff told us after their induction they had to regularly update their training in line with company policy. They also said they had attended more specialist training such as how to manage challenging behaviour in the least restrictive way, how to administer rectal medicines and diabetes awareness. All the staff we spoke with said they felt they had received satisfactory training and support for their job roles.

The training matrix showed some staff needed to update their training while others had not completed training in topics such as autism. One staff member told us that although they had not completed any training in autism they were covering the topic as part of a nationally recognised training course. We found no evidence to indicate that people's needs were not being fully met due to any training shortfalls. The registered manager told us they had identifying shortfalls in training and were arranging appropriate course as soon as possible.

Records, and staff comments, showed staff support sessions had taken place regularly and each member of staff received an annual appraisal of their work performance. Staff commented positively about the support they had received. One care worker told us, "Supervision sessions are provided monthly and informal support is available on a daily basis." Another care worker commented, "There is always someone there for you."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and guidance had been followed.

At the time of our inspection there were four people living at the home who were subject to a DoLS authorisation.

## Is the service effective?

Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. The registered manager demonstrated a good understanding of the legal requirements. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. They told us they had received training in this subject to help them understand how to protect people's rights and this was confirmed in the records we checked. All staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected.

The day's meals were displayed in picture format on a noticeboard in the dining area. However, we noted that as the board was not sectioned it was difficult to decipher what foods were for lunch and which for the evening meal. Neither was there room to provide information of the alternative meals available. The registered manager said they would reorganise the board so it was easier for people to understand. The menus we saw showed that people had access to a choice of suitable and nutritious food and drink. We saw portion sizes were satisfactory and people enjoyed the meals they ate.

The cook told us they offered two choices at each mealtime and on the second day of our inspection we saw this happened. However, on the first day we saw the staff member cooking the teatime meal had not prepared a second choice. They told us they would do so if anyone asked for an alternative. This meant people might have to

wait for their meal rather than eat at the same time as other people. We discussed this with the registered manager who said they would look into the different ways staff worked.

We found care records contained detailed information about people who were prone to choking. This included information from outside agencies about high risk foods that should be avoided, but files did not include guidance around food preparation and what sort of diet they could have. We spoke with staff about this in more detail and found the cook had a file in the kitchen which included this information. However, when the cook was not on duty some staff did not know where this information was held. All the staff we spoke with were aware of people's special dietary needs which seemed to be passed on by word of mouth, but new staff may not receive this information in a timely manner. We discussed this with the registered manager who acknowledged the information should also be in the person's care file.

Generally we saw the home's environment was in need of some attention. However, the management team had a plan in place to redecorate areas most in need of redecorating or upgrading and also to develop the gardens. During our tour of the home we saw that in the extension none of the downstairs bedrooms had lamp shades fitted to ceiling lights. The registered manager could not say why this was the case but arranged for new lamp shades to be purchased and fitted the next day. We also saw access to a hand gel dispenser in the kitchen had been impeded due to the fridge being placed in front of it. The registered manager told us she would ask the handyman to reposition it as soon as possible.

# Is the service caring?

## Our findings

Our observations and people's comments indicated that staff respected people's decisions and confirmed they had been involved in planning their care and support. However, care records did not evidence how and when people had been involved in planning their care.

We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives and take part in social activities. Throughout the inspection we observed lots of caring interactions, with staff treating each person as an individual. We observed that people were always asked what they wanted to do, giving them control over what and how things were done. We also saw staff were dedicated to the person they were supporting so were available to provide hands on care and support as required.

People's needs were recorded in their support files in detail, but lacked sufficient information about their individual preferences. However, the registered manager showed us examples of a new booklet being introduced that provided much more person centred information about the person using the service. They said this was a work in progress and after further development it would be introduced for each

person. We found that although the current document also included pictures it looked complicated for people using the service to understand. The registered manager said they intended to take some sections out and revise others.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences. We saw staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted.

People were given choice about where and how they spent their time. We saw staff encouraged them to be involved in activities and make informed decisions. They enabled them to be as independent as possible while providing support and assistance where required. For example, one person told us how they were supported to have a job. Another person indicated they enjoyed baking and brought the cakes they had made to show us.

Staff we spoke with gave clear examples of how they would preserve people's dignity. We saw each person's bedroom had the door closed as some clients bedroom doors are opposite windows. Staff told us how they protected people's dignity while providing personal care by closing curtains, covering people up while washing them and encouraged them to take pride in their appearance.

# Is the service responsive?

## Our findings

The people we spoke with indicated they were happy with the care and support provided and we saw that people looked happy and interacted with staff in a very positive way.

Care records evidenced that needs assessments had been carried out before people moved into the home and they and their relatives had been part of that assessment. People we spoke with told us they had been involved in planning their care, but this was not always evidenced in their care files.

The five files we checked contained in depth information about the areas the person needed support with and risks associated with their care. We found where intervention by staff was needed a support plan had been put in place along with details about how staff could minimise any identified risks. However, files contained a lot of separate pieces of information making it difficult for someone who was not familiar with the system to find specific information and it was sometimes repetitive. For example, we saw there were several plans in place for someone to get up. The plan for 'getting up' referred staff to 'see dressing plan' and 'see shower plan'. This meant staff would have to check multiple plans to support someone to get up. We also saw that each support plan and risk assessment should have been numbered to help staff access information; however in the records we checked these had not been completed which made it difficult to find information quickly. The majority of staff we spoke with told us they felt care files were too cumbersome to access information quickly.

Care records we sampled did not always contain comprehensive information about how to deal with any incidents of challenging behaviour, should they happen, or any diversionary tactics or strategies to minimise incidents. Neither did we see any information on how each person

liked to do things from the moment they got up, such as if they wanted staff to help them or not, how they liked their food, where they liked to sit. The staff we spoke with demonstrated a very good knowledge of people's preferences but these were not always recorded. The registered manager said these subjects would be included in the new person centred booklets they were introducing.

We found support plans had not been evaluated on a regular basis to see if they were being effective in meeting people's needs and goals. The registered manager said they were aware of the gaps in record keeping and this would be addressed as part of the planned review of all support files. We saw no evidence to indicate that people were not receiving the care and support they needed due to the lack of care plan evaluations as staff had a very good knowledge of the people they supported.

We saw there was a wide choice of activities people were involved in, this included days out with their allocated staff member or in small groups. Records and people's comments showed they had participated in activities such as shopping trips, swimming, ice skating, and arts and crafts. We also saw some people were involved in cleaning their rooms, cooking, ironing and one person told us how they were supported to work in a local shop.

The provider had a complaints procedure which was given to each person when they moved into the home. We saw there was a pictorial version of the complaints procedure in the complaints file in the registered manager office but this had not been made available to people using the service. The registered manager told us it had only recently been introduced and they intended to laminate the policy and then display it around the home.

We saw a system was in place to record any complaints received and the outcomes. The registered manager told us no complaints had been received since our last inspection of the service, with the exception of safeguarding concerns reported and investigated by the local authority.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People's comments, and our observations, indicated they were happy with the care and support provided. The registered manager told us surveys had not been routinely used to gain people's views, but were planned for the future. They said people were consulted verbally on a regular basis to make sure they were happy with the service provided. At the time of our inspection the local authority was carrying out their three day assessment of the service. The provider shared with us the outcome of questionnaires the council had sent out to people to ask their opinion of the service provided. We saw people had responded very positively to the councils questions.

The provider gained staff feedback through staff meetings and supervision sessions. Staff told us they felt they could voice their opinion to the registered manager and they felt they were listened to. They said the registered manager and provider were very approachable and involved in the day to day running of the home. We saw everyone working at the home was involved in supporting people using the service and there was a good atmosphere present throughout our inspection. Staff knew about people's routines and preferences without being told, which gave them control over how they were supporting people. One care worker told us, "The home is a good place to work; this is due to the team working together and approachable management."

Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took

time to speak to staff and people using the service. They knew people by name and were aware of what was happening within the home. They told us the ethos of the home was for people using the service to feel safe and achieve all they wanted in life.

The registered manager told us that from January 2015 a consultant had been employed to carry out a comprehensive assessment of the home and how it operated. They said weekly visits had taken place which had resulted in some changes and improvements, such as the pictorial complaints policy, but no written report had been received yet. The registered manager told us once their assessment was completed it would include an action plan of any areas that could be improved.

We saw internal audits had been used to make sure policies and procedures were being followed. This included health and safety, kitchen and medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. When shortfalls had been found action plans had been put in place to address any issues which required improvement. For example, it had been recognised that care records did not reflect people's preferences in enough detail so work had commenced to add additional information.

Following our inspection the local authority shared the outcome of their assessment of the home which had taken place the same week we had inspected the home. It contained positive comments about how the service operated and they told us the provider had scored 97.29% out of 100%. They identified six minor areas where the service could improve and said these should be addressed by the end of March 2015.