

Walton Care Limited

Walton House Nursing Home

Inspection report

188 Chorley Road
Walton-Le-Dale
Preston
Lancashire
PR5 4PD

Tel: 01772628514
Website: www.waltoncare.co.uk

Date of inspection visit:
10 March 2020

Date of publication:
09 April 2020

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

Walton house nursing home is a residential care home, providing accommodation for persons who require nursing or personal care and, treatment of disease, disorder or injury for up to 41 older people and younger adults. Thirty seven people were living in the service at the time of the inspection. The service is purpose built with communal facilities and bedrooms over two floors. There is an outside accessible garden for people to use and car parking available.

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

Medicines were administered safely. The registered manager took actions to ensure staff reported any concerns with medicines fridge recordings. And that staff medicines competency checks were more detailed to confirm they were safe to administer medicines safely. We have made a recommendation about the management of medicines storage and staff competency checks. Systems were in place to protect people from abuse. Staff were recruited safely, we saw staff visible during the inspection. Relevant safety checks had been completed.

All the people confirmed they were asked for consent from the staff team before undertaking any care or activity. However consent to care and treatment had not always been recorded appropriately. The registered manager took immediate action to ensure all people's consent recorded was reviewed and recorded appropriately. We have made a recommendation about consent to care and treatment is. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff training had been completed and people were confident in the knowledge and skills of the staff team. The meal time experience was positive and people were offered choices with their meals. The service was purpose built and supported the needs of people living there. People's needs had been assessed and their health needs supported. We saw professionals visiting during the inspection.

People received good care, were happy with the care they received and were involved in decisions. Staff were seen treating people with dignity and respect. A range of activities were provided to people, people told us they enjoyed these. People's communication needs were considered. Systems were in place to deal with complaints, positive feedback was received.

Care plans were completed electronically, these included information about people's needs. However some we reviewed had not been updated to reflect the persons current need. The registered manager took immediate action to update these. We have made a recommendation about ensuring records contained relevant information to support the delivery of care to people. People and relatives told us they had been involved in the development of their care plans.

Relevant certificates were on display in the service including the ratings from the last inspection. We

received positive feedback about the registered manager, surveys and feedback was obtained. Audits and monitoring was taking place. The registered manager told us the provider planned to increase the frequency of their audits to monitor the service.

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 this service was good (published 27 September 2017). We made recommendations in relation to the safe storage and handling of medicines, support with meals, staff deployment and; privacy, dignity and respect.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Walton House Nursing 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 Care Act 2014.

Inspection team

Two inspectors and one expert by experience undertook the inspection. 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

Walton house nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we looked at all the information we held about the service. This included, feedback, investigations and notifications which the provider is required to send to us by law. We also sought feedback from seven professionals who had experience about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people living in the service, four relatives and obtained feedback from one professional. We undertook observations in the public areas of the service. We spoke with seven staff members; these included, care staff, the activities co-ordinator, one nurse, housekeeping, the compliance officer and the registered manager who took overall responsibility of the service. We reviewed a range of records. These included, two care files, medicines records, three staff files and training records. We also checked a number of records relating to the operation and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we made a recommendation that the provider considered current guidance on administering medicines take action to update their practice. Whilst the provider had made improvements a further recommendation was made in relation to managing medicines.

- Medicines were managed safely.
- Staff told us they had undertaken medicines training and competency checks. However, the competency records we looked at were basic and lacked detail. The registered manager took immediate action and developed a more detailed competency assessment, and they provided evidence of these being completed.
- Records had been developed to record the fridge temperature for storing medicines. Whilst daily checks were undertaken, a number of readings were outside the recommended range and only the minimum and maximum temperature was recorded. There was no record to confirm what action staff had taken as a result of the readings. We discussed this with the registered manager who commenced an immediate investigation and took actions to ensure the actual temperatures were recorded, along with guidance to ensure staff reported any concerns to them.

We recommend the provider consider current guidance on ensuring the storage of medicines is managed safely and staff responsible for the administration of medicines receive comprehensive competency checks and take action to update their practice accordingly.

- Medicines were stored safely when not in use, systems were in place to manage controlled medicines.
- We observed medicines were administered to people safely. A new electronic system had been developed to manage medicines administration. Staff were seen completing these. No one we spoke with raised any concerns about the management of their medicines. One said, "Yes, they tell me if there are any changes, they ask if I am alright taking them [my medicines]."

Staffing and recruitment

At our last inspection we made a recommendation that the provider considered nationally recognised guidance to enable monitoring of staff deployment in the home. The provider had made improvements.

- Staff were recruited safely. Staffing numbers were sufficient.
- People and relatives were confident in the skills of the staff team and, we saw plenty of staff visible during the inspection. One person said, "If I ring my buzzer they come quickly, as soon as they can. I have my door

open and they pop in for a chat." A relative told us, "Yes, the staff are consistent, and I know them all." Staff told us there was enough staff to undertake their role. One said, "There are enough staff to meet the needs of people."

- People and relatives were confident in the knowledge and skills of the staff team. One said, "Some of them are proper nurses, they are experienced and well trained." Staff confirmed they had received the training they needed to undertake their role safely.
- Staff records confirmed they had been recruited safely, relevant checks had been completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- Records had been completed which demonstrated the actions taken as a result of investigations into allegations of abuse. Records confirmed audits of the investigations had been completed. No one raised any concerns about people's safety. One relative said, "I know [person] is safe, secure and cared for."
- Staff understood the actions to take if abuse was suspected and, training records confirmed staff had undertaken relevant training. Policies and guidance was available.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks were assessed and managed. Lessons were learned.
- Fire risk assessments had been completed as well as personal emergency evacuation plans. A flow chart had been completed to support people safely in the event of an evacuation. An emergency plan had been developed to support staff in the event of an emergency. Regular servicing and checks had been completed
- People's individual risk assessments were in place to support people's care needs.
- Incident and accident reports had been completed where required. Records included the actions taken as a result of these along, with information where lessons had been learned.

Preventing and controlling infection

- People were protected from the risks of infection.
- The service was on the whole clean and tidy. The registered manager took immediate action to remove clutter we noted in sluice rooms. Dedicated housekeeping staff were employed. They told us, and we saw they had enough supplies to undertake their role safely.
- A range of personal protective equipment was available, staff were seen making use of these during the inspection. Handwashing advice was on display in the service and policies were available to guide and support staff. Information in relation to the management of the current coronavirus outbreak was on display.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were protected from unlawful restrictions and consent had been considered.
- People told us staff always ask for consent before undertaking any care or activity. One said, "Oh yes, they always ask if it is ok."
- The registered manager told us records confirming people or their representative had consented to their care and treatment was obtained. However we saw a consent form for two people had been signed by a family member where they did not have the authority to consent on the persons behalf. We discussed this with the registered manager who commenced an immediate investigation. They confirmed consent would be obtained and recorded appropriately and that staff would undertake training in consent.

We recommend the provider consider current guidance on ensuring consent to care and treatment is assessed and recorded in accordance with their individual needs and take action to update their practice accordingly.

- Relevant DoLS applications had been submitted to the assessing authority. We saw evidence these were being followed up by the registered manager. Care records we reviewed included mental capacity assessments where these were relevant.

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

At our last inspection we recommended the provider sought nationally recognised guidance to ensure staff had the required knowledge and skills to ensure meals were provided safely. The provider had made

improvements.

- People were supported to eat and drink.
- People and relatives told us they were happy with the meals and choices provided. One said, "Yes, I like the food very much, you get enough for me to eat. We get lots of vegetables it is healthy. If I want a snack or a drink, I can have one, when I want one."
- We observed a positive lunchtime experience. People were supported by staff in a kind and considerate way. Meals looked and smelt appetising and choices were offered to them. We sampled one of the meals which was tasty. Menus were on display in the service.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team.
- People and relatives were confident in the knowledge and skills of the staff team. One told us, "Oh yes, I think so."
- Staff told us they received relevant training to support them in their role and, new staff had undertaken induction training on commencement; training records we looked at confirmed this. Staff said they had supervisions regularly we saw completed records to confirm this. However we noted these were brief and required more detail to confirm the discussions taking place. The registered manager took immediate action and developed a more detailed supervision record to be used.

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

- The service design and decoration supported people's individual needs.
- All areas of the service was accessible to people and visitors. Lift access was available for people to access the first floor if their mobility was limited. Communal areas were available to both floors with a large dining area and outside space for people to access.
- Bedrooms were decorated with people's own possessions. The registered manager told us ongoing upgrades to the service were taking place.

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

- People's individual needs had been assessed and their choices were considered. People confirmed assessments had been undertaken. This ensured people's needs could be met. The registered manager undertook the assessment of people prior to moving into the service. She undertook an assessment on the day of the inspection.

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

- People were supported to access healthcare services, professionals and support.
- Records confirmed, staff and professionals told us the service worked well with them to support people's health and care needs. We saw a professional visiting the service during the inspection who undertook regular visits to review people.
- People and relatives told us the service sought advice and reviews according to their needs.
- A range of information and guidance was available to support staff in the delivery of people's individual care needs including, guidance to support people's oral health care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we recommended that the provider seeks nationally recognised guidance to ensure they maintained the privacy, dignity and respect for people who used the service. The provider had made improvements.

- People's privacy, dignity and independence was respected. People were well treated, supported and their diverse needs were considered.
- People and relatives were happy with the care they received. One said, "Oh yes, I am glad I came here now." A relative told us, "This was the right place to meet [persons] needs." We observed staff treating people with kindness; respecting their dignity and individual, diverse needs. It was clear good relationships had been established between people and staff.
- Care was provided to people in a timely manner however, some feedback was that at night time there was sometimes a delay in response. One person said, "When I ring the buzzer, they are good like that, they don't make you wait." However, another told us, "If I ring my buzzer at night they don't always come quickly." The registered manager commenced an immediate investigation to ensure people received timely support when they required it.
- Care files included all about me information about people's likes and choices.
- Policies and guidance was available in relation to General Data Protection Regulation (GDPR) to ensure personal information was stored safely. GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals. Records were being held securely in lockable offices or on computer systems where secure log in was required.

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

- People were involved in decision about their care.
- People and relatives told us they were involved in decisions about their care. One said, "Yes, I have a meeting once a month to discuss things. I can discuss things one to one to."
- Information relating to advocacy services and how to access them was on display. This ensured people who needed support with important decisions could access the appropriate services. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; End of life care and support

- Assessments of people's current needs had been completed. People's end of life care and support was considered.
- An electronic care planning system was in place which contained information about how to support people's individual needs. Whilst information was noted one person's record we looked at had not been updated to reflect changes in their condition. A second person's care plan had not been updated to support their end of life care needs. We discussed this with the registered manager who undertook an immediate review of the care plans and confirmed records had been updated to reflect people's individual and current needs.

We recommend the provider considers current guidance on ensuring records contained relevant and up to date information to support the delivery of care to people and take action to update their practice accordingly.

- People and relatives confirmed they had been involved in the development of their care plans. One person said, "They have a file in my room they fill in every day, and if my care plan needs changing, they do it then and there so everyone knows where I am up to." We received positive feedback that the service worked well with professionals to support people's end of life needs. A relative told us their family members palliative care needs had been discussed with them. One said, "They discussed [person] going onto morphine. That is why they brought the palliative care team from St Catherine's in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were supported.
- Care files contained information about people's individual communication needs including how to communicate with them in the all about me section. People were supported to use communication aids such as glasses.
- Visitors and family members were encouraged to visit the service. We saw a number of relatives visiting during the inspection.

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 avoid social isolation where relevant.
- A range of activities were available to people. We observed activities taking place during the inspection. It was clear people were enjoying these.
- People told us they were happy with the activities provided. One said, "The best thing about living here is the entertainment I would give it 100%. We have lots of activities, we have singers, and professional singers, she [activity co-ordinator] organises something every day. We have some [chicken] eggs in the incubator waiting to hatch."
- Technology was being used in the service.
- WIFI was available in all areas of the service. An electronic system was in use for the management of medicines and care records. Computer systems were in place to monitor audits. The service had purchased a robotic dog and cat for people to interact with.

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to.
- Policies and guidance was available to ensure complaints were dealt with appropriately. Systems had been developed which ensured complaints were investigated and dealt with. People told us they knew what to do if they had any concerns and that any complaints had been dealt with appropriately. One said, "I would know how to [complain], but I have never made a complaint."
- A range of positive feedback was seen in thank you cards received. One example was, 'As a family we wanted to thank all the staff at Walton house for your care of [name of person] over the last three years. We are so grateful for the compassion and level of care shown to [person] during [persons] life at Walton house.'

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- A person centred, and open culture which supported good outcomes for people had been developed.
- All staff members were supportive of the inspection process and the requests for information was provided promptly to the inspection team on the day as well as following the inspection. This confirmed the actions taken by the management team.
- Certificates of registration and the ratings from the last inspection were on display in the entrance to the service as well as their employers liability insurance certificate.

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 service acted when things went wrong and understood their responsibilities.
- Records confirmed the actions taken as a result of concerns or complaints when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff team were clear about their roles and responsibilities. We observed staff undertaking their duties in a timely manner during the inspection.
- People and relatives were positive about the registered manager. One person told us, "I don't see much of her, but she is nice and if you have any queries, she answers them." A relative told us, "The [registered] manager pulled out all the stops to get my [relative] here. Within a week of me coming she was very helpful and answered any queries." All of the staff we spoke with were complimentary about the registered manager and the support she provided. One said, "I am well supported by management."
- Audits and monitoring of the service was ongoing. The registered manager told us the audits of the service was being transferred into electronic system and these were being reviewed and updated regularly. The registered manager discussed that the frequency of audits by the provider was being increased to ensure quality oversight was in place.

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

- People and staff were engaged and involved.
- People and relatives told us their views about the service was sought. One person told us, "I have had questionnaires about the home and the food and things like that."

- Staff told us team meetings were taking place. Records of team and resident meeting minutes were seen which included the dates of these and the topics discussed. One person who used the service told us, "We have monthly meetings and we can ask questions."

Continuous learning and improving care

- Continuous learning and improving care was considered.
- The registered manager ensured continuous learning and improvements in care was ongoing in the service. Information and guidance was on display in the service as well as a range of policies and procedures for staff to follow to support the delivery of care to people.

Working in partnership with others

- The service worked in partnership with others.
- The registered manager had developed good working relationships with professionals. We received positive feedback from a professional during the inspection about the service. The registered manager told us they attended meetings, workshops and worked closely with the clinical commissioning group and the local authority.