

# Loving Care Limited

# Walton House

## Inspection report

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Wallington  
Surrey  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Walton House is a residential care home providing personal care to up to 8 adults with learning disabilities and/or autism. At the time of our inspection there were 7 people using the service.

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

#### Right Support:

Staff supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

#### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

#### Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff evaluated the quality of support provided to people. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

The last rating for this service was good (published 31 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and the time since last inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

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

## 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 undertaken by 1 inspector.

#### Service and service type

Walton House 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. Walton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We met the 7 people living at the service and spoke with 2 people. We also spoke with 3 relatives and 3 staff, including 2 support workers and the registered manager. We reviewed 2 people's care records, records relating to staffing and records regarding the management and governance 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were respectful of people's protected characteristics and people received support free from discrimination.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- Safe recruitment practices were in place to ensure suitable staff were employed to support people. This included undertaking criminal records checks, getting references from previous employers, checking people's identity and their eligibility to work in the UK.
- The service had enough staff, including one-to-one support, for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "The staff are very good."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. The registered manager told us that people's medicines had been reduced and no-one at the service was currently taking behaviour modifying medicines.

- Staff respected one person's decision to not take any medicines, in discussion with health professionals and their relatives.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no visiting restrictions in place and friends and family were welcomed at the service.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support. A relative said, "If there are any problems they tell us."



# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs.
- People, those important to them and staff reviewed plans together. A staff member said, "Their care plans are really detailed and inform me about what I need to do every day and how I support them." Another staff member told us, "I've read all their files, so I got to know about them and what they like and how they tick, and this helps me get to know them."
- There were clear pathways to future goals and aspirations in people's support plans, including skills teaching.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, and positive behaviour support.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "Everybody's really helpful and if you're not sure how to do something they show you."

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

- People were involved in choosing their food and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff provided people with support with their nutritional needs, including through the use of a percutaneous endoscopic gastrostomy (PEG) feeding tube when needed, which enables food to go straight into a person's stomach. Staff also followed advice from the speech and language team when they were involved in a person's care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff advocated on behalf of people when they had concerns about people's health. Through knowledge of the people they supported they were able to quickly identify if a person's health was declining and obtained medical attention. Staff continued to support people during hospital admissions to provide them with emotional support from staff they knew.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The environment was homely and stimulating.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff applied for authorisation to deprive people of their liberty when this was required to keep people safe.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff members showed warmth and respect when interacting with people. A relative said, "I think my son gets an excellent service there. The manager is very concerned about his welfare." Another relative told us, "[Their family member is] very happy there. We are also very happy. As long as [he/she] is happy, we are happy."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A staff member told us, "It's a good house. It's a happy house. There's a lot of laughter."
- Staff were calm, focussed, and attentive to people's emotions. Staff supported people with building their confidence. They supported people to be comfortable being around other people and joining in group activities.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. People were supported to visit their relatives at their family home and many of the people at the service spent their weekends at their families. A relative said, "[Their family member] gets brought to see us every weekend, which is very nice."
- Staff supported people to explore conversations about relationships.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People were being supported with their daily living skills to develop their independence.
- Each person had a skills teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff knew when people needed their space and privacy and respected this. Staff would support people to go to their room if they needed some time on their own, which respected their privacy and dignity.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff provided effective skills teaching because it was tailored to individual people. People received varying levels of support from staff depending on their needs. Some people had the skills to undertake some aspects of daily living but needed emotional support from staff to reassure them they were doing it correctly. A relative told us, "The staff know [their family member] well. The staff do the best they can."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff understood people's communication methods. People had also been supported to develop their communication skills. Staff told us how one person had started to use more verbal communication now they had built relationships with staff.
- Staff ensured people had access to information in formats they could understand
- There was visual information, including pictures, which helped people know what was likely to happen during the day and who would be supporting them.

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 participate in their chosen social and leisure interests on a regular basis. People were informed and aware of the plans for the day and one person told us the plans for the day and the different activities that people were participating in. At lunchtime, people sat with the staff and discussed what activities they were doing that afternoon.
- People were supported by staff to try new things and to develop their skills. Staff supported people to attend college courses to further their education and give them the opportunity to learn new skills in line with their interests and hobbies.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- Staff were supporting people and their relatives to have conversations about end of life care and what arrangements they would like to have in place.

# Is the service well-led?

## Our findings

Our findings - Is the service well-led? = Good

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management were visible in the service, approachable and took a genuine interest in what people, staff, relatives and other professionals had to say.
- Managers worked directly with people and led by example. We observed the manager interacting with people in a polite and respectful manner. They knew the people they supported and how to communicate and interact with them.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member told us, "[The registered manager's] really good. She put me at ease." Another staff member said, "[The registered manager] is so good and down to earth."
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of audits to review the quality of the service.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Care records were regularly updated and reflected people's current needs.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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 apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager worked well with other registered managers in the provider group to share knowledge and best practice. They were able to regularly support each other and learn from each other's service.