

Arcare (West Midlands) Limited

Walton House

Inspection report

4 Walton Crescent
Wolverhampton
West Midlands
WV4 6DX

Tel: 01902820069

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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

About the service: Walton House is a care home that provides personal care for up to Four people. At the time of the inspection Four people lived at the home. The accommodation was established over two floors. On the ground floor there were bedrooms, a shared communal lounge, a dining room, storage areas and laundry areas. On the second floor there were bedrooms and bathrooms.

People's experience of using this service: The property was clean, comfortable with plenty of room for people to live.

People's safety had been considered and risks were managed to maintain people's safety. Staff had received training in relation to safeguarding and knew how to protect people from harm. Medicine was managed safely. The risk to any infection was reduced by the maintenance of high standards of hygiene.

The provider was focussed on delivering person-centred care. People needs were assessed in detail to ensure the service could be tailored to meet their individual social, care and health needs. People's care was delivered effectively, from well-trained staff. People's outcomes and long-term goals were considered, to ensure people met their goals. Staff were recruited on their values, and in accordance with best practice. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Health care had a focus to ensure people's ongoing wellbeing and concentrated on improving people's health.

People enjoyed living at the home and told us staff were kind and respectful of their choices. People were treated kindly and compassionately by staff. People and their relatives were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity.

People were supported to lead fulfilled lives through activities of their choice. Information was provided in a range of formats to support understanding. People could access spiritual support to meet their religious beliefs. The provider had a complaints policy and process in place; people and their relatives told us they would feel comfortable raising complaints. When people were at the end of their life, the provider had policies in place to meet their wishes and preferences.

People benefitted from a service which was well led. The provider had robust quality monitoring arrangements through which they continually reviewed evaluated and improved people's care. People, stakeholders and staff had an opportunity to shape the service. The provider invested in staff development to ensure people received care from experienced and caring leaders. The provider had strong values which shaped their service. This ultimately led to people receiving personalised care.

Rating at last inspection: Good. The last report for Walton House was published in September 2016.

About the service: Walton House is a residential care home that provides personal care for up to four people with learning disabilities. At the time of the inspection four people lived at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services. At this inspection we found the service continued to be Good.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements. More information is in the 'Detailed Findings' below.

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 remains Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains Well-led.

Details are in our Well-led findings below.

Good ●

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 as part of our regulatory functions. This inspection checked whether the provider is 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Walton House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: The inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury. We sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we reviewed two people's care records to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the service such as quality audits, people's feedback, and meeting minutes. We met two people who lived at Walton House to gather their feedback. We also spoke with two care workers, a communication officer for British Sign Language (BSL) and the registered manager. Following the inspection visit two more staff

members provided us with feedback about their role.

Is the service safe?

Our findings

Safe - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and that the service was their home. There were policies and procedures in place for staff to follow to keep people safe from harm. The safeguarding policy described the different types of abuse vulnerable people might face and information for staff to follow in case they suspected abuse. All staff had read this policy as part of their induction. Staff had also completed safeguarding training. This meant staff knew how to keep people safe from potential harm or abuse.
- We saw detailed records were kept of safeguarding concerns and alerts and that, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). We saw concerns had been investigated properly and fairly in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
- There were easy read posters throughout the service so people knew about abuse, that it was not tolerated, and that they should talk to staff if they had concerns. This showed that the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management

- Staff knew people well and most staff had been working with people for several years. They had developed a good understanding of the risks to people and the steps they needed to take to reduce those risks. For example, people had detailed risk management plans for when they had health conditions such as epilepsy. The information described the type of seizures they had, how staff should avoid harm to the person whilst having a seizure, and when staff needed to call for emergency assistance. Staff followed the risk mitigation plans to keep people safe.
- Where people needed specific advice and support on how to manage their feelings, anxieties and behaviours, detailed risk assessments and risk mitigation plans were in place to instruct staff in how they should support people to express their feelings without. There was evidence to suggest the management of people's mental health risks was successful, as there had been a considerable reduction in people's anxiety and challenging behaviours since living at the home.

Staffing and recruitment

- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS). DBS certificates verify people's criminal history and suitability for working with vulnerable adults and/or children. This meant the provider recruited employees suitable for working with vulnerable people.
- There were enough staff at the service. The registered manager told us, "Yes we have sufficient staff, and are able to bring more staff in if people want to take part in activities or go out." The provider maintained a rota and ensured there were enough staff on shift at all times. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs. When people asked staff for assistance staff answered them straight away.

Using medicines safely

- Each person at the service had their own medicines care plan. These plans contained important information and documentation about people's health and the medicines they required. These folders were detailed and described people's health needs and what allergies people might have.
- We checked people's medicines and their medication administration record (MAR) folders and found staff recorded and logged people's medicines correctly and in line with the provider's policies and best practice guidance.
- Staff were trained to administer medicines and their competency checked to ensure their understanding of processes and procedures. We spoke with staff and were confident they knew how to administer medicines and knew what to do if there were administration errors. This meant people were supported to receive their medicines in a safe way.

Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised. Staff understood the principles of infection control. Cleaning materials were kept in a secure and safe place. Staff used hand gel and sanitizers when interacting with people to prevent the spread of infection. Colour coding was used to identify the usage of some cleaning materials, and kitchen utensils, to prevent cross contamination. The service had been awarded a five-star food hygiene rating.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences. For example, a recent medicines incident had prompted the provider to review medicines procedures, and update medicines paperwork across their group of homes.

Is the service effective?

Our findings

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

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

- People's outcomes were consistently good. People's feedback described Walton Home as distinctive. One person told us, "I really love my life here." Another person said, "I've never been anywhere as good."
- The provider offered support to people, which could not be met by other care services. People's needs were assessed with the person, family health professionals and specialists. One person had previously stayed in hospital for three years, because of their complex needs. Following the person's comprehensive assessment of their mental health, physical health and social care needs, the service was tailored to meet their needs, including individualised specific staff training, additional resources, staff and leadership support. The person told us, "I am really happy to be here."
- People's lives and skills were improved by good quality care. A professional told us, "A staff member [community support worker] works solely with one person, every week for a minimum of six hours teaching them British Sign Language (BSL) and providing communication support." They added a comment from the person, "Since last year I am happy and settled. My talking has got better. This has helped people understand me, and for me to understand them more."

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

- The provider focussed on delivering a service which supported people to achieve their goals and reach their potential. For example, one person wanted to ultimately live independently. They attended college to learn about money management and improve their written English skills. They also went out independently, saved money, were supported to attend social events to make friends and form relationships. They said, "We are saving money for driving lessons next."
- Electronic aids supported people to communicate fully with each other, family and friends. Some people at the home had hearing impairments. People had smart phones, tablets and computers to access social media, emailing and text messaging. The provider supplied access to the internet to enable people to network with family and friends. This reflected the provider had considered the Accessible Information Standard, which is a requirement to provide information in a format to support people with a disability or sensory loss.

Staff support: induction, training, skills and experience

- The provider focussed on delivering care from well-trained staff. Staff initially attended a comprehensive induction achieving an accredited qualification, the 'Care Certificate.' Staff training was specifically tailored to meet the needs of people. For example, all staff received specialist communication skills training such as BSL to assist people with a hearing impairment. Staff received training in epilepsy, learning disabilities and in clinical skills.
- Training was further developed by offering staff access to 'Champions'. Champion roles were given to staff who had a particular knowledge and skill, who could offer other staff support and advice, and 'hands on' coaching if required. For example, 'Care plan champions' reviewed care records, and made sure people had

up to date care records that met their needs.

- The provider recruited staff on their values and caring approach to people, rather than on qualifications and skills. People who lived at the home were involved in the recruitment of staff, attended interviews, and met new staff during their induction to ensure they had the right values. This also meant people had choices and got to know staff well before they started work at the home.
- Staff were tasked to analyse their skills and take ownership of their development. This meant staff continued to learn and develop their skills, to benefit people at the home. External training professionals recognised the excellent attitude of staff. One said, "The provider is excellent in arranging the right training. Staff are really motivated, and manage their own professional development. They have a 100 per cent completion rate, which means people benefit from staff who have up to date knowledge."
- Leadership courses and development were made available for staff wanting to progress in their career.

Supporting people to live healthier lives, access healthcare services and support

- Staff took people to regular hospital, dental and clinical appointments to maintain their health. Where advice was provided from health professionals, care records were updated, and staff followed the advice.

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

- Systems supported good communication, daily care records and a communication book, shared information amongst staff. This meant that staff knew what was happening in people's lives and when changes had occurred that might affect how their needs were met.
- Each person had a health care and action plan showing all their healthcare needs, and the advice staff needed to follow from health professionals. These were in easy to read formats, so that people could review their own health action plans. One person's health had been improved because staff had educated and informed them about their health condition, and how smoking affected them. The person had managed to give up smoking with staff support.

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

- The service promoted healthy eating and monitored people's weight. For example, one person had drawn up a healthy eating plan, and had managed with support from staff to lose weight.
- People could make choices about what they ate each day, and met to decide on meal plans and menu choices. The kitchen was sufficiently stocked, so that people had access to food and drinks whenever they chose. People were encouraged to help staff prepare food, and learn cookery skills, to ensure they understood the principles of healthy eating.
- The provider arranged specialist menus and events in the home to recognise cultural and religious festivals. People were also offered support by staff to attend the local café, shopping area, and restaurants to eat a variety of foods.

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.
- The provider ensured people could express their consent and share their wishes in accordance with the MCA. Where people needed assistance to express their wishes, they were offered support. Where people were unable to sign consent to their care arrangements, the provider took a picture of them with a 'thumbs up' sign to show they agreed.
- Staff had received training and understood their responsibilities around consent and mental capacity. We witnessed staff seeking verbal consent from people before providing care and support.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw staff being kind to people and involving them with the tasks and activities they wanted to do. Staff communicated with people in a warm and friendly manner, and gave people the time they required to communicate. One person told us that staff were, "Fun to be with." Another person told us about who their favourite staff member was, and why they enjoyed their company. They said, "I really like living with people here." These responses indicated that people were well treated and enjoyed the company of staff and each other.
- Staff responded compassionately to one person when they appeared anxious when they were waiting to go out for the day. We saw staff used techniques to distract the person and provided emotional support whilst they waited. This showed that people were supported in a compassionate manner.
- The provider respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics. Where people wanted to form relationships outside the home, this was encouraged and supported.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choice the gender of the care provider for personal care support. Staff had received training in equality and diversity and reflected how they used this knowledge to reduce any possible barriers to care.
- People were supported to receive care and support from others. When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant that people's human rights were upheld.

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

- People were involved in decisions about their care. We saw easy read forms as well as notes and checks to ensure things were explained to people before they signed documents. The provider trained staff in how to recognise specific body language that may indicate people's wishes and anxieties. For example, when staff spoke with people with learning disabilities, hearing impairments and autism, staff knew to follow routines and previously agreed techniques to communicate. We also saw that the service used pictorial cards to assist people make decisions and to understand what was going to happen. People could review their agreed care plans at any time. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- Care files had good communication profiles called communication passports that were designed and drawn up with the person, their representatives and a communication specialist that the provider employed

to develop individualised records. These plans detailed how each person communicated, what specialist communication tools they used, which meant staff had a consistent understanding of how to communicate with people. These records were available when people moved between services, went on holiday or visited the hospital to share their individual needs.

- People had individual meetings with staff regarding the home, and any changes that were planned, because of their individual communication needs. People discussed things such as any changes to the service or the environment, what activities people enjoyed, group food choices, and where people would like to holiday. This showed people were involved with decisions about how they spent their time and supported to express their views. One staff member said, "People are always at the centre of all decisions related to their lives. Family's and advocates are always encouraged to maintain contact. We have a service user with specialist communication needs who needs video communication with their family as this is the best way."

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. People had keys to their room, and could chose when they spent time alone. A staff member said, "I ensure that people's privacy is maintained through private discussions, not discussing a person with anyone else, handling documents confidentiality and ensure medication is administered in private."

- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

- People's independence was promoted. On the day of our inspection people went shopping with staff, out to a local college, or out with friends. We saw evidence in people's care plans of activities the provider had sought for people to promote their independence as much as possible. For example, local collages taught people how to improve their cookery skills. One person said, "I really enjoy cooking, it's my thing. I go to college to learn more."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were very responsive towards people's lives and care requirements. People's outcomes were being met consistently and responsively. Without exception, everyone we spoke with felt the home offered all the care they needed with opportunities to continue to live life how they wished.
- Each person had detailed care plans, at a glance profiles, and records to show their needs and goals. Care plans covered topics from physical and health needs, domestic needs, activity engagement, daily routines, preferences and risk assessments. There were also plans for when situations arose such as safeguarding and positive behaviour support. Care plans were outcome focussed, this meant people's long-term goals and wishes were discussed, and staff supported people to achieve them.

- Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.

- Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people receiving care have information made available to them that they can access and understand. People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. This included hearing aids and visual aids, BSL trained staff, communication support workers, pictures and large print documents. One example of where someone was supported with specialist communication tools was when a person wanted to go to the Grand Theatre to watch a pantomime. An interpreter was booked who stood on the stage during the performance. The person went with a trained BSL care worker to attend the show.

- People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.

- People were encouraged to take part in organised group activities and events around the home. Activities and events were pre-organised. These included games, social events, seasonal and religious events, and trips out and about. Some activities were organised as group activities, such as attending a local disco, college or theatre. Other activities were organised for each individual. One person told us about attending their local football match to support their team. Another person worked for a local charity and attended a nearby gym. One person said, "We are always doing things we enjoy."

- We saw people were engaged activities and hobbies on the day of our visit. One person said, "I like video games, going on the bus, the local disco on Wednesday nights because I meet my friends there."

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. A person told us if they had any problems, "I'd just say."

- The provider had a complaints policy and procedure that staff were aware of and these had been provided

to people in an easy read format, large print and were accessible in BSL. The easy read and different format information told people how to keep themselves safe and how to report any issues of concern or raise a complaint. The service had a complaints log, however, they had not received any complaints.

End of Life care and support

- No one at the service was at the end of their life, or in need of end of life support. In a circumstance where people needed end of life support, the provider had policies and procedures in place to ask them about their wishes and to support them through this difficult time.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Plan to promote person-centred, high-quality care and good outcomes for people.

- People and staff told us they thought highly of the registered manager and staff at the home. People were at the heart of the service and staff worked collaboratively to ensure a shared vision about the ethos and culture of Walton House, 'putting people first'. A local commissioner of services said, "The staff at Walton House are dedicated to delivering positive outcomes. The staff I have encountered and the Manager are also proactive advocates for the residents' rights. The staff there have a willingness to develop and improve. Any recommendations made are always implemented quickly and comprehensively."
- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.

Engaging and involving people using the service, the public and staff

- People were supported to complete surveys for the service to capture their views and opinions. Surveys were in an easy to read format, and staff were available to assist people to complete them if required using BSL and other communication techniques. People's relatives were also encouraged to complete surveys and provide their feedback. The registered manager said, "In every area, the most recent survey showed relatives found the home outstanding."
- Evidence indicated people's feedback led to changes at the home, for example, activity plans and decoration changes were based on people's ideas and wishes. In this way the service could find out people's preferences and involve them with how the service worked.
- Resident meetings were held and discussed topics including activity and holiday choices and any changes in the staff team and the home. These meetings demonstrated that people were supported to engage with each other and be involved with the running of their home.
- Staff meetings were held where topics including safeguarding, mental capacity, equality and diversity, and expectations within employee roles, and any changes at the home or provider's other services. This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care

- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, infection control, health and safety and quality audits of the entire service. All actions from audits were added to an action plan that the registered manager and provider oversaw. These audits and action plan allowed the provider to monitor and improve care for the people using the service.
- The provider had an improvement plan for the home, which detailed what plans they had to continuously improve the quality of care people received. Improvements included, expanding staff monitoring to involve

staff members in checking peer performance, reflective practice discussions at team meetings.

- The provider learned from other registered managers and senior staff at their other homes, and shared this learning across its service. They held regular meetings and briefings to share learning and best practice.

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

- There was a strong framework to monitor staff performance. Staff received regular supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks. Staff explained, "We have monthly meetings, supervisions every 2 months and appraisals yearly. These are very useful to set targets and reflect on our practices to improve them." •Staff were supported with spot checks of their work, onsite management support and regularly met with the registered manager. Staff told us their opinions and suggestions were welcomed. Staff spoke with pride about the service, and said they were consulted and involved in changes, day to day, through local team meetings, and via a staff survey. One staff member said, "The Manager is very knowledgeable, is excellent at simplifying tasks, seeing to issues straight away, she encourages us to be open and honest and is always available." Another staff member told us, "I feel proud to be a part of the team at Walton House."

- The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. The provider notified us of important events as they were required to. This demonstrated the management team was clear about their role and in being so, provided people with a good service.

Working in partnership with others

- The service had links with external services, such as community groups and commissioners of services, that enabled people to engage in the wider community. These partnerships demonstrated that the provider sought best practice and was innovative in enhancing and developing the service to ensure people received high quality care and support. For example, the provider worked with local colleges, local charities, schools and religious groups to enhance their service.

The provider invested in ways to improve their knowledge and their service, and input into the wider care community through a network of companies, to share learning and best practice. The registered manager joined local registered manager networks to also share best practice, attended conferences and discussion forums.