

Walton Lodge Limited

# Walton Lodge

## Inspection report

316 Bawtry Road  
Doncaster  
South Yorkshire  
DN4 7PD

Tel: 01302868897

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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

The inspection took place on 28 June 2018 and was unannounced. The last comprehensive inspection took place in June 2017 when we identified two breaches of Regulation and the registered provider was rated Requires Improvement. The registered provider did not have safe arrangements in place for managing medicines. We also found that systems in place to monitor the quality of the service did not always identify concerns. The registered provider sent us an action plan detailing how they would address the issues raised on our inspection.

At this inspection we checked if improvements had been made. We found that the registered provider had addressed all the concerns raised at our last inspection and the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Walton Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Walton Lodge is a care home for adults aged between 18-65 years old that have severe learning disabilities and autism. The home consists of a large converted bungalow which accommodates 14 people and a separate building (Fairways) which accommodates six people. Fairways supports people who are working to develop their independent living skills. There is plenty of accessible outside space which is secure and safe. The home is located on the outskirts of Doncaster.

The registered provider was working within 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.

At the time of our inspection the service had a registered manager. 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.

The registered provider had systems in place to safeguard people from abuse. Staff knew what action to take if they suspected abuse.

Risks associated with people's care were identified and managed appropriately and in a manner which did not unnecessarily restrict their freedoms. Risk assessments clearly demonstrated what actions were required to minimise risk.

People were supported by sufficient numbers of staff who were knowledgeable about their needs and knew how to support them.

Accidents and incidents were monitored to identify and address any patterns or trends. This ensured people were safe and action was taken to ensure repeated incidents were kept to a minimum.

The registered provider had systems in place to ensure people received their medicine as prescribed. However, one medicine store room required a thermometer to monitor the temperature. This was resolved by the registered manager on the evening of our inspection.

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.

The registered provider ensured staff received training appropriate for their role. Staff told us they felt supported and received one to one sessions with their manager to discuss work related issues.

People were supported to maintain a balanced diet which met their needs and took account of their preferences. People had access to healthcare professionals as required.

We observed staff interacting with people and found they were kind and caring. Staff knew people well and responded to their needs in an understanding way. Through our observations and by looking at care and support plans, we found that people received personalised care which was responsive to their needs.

The registered provider had a complaints procedure in place and people and relatives we spoke with felt at ease to raise concerns.

The registered manager completed a range of audits to ensure the service was running in line with the registered providers policies and procedures. People and their relatives were asked for feedback about the service and were kept up dated about any changes.

Further 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?

Good ●

The service was safe.

The registered provider ensured people were safeguarded from the risk of abuse.

Risks associated with people's care and support had been identified and appropriately managed.

There was a robust recruitment policy in place to ensure suitable staff were employed.

People received their medicines as prescribed by staff who were competent to administer them safely.

### Is the service effective?

Good ●

The service was effective.

The registered provider ensured that staff had the necessary skills and knowledge to deliver effective support which took in to consideration people's choices and assessed needs.

People were supported to maintain a healthy balanced diet which met their dietary requirements.

The service worked well with healthcare professionals to ensure people had access to health care services as required.

The registered provider was meeting the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People received support in a caring and dignified manner. Staff were knowledgeable about people's preferences and respected them.

Staff ensured that people's relatives and friends felt involved in their family members support.

The service sought ways to effectively communicate with people to ensure support was person centred.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care and support which was responsive to their needs.

People lived full and active lives and were involved in engaging with the local community.

The service had a process in place to deal with complaints in an effective manner.

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

**Good** ●

The service was well led.

The management team ensured that audits took place to identify any concerns or areas of improvement.

The registered provider had processes in place to ensure people and their relatives and staff had a voice and were actively involved in the service.

# Walton Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 28 June 2018 and was unannounced. The inspection was carried out by an adult social care inspector. At the time of our inspection there were 20 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with three people who used the service and three relatives of people living at the home. We spent time observing staff interacting with people.

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

We spoke with staff including care workers, catering staff, the registered manager, the deputy manager and other members of the management team. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

At our last inspection of June 2017, this domain was rated as requires improvement. The registered provider did not ensure the safe management of medicines. The registered provider was required to address this issue and sent us an action plan telling us how this would be addressed.

At our inspection of 28 June 2018 we found the registered provider had taken sufficient actions to address the concerns raised at our previous inspection. At our last inspection we checked the stock of medicines and found there were discrepancies. At our inspection of 28 June 2018, we found that extra checks had been put in place to ensure the amount of medicines stored tallied with the Medication Administration Records (MAR's). We checked some medicines in stock and found them to balance with the MAR's. This ensured people were consistently receiving their medicines. MAR's were completed fully and were signed by the staff who administered the medicines. This showed that a clear and concise procedure was in place and a comprehensive record showed that people had received their medicines as prescribed.

At our last inspection we saw that some people required medicines on an 'as and when' required basis. However, there were no PRN protocols to guide and direct staff regarding when they should be given. At our inspection of 28 June 2018, we saw that support plans contained this information. This helped ensure safe and consistent use of these medicines.

Medicines were stored in line with current recommendations and temperatures were taken of the medicine fridge and room where medicines were stored in the main part of the home. However, we found that medicine store room in the Fairways part of the home did not have a thermometer and temperatures were not taken to ensure the storage area remained within a safe temperature range. We spoke with the registered manager about this who took appropriate actions to resolve it. Following our inspection, the registered manager sent us confirmation that a thermometer was now in place and a record of the temperature was being maintained.

We spoke with people who used the service and their relatives and they felt the service was safe. One relative said, "I have no concerns at all with [my relative] living at Walton Lodge."

The registered provider had systems and processes in place to ensure people were safeguarded from the risk of abuse. Staff we spoke with were knowledgeable about protecting people from abuse and confirmed they had received training in this subject. Staff knew what actions to take if they suspected abuse and felt the registered manager would take appropriate actions. One care worker said, "If I was alerted to any type of abuse I would go straight to the manager or directly to the safeguarding team."

The service ensured that positive risk taking took place which did not unnecessarily restrict their freedoms. Risks associated with people's care and support had been identified and processes were in place to help minimise the risks from occurring. We looked at people's support records and found they contained risk assessments which detailed the type of risk and actions staff needed to take to keep them safe. One support record had a risk assessment in place for mobility, using a wheelchair to maintain their independence and

to mobilise safely. Measures in place to minimise risk, were the use of a handling belt, to be supported by two staff who were training in manual handling and to use a lap strap while seated in the wheelchair.

Accidents and incidents were monitored to identify and address any patterns or trends. This ensured people were safe and action was taken to ensure repeated incidents were kept to a minimum.

People had a personal emergency evacuation plan (PEEP) to ensure they were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication assistance that each person required to ensure that they could be safely evacuated from the service in the event of an emergency.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

We spoke with staff and observed staff interacting with people and we found there was enough staff with the right skills, knowledge and experience to support people. At the time of our inspection we saw a plentiful supply of staff to ensure people's needs were met and people were kept safe. The registered manager and deputy manager were also based in the home and offered support to staff and people as required and were very much a part of the team. We saw people were supported to do what they wanted to do and enough staff was available to facilitate trips in to the community. One relative said, "I visit on a regular basis and there are always staff around, it's never any different."

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks. This showed that the registered provider recruited staff in line with their policy and in a safe way.



## Is the service effective?

### Our findings

During our inspection we spent time observing staff interacting with people who used the service. Staff showed a keen interest in ensuring people enjoyed their life and achieved positive outcomes. For example, we looked at care records and found they contained assessments of need which were comprehensive and could be easily followed.

Relatives we spoke with told us they had confidence in the staff's ability to work with their family member and that they were extremely good at identifying their relative's needs. One relative said, "The staff just understand what [my family member] is trying to express."

People's physical, mental health and social needs were holistically assessed and delivered in line with legislation. For example, one person had a particular health condition which required the expertise of professional bodies to be involved. The registered manager told us they assisted this person on out patients appointments to ensure that all the appropriate questions were asked and so they could direct and support the staff team in caring for the person. This ensured effective outcomes were maintained.

We saw people were given choices and supported to make decisions in line with the Registering the right support guidance which states people who live in a registered care home should consistently, meaningfully and continuously be involved in decisions about their care and other needs, and how they will be met. We observed staff offering choices and interactions between staff and people were based on what people chose to do.

We found people's needs were met by the adaptation, design and decoration of the home. This also met the values that underpin Registering the Right Support and other best practice guidance. The registered provider took into consideration the needs of people living in the home. We saw the service was homely and tailored to meet the needs of people who used the service. For example, there was plenty of outside space which was used by people.

We saw that people's care plans reflect their mental, emotional and social needs. They also included the protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

Staff we spoke with felt they had the skills and knowledge to complete their role. Staff told us they attended training courses but also completed some training via eLearning. The registered manager kept a record of training staff had completed and ensured that staff received appropriate training.

We also found that staff received supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss work related issues. Staff also received an annual appraisal where they could discuss their own professional development.

People were supported to maintain a healthy and balanced diet which supported their dietary requirements. During our inspection we observed staff ensuring people received adequate nutrition and drinks and snack in-between meals. On the day of our inspection the weather was extremely hot, and staff ensured drinks were constantly available and also ice lollies.

People we spoke with told us they enjoyed their meals. We spoke with relatives who told us that meals were of a good quality, looked appetising and were plentiful.

We spoke with the catering staff who were knowledgeable about different diets and allergies people had. They also knew people's likes and dislikes and tried to ensure meals were in line with people's preferences.

We looked at care records and found they evidenced that healthcare professionals had been approached when needed. This showed that people had access to healthcare professionals as required. Any advice given from healthcare professionals was entered in to people's support plans and adhered to.

The service worked well with other organisations to ensure people received consistent, timely and person centred care. For example, each person had a health action plan which accompanied them when they went in hospital. The plan was detailed to show very important information people needed to know, important but not urgent information and general details about people's likes and dislikes. This was effectively used and gave direction to hospital staff in a two page document which was easy to follow.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for where necessary and the registered provider had a system in place to ensure they were kept under review and any conditions attached to the DoLS were being met.

Consent was sought in line with current legislation. During our inspection we saw staff were ensuring people were offered choices and that their decisions were respected. Decisions made for people who lacked capacity had been considered in line with their best interests.

## Is the service caring?

### Our findings

We spoke with people who used the service and their relatives and we received good feedback about the caring nature of the staff team. People who used the service told us they liked the staff and felt comfortable with them. One person said, "They [the staff] are my friends." One relative said, "Walton Lodge is amazing and we are very fortunate to have this service. It's very homely and the staff are like family to me." Another relative said, "The staff are always caring and approachable." Another relative said, "I would recommend Walton Lodge to anyone."

During our inspection we observed staff interacting with people in a caring and supportive manner. It was evident that staff knew people very well and knew how to respond to their needs.

There was lots of appropriate, friendly banter between staff and people who used the service. The atmosphere in the home was welcoming and homely.

The service provided took in to consideration Registering the Right Support guidance by providing person centred support which met people's needs. For example, people who used the service had a dedicated member of staff known as a key worker. The role of the key worker was to ensure people had all they needed, that families were involved and that care plans reflected how people wanted to be assisted. People were aware who their keyworker was and related well to them. For example, one staff member had recently taken on the keyworker role for one person and had already started to make a difference to the person's life. They had been encouraging the person to be more involved with the community and to go out a little. The care worker had found things that would interest the person and the person had been happy to engage. One relative we spoke with said, "I have a good relationship with [my relatives] keyworker, who is excellent."

Care and support records included a pen picture which gave brief details of what people enjoyed and what was important to them. For example, family and friends, favourite pop groups and foods they preferred

Staff we spoke with were knowledgeable about maintaining people's privacy and dignity. We observed staff respecting privacy when knocking on bedroom doors and waiting for a response. We observed staff treating people with the upmost dignity and respect. People were quietly assisted which was respectful of their dignity. One care worker said, "When we start work here we are given time to read care plans and get to know people by shadowing other staff. I feel this is respectful as we get to know people before supporting them."

Relatives told us they were made to feel welcome and could visit at any time. One relative said, "I visit at all different times and it's always very welcoming. Staff always have time for me."

## Is the service responsive?

### Our findings

Relatives told us they were involved in their family member's care and support package. They trusted the registered manager and staff to ensure their relatives needs were met.

The registered provider delivered support which was based on the guidance underpinned by Registering the Right Support guidance. They considered how they communicated with people and looked for alternative methods to ensure people had a voice. We looked at people's care records and found they reflected the care and support people required in a person-centred way. Support plans were easy to read and the use of photos and symbols were used to help people understand them. Support plans were reviewed on a regular basis to ensure they were current and an accurate reflection of people's current needs.

We observed staff interacting with people and found they supported people to have control over their own life, in a personalised way which met their individual needs. We observed staff interacting with people and we found they knew people well and responded to their needs. For example, one person wanted to sit on the floor by the staircase and their keyworker sat with them, interacting in a positive way.

People had an activity plan to support them to maintain varied interests. Some people had jobs in the local community and this gave them a sense of value. Some people enjoyed going to the cinema, out for a meal and others enjoyed spending time at home or with their families. The service had access to a large garden which facilitated football and swings. Some people just enjoyed sitting outside.

People were supported to go on holidays and were involved in choosing where they would like to go. At the time of our inspection two people were preparing for their holiday which was due to take place the following week.

People were supported to maintain relationships with people that were important to them. People regularly visited families and friends who were also actively involved in the service. People were also encouraged to develop relationships with the wider community. Some people had jobs which gave them a sense of belonging and value. Others engaged with sports associations. One person had shown an interest in one sport and went to spectate at the local ground. This person is now an appreciated member of the sports team.

The registered provider had a system in place to manage complaints. This was displayed in the main entrance of the home. We spoke with people who used the service and their relatives and they told us they felt able to raise concerns. They told us the registered manager and staff were all very approachable and they could speak with them if they had a problem. People and relatives we spoke with did not have any concerns. One relative said, "I have never had a problem with the home but I would speak with staff if I had. They [staff] are very approachable and would try to resolve it."

We saw the registered manager kept a file to record concerns, however, they had not received any over the past 12 months. The registered manager told us that any concerns raised would be taken seriously and used

to improve the service. We also saw 'thank you' cards and compliments which the home had received, which contained lots of positive comments.

## Is the service well-led?

### Our findings

At our last inspection of June 2017, this domain was rated as requires improvement. Systems in place to monitor the quality and safety of the service did not always identify concerns. At our inspection of 28 June 2018 we found the registered provider had taken sufficient actions to address the concerns raised at our previous inspection.

The registered provider had a system in place to continuously learn, improve, innovate and ensure sustainability. We looked at a range of audits which were in place to monitor the service and to ensure the registered providers policies and procedures were being adhered to. We saw that concerns and areas of improvement had been identified and where required, action plans had been devised. We saw audits were in place in areas such as medication, infection control, environment and care and support plans.

The management team consisted of the registered manager, deputy manager and senior staff. Care workers we spoke with knew what was expected of them and enjoyed working at the home. We spoke with people and their relatives and obtained positive feedback about the leadership and management of the service. One relative said, "I can talk to the manager and all the staff they are very approachable and understanding."

There was a clear management presence in the service. We saw the registered manager and the management team being involved in all aspects of the service delivery and related well to people.

We spoke with the registered manager on our inspection and she told us she was encompassing the guidance in Registering the Right Support throughout the service and looking for ways to develop the service so that people who used the service had a good experience and met their outcomes in a positive way.

People who used the service, their relatives and staff were given opportunities to express their views about the service and to be involved in the development of it. The registered provider completed an annual quality assurance survey to gain feedback. This was in the process of being completed for this year. We saw comments from last year's survey which were positive. Comments included, 'Staff genuinely care,' 'I have peace of mind that [my relative] is taken care of and they [staff] always have their best interests at heart,' and 'I am always welcomed and staff go above and beyond.'