

# Longmoor Care Limited

# Walmley House

## Inspection report

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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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Walmley House is a residential care home providing personal care for up to six people with a learning disability or autistic spectrum disorder, a physical disability or a sensory impairment. At the time of inspection four people were living in the home with two vacancies.

Walmley House accommodates up to six people in two adapted buildings. Five rooms are in the main building with a self-contained annex on the site. There is a dedicated staff office located in the main building. There are usually five staff on day shifts including a senior carer as well as the registered manager. Nights are covered by four staff with managers available 'on-call' as required.

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

People felt safe and staff had good knowledge of safeguarding processes. Staff had generally been recruited safely, however one staff file lacked clarity around a period of unemployment.

There was a system in place to monitor staff contact with people in the form of daily logs. These helped shift change staff to know about any issues that may not have been verbally handed over such as any concerns or activities completed/to complete. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

We saw evidence that some auditing of service provision was taking place. However, the auditing was not robust, with inconsistencies between audits and issues found by inspectors.

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 were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People's and their relatives, as well as professionals working with people in the service, were involved in the review process. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

People received person centred care. People, relatives and staff expressed confidence in the registered manager. People, relatives and staff were given the opportunity to provide feedback.

People, staff and relatives knew how to complain. The nominated individual understood their responsibilities under the duty of candour.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and independence

Right care: Care is person-centred and promotes people's dignity, privacy and human rights

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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.

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

This service was registered with us on 15 October 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service has not been inspected since registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service 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 not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Walmley 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Walmley House 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 nominated individual are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the service manager was unavailable.

#### Notice of inspection

This inspection was announced 24 hours prior to inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider completed a provider information return on 10 July 2021. 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. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with four members of staff including two senior care workers and a care worker. We 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. The registered manager was unavailable during the inspection.

We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as audits and policies. We spoke with one relative and three professionals who regularly have contact with people who use the service.

# Is the service safe?

## Our findings

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

This is the first inspection at this service since registration. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us they, "Always felt safe, because staff make sure we understand everything that's happening". A relative told us, "Staff and managers help us with (name of relative) wellbeing and keeping (them) safe". Staff referred to the home as, "A place where people can live in safety and security". They explained that it was their duty to ensure people were kept safe and well.
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to registered manager or the CQC if need be".
- Staff were able to describe risk situations and actions to take. Training records confirmed that safeguarding was a key priority in service provision as it was reviewed annually through refresher training.

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Care planning documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks. They could relate areas of concern or actions required that had been highlighted in risk reviews. An example was a person who sometimes was upset if not given time alone at certain times. This presented additional risk as the person was assessed as needing 2 staff to support at all times due to behavioural concerns. Staff would leave the person alone at these times as highlighted in risk assessments, but ensure risks were mitigated by regularly checking on them.
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process. One health professional said, "(Manager) always asks me when things change and lets me know of any issues and concerns so that we can work together to reduce risk".
- The registered manager carried out detailed support planning including environmental hazards and concerns. This ensured the home was safe for the people and staff.
- Systems were in place for all accidents and incidents to be reviewed.
- There was no evidence that the nominated individual or registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- The management team had a system in place to monitor the support provided to people in the form of daily logs which were used at handover to ensure continuity of care. People told us that they always had their medication on time and that staff would ensure care takes place when they want it. One person said, "I

love (name of staff member), (they) always look after me, like my (name of family member) does".

- People told us, and records confirmed, that there were enough staff on site at all times.
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. However, we found that one file did not have a recent picture of the employee on the front. However, there were identification pictures (from passport) held on the file.
- A training matrix showed that staff were trained to complete the tasks required.

#### Using medicines safely

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.
- Records showed medicines were managed safely and relatives told us they their loved one's medicines were managed safely. We observed that medicines were kept locked in individual safes located in a locked office.
- We saw that one Medicines Administration Chart (MAR), did not have accurately collate the number of medicines which were held in the home for a person.

#### Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them. One staff member said, "We wash our hands, use the hand gel and wear aprons and gloves. We wear masks but sometimes the residents don't like it, but we explained why using simple language."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We noted that visits were allowed at the home in accordance with current guidance

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.
- One staff member told us, "The managers here really try to understand when something goes wrong so we don't have a repeat in the future. It really upsets us all if something goes wrong, so we try to learn".
- We did not see any evidence of the nominated individual or registered manager tracking incidents and accidents to complete effective action plans.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection at this service since registration. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff understood individual needs of people such as Percutaneous Endoscopic Gastronomy (PEG) feeding. They could describe risk issues including blockages and how they would seek medical advice if required. The policies regarding diet and nutrition were in line with current medical advice and practice, and staff were able to describe key areas within the policy such as nutrition charts and weight management.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.

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.

We checked whether the service was working within the principles of the MCA

- The managers and staff were working within the principles of the Act, and best interests assessments. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed. Staff could identify knowledge of the principles in practical terms. An example would be that staff knew the need to ensure people's finances were collaborated with either professionals who worked with the person or with family where available.
- A person's relative and a professional who visited the service told us that staff worked within the principles of the mental capacity act by always seeking consent from the person they were supporting. The relative told us, "Everything they do they tell them (their family member) and say what they're doing at every step of the way". Relatives and professionals expressed confidence in the level of staff and managers understanding of people who lived the service's needs.
- People told us, "(staff) are always lovely when they help me shower, they listen to me and check the water is not too hot or cold".
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and

understood what actions to take if someone had refused care.

- The nominated individual told us that no people had Court of Protection Orders due to their inability to make decisions for themselves. Protocols to take place should that be needed would be evidenced in case files with appropriate reviews and risk assessments. Staff were able to tell us who had a Deprivation of Liberty.
- People and their loved ones told us they were able to make choices about their day to day care. A person told us that, "They always try to include me into things and always ask. I like colouring and they help me set up a place to do and not disturb others".
- Where people had a lasting power of attorney (LPA) in place, correct documentation was in their care plan to evidence who could make decisions on their behalf. An LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

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

- People's physical, mental and social needs were assessed and documented in their care plans and risk assessments.
  - People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- People's needs, and preferences were met by staff who knew them well. A person said, "The staff are excellent."

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as staff can judge their mood and provide the support they need at that time. Even when (relative) is upset, staff are so patient with (them)".
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. COVID-19 had caused challenges in delivering training, where this was usually face-to-face. With the loosening of restrictions, the nominated individual was increasing their face-to-face training if at all possible. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding usage and assessing competency.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested. One staff member said, "When I came here, I understood the training far better than at my old place [of work]".
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as

GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection at this service since registration. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They (staff) are really good here. I moved here a (short) while ago and already they know what a like and hate." A professional told us, "They are really patient with (complex needs) person". They described a person who could get frustrated at times, and staff acted with compassion and respect.
- People and their relatives as well as professionals felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me. They know when I want to talk to them or don't".
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.
- We saw that the registered manager had not completed end of life plans for people. The nominated individual explained that this not completed at present due to the relatively good health and young age of the people living at the home. However, they accepted that this would be good practice for the future.

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

- People and their relatives were able to express their views and make decisions about their care. One person said, "They [staff] always listen. There are only three of us, so we always talk about what we want to do or what we want to eat".
- House meetings are a regular occurrence and staff used different communication methods to try to engage people. We saw picture boards, tactile objects (for sensory impairment), as well as staff using basic language.
- People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.
- We saw that the staff used various tools such as games and toys to help people who had communication issues. One person was nonverbal and we saw that convex mirrors upon the wall helped them to show 'happy' (positive) or 'sad' (negative) emotions at questions staff asked.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. A person told us, "The staff always knock before coming in my room".
- People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me. I try to clean my room myself and they don't take over, but show me things I have missed".
- People told us staff took their time and did not rush them. A staff member said, "We only have a few people to look after so we get to know their personalities well. This helps them trust us".

- Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, many of whom had communication barriers. One staff member said that they would ask what style a person's hair should be by using their own hair as an example. This helped the person become empowered to make choices about appearance.
- Staff received care planning training and knew people's needs well.

# Is the service responsive?

## Our findings

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

This is the first inspection at this service after registration. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. One relative told us, "They really try to do the right thing for (person living at the service). Even when they don't want to do things like personal hygiene, they try to work with them to help support them, but keep their dignity".
- People were supported to achieve the goals that were important to them. For example, one person was being supported to meet their friend from another home safely, as this had been identified as very important to the person. Another wanted a pet, and risks assessments had been made which resulted in them getting pet fish in their room.
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.
- People and their relatives as well as professionals were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed. One professional member told us, "They do try to contact all professionals at assessment times, to see what else would be good for the person".
- Staff were kept informed about changes in people's care and support needs by the registered manager. Staff told us, "The manager always tells us directly about any changes and writes it in the daily log".
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible that they had support from staff who knew and understood their needs and preferences. Staff agreed that it was very important for people to receive care from people known to them as far as possible.

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.

- Some people using the service were able to communicate verbally with staff. However, only one person could also read and understand written information given to them by the service. Relatives, staff and people told us that staff used various methods of communication such as basic signing and picture cards to help communicate with people. They also read out letters and documents so that those who could not read, were able to hear what was written about them.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. We saw, and communications plans confirmed, that one person who was nonverbal, should be communicated with using basic language and sensory toys used wherever possible.

- The nominated individual told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- Complaints were recorded in an action plan which enabled the provider to

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives. However, the nominated individual told us that they would be looking at end of life planning as part of their commitment to better support and future planning.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection at this service since registration. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The nominated individual told us, and records confirmed, audits had taken place. These appeared very basic with the manager colour coding certain areas of practice. There was no in-depth analysis of service provision or any link to themes and actions for service improvement. We found inconsistencies with the audits on 21 December 2021. A staff file did not have a picture of the staff member on the cover. The audit had noted 'chase up picture', however there are no actions to follow this. We also found that one staff member had a gap in employment history. This had not been investigated by the hiring manager, nor had a risk assessment been completed. The nominated individual told us that a verbal conversation had taken place, which would have provided a satisfactory reason for the gap. However, there was no written assessment of this. This had not been investigated in audits.
- We saw an audit dated 20 September 2021 by an external quality assurance organisation. This was detailed and covered the provision of service at the home. However, there was no action plan to accompany it to support service improvement. An example was that the external auditor had identified new medication had not been collated in Medication Administration Record (MAR) charts. However, there was no action leading from this information to reduce risk of re-occurrence. During the inspection, we found that new medication had not been added to collation figures in MAR charts. This evidenced that the previous audits findings had not been investigated and actioned effectively.
- The recruitment process included full Disclosure and Barring Service (DBS) and work history checks and references.
- We saw an extensive training matrix which included mandatory and non-mandatory training where staff competencies were monitored by the nominated individual and registered manager.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw schedules that reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service.

Continuous learning and improving care

- We did not see evidence of thematic reviews of audit information to learn from concern areas or areas for improvement. However, the nominated individual was able to tell us that they completed supervision with the registered manager and discussed areas of concern which would be translated into actions for the registered manager to complete.
- The nominated individual told us that they ensured that reviews included staff after feedback from staff



and families. This helped to continue best practice as staff were better informed of any changes.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day to day decisions.
- Staff felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "The registered manager is very good. (They) are very easy to talk to and explains things to us".
- Staff practice, culture and attitudes were monitored. We saw from audit documentation that the registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives, professionals who work with people in the service, and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. One person told us, "(registered manager), always talks to my social worker to help me get better services".
- Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

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 nominated individual understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of Safeguarding requirements.