Walton Care Limited

Walton House Nursing Home

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?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 7 September 2017. The first day of the inspection was unannounced.

Walton house nursing home is registered to provide accommodation for people who require nursing or personal care and treatment of disease, disorder or injury for up to 41 older people. At the time of our inspection there were 40 people in receipt of care from the service.

The service had a registered manager in post. 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.

At the last comprehensive inspection on 23 September 2015 the service was rated as good overall and was meeting the regulatory requirements relevant at that time. During this inspection we found the provider was meeting the regulations at this time. However we made recommendations in relation to the safe storage and handling of medicines, support with meals, staff deployment and privacy, dignity and respect.

All people we spoke with were happy with the way their medicines were handled in the home. We saw medicines were safely secured when not being administered however we noted where fridge and room temperatures were outside of the required range these had not been acted upon.

People who used the service and relatives were mixed about the staffing levels in the home and how this related to their care. We saw duty rotas in place that identified the skill mix of staff on each shift and where gaps due to sickness or leave was identified arrangements for alternative staff had been arranged. We saw records that confirmed staff had undertaken training relevant to their role. Staff told us they received relevant training that supported them in their work.

People and relatives we spoke with told us they felt safe in the home. Staff had an understanding of the signs and types of abuse and knew what to do if they suspected abuse had occurred. There was an up to date system in place that had been developed by the local authority to support staff in referring allegations to the relevant agencies.

We received positive feedback from professionals about the home and evidence in care records confirmed professionals had been involved in health care assessments.

Records demonstrated consent for the delivery of care had been obtained. We saw some staff knocking of people's doors and waiting to be invited in but not all staff did this. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
Records relating to capacity assessments had been completed by the home.

Meals provided to people looked appetising and nutritious. Choices of meals were available to people however not all people who used the service or their relatives knew about the choices available to them.

We received positive feedback about the care people received in the home. Some people told us they had been involved in the development, decisions and planning of the care they received.

Professionals were complementary about the care and support people received as they were nearing the end of their life. Records confirmed decisions about peoples choices had been discussed and agreed with them or their relatives.

There was some evidence of people's privacy and dignity being met however not all peoples experiences in the home maintained their dignity and respect. The registered manager took immediate action to ensure people's privacy, dignity and respect was maintained.

During our inspection we observed a number of people and their relatives taking part in activities in the home. There were details of the activities programme on display.

We saw positive feedback in thank you cards on display. The registered manager told us they had received no formal complaints since our last inspection. Following our inspection the registered manager developed a system to enable any concerns or complaints to be recorded, investigated and acted upon.

The home had developed an electronic system which held all people's care records. Records seen were individualised and supported staff in delivering people's care.

We received positive feedback about the registered manager. Staff told us regular team meetings were taking place and we saw evidence of minutes from these. Regular audits and monitoring of the service was taking place that ensured people who used the service lived in safe environment.

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.

People we spoke with told us they were happy with their medicines administration. However we made a recommendation in relation to the storage and handling of medicines.

Duty rotas identified relevant staff in place to support their daily needs. However people and relatives comments were mixed about the staffing numbers in the home.

People and relatives we spoke with told us they felt safe in the home. Staff knew what to do if they suspected abuse. Systems were in place to guide staff on the procedure for dealing with any allegations of abuse.

Relevant risk assessments had been completed and identified individual risks and how to support them.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed they received the relevant training to support their role.

There was regular input from health professionals that supported people's health needs.

Records demonstrated consent for the delivery of care had been obtained. We saw some staff knocking of people's doors and waiting to be invited in but not all staff did this. Records relating to capacity assessments had been completed.

Meals provided to people looked appetising and nutritious. Choice of meals were provided to people however not all people who used the service or their relatives knew about this.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received in the home. Some people said they had been involved in the development and decisions about the care they received.

The home had effective systems in place that supported people's needs when they were nearing the end of their life.

There was some evidence of people's privacy and dignity being met however not all peoples experiences maintained their dignity and respect.

Is the service responsive?

Good

The service was responsive.

People told us and we saw a number of activities were available in the home.

No formal complaints or concerns had been received since our last inspection. The registered manager developed a system to ensure any concerns or complaints were recorded, investigated and acted upon. We saw evidence of positive feedback received in the home.

The home had developed an electronic system where the care records for all people who used the service were held. Records seen were individualised and supported staff in delivering people's care.

Is the service well-led?

Good

The service was well led.

Effective systems were in place that demonstrated the home was monitored to ensure the quality of the service in the home was good.

People, relatives, professionals and staff were positive about the leadership and management of the home.

Walton House Nursing Home

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.

This inspection took place on 6 and 7 September 2017, the first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we checked the information that we held about the home. This included feedback about the service, enquiries and statutory notifications. A notification is information about important events which the service is required to send us by law. We also checked the information sent to us in the Provider Information Return (PIR) prior to the inspection. 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.

To understand the experiences of people living in the home we spoke with 15 people who used the service, nine relatives, and two professionals who regularly visited the home. We spoke with a number of staff during our inspection. These included seven care staff, the cook, one housekeeper, the activities co-ordinator, two nurses and the registered manager who had overall responsibility in the home.

We also undertook observations in the communal areas of the home during group activities, quiet time and two lunchtime periods. As part of one of these observations 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.

We undertook a tour of the building which included a number of people's bedrooms, communal bathrooms, the kitchen, laundry, lounge and dining room. The home was over two floors with communal areas and bathrooms located on each floor. All bedrooms were of single occupancy and had been nicely decorated with personal items and mementoes of people's choice. Ten of the bedrooms benefited from ensuite facilities. There was a small accessible rear garden with seating for people to access during the warmer months and to the front of the home ample car parking facilities were available to visitors at the home.

As part of the inspection we checked a variety of records to demonstrate the care people received as well as how the home was managed. These included eight care files, five staff files, duty rotas, audits and monitoring, medication records, survey's and feedback from people and relatives.

Good

Is the service safe?

Our findings

People who used the service and relatives were asked about the support they received with their medicines. All people told us they were happy with their medicines. They said, "Yes, I think I have my medicine at the right time", "The nurses give me my medications", "Yes, they give medicines to [name] at the right time", "The nurse comes to give fluids with afternoon meds" and "[Name] does get pain relief at 3.00pm, I am here."

We undertook observations of part of the medicines round and saw medicines were administered safely to people enabling them to take their time without feeling rushed and staff were seen recording their administration appropriately. However we observed a staff member dispensing the medicines into their hand without the use of gloves prior to placing them into a pot. This would increase cross infection risks to people. We discussed this with the registered manager who advised us they would ensure all staff were reminded of the safe procedure for handling medicines.

There were appropriate care plans relating to the management of medicines in place to support their safe administration. Medications administration records had been completed that identified medicines had been given to people appropriately. However we saw one cream medicine had been singed as given by care staff where we would have expected this to be administered by the registered nursing staff. We discussed this with the registered manager who advised us that all registered nurses would be reminded of their responsibility when administering creams.

There was an up to date medicine policy in place that would support staff in the safe storage, administration and handling of medicines. However we saw the copy in the clinic room was not the most recent one. The registered manager told us an up to date policy had been printed for staff to access and removed the old copy of the policy to ensure guidance was relevant and up to date.

We checked the fridge and rooms temperatures and saw that these had been recorded regularly. However we noted a number of entries that identified the temperatures had been above the recommended range to ensure medicine were stored safely. We could not see any records that guided staff to respond to abnormal ranges or records to confirm what actions staff had taken to report the fridge and room temperatures being outside of the required range. We discussed this with the registered manager and the registered nurse on duty who replaced the room thermometer, developed a more detailed record for recording temperatures and put in place guidance to support staff in reporting any concerns. We checked the temperatures on the second day of our inspection and saw both the room and fridge temperatures were inside the recommended ranges.

We checked training records and saw all staff had undertaken medicines training that ensured they had the relevant skills to undertake the tasks safely. We asked about whether staff responsible for medicines administration had undertaken any competency assessments to confirm their skills in this role. The registered manager told us there was no specific competency assessment form completed however computer based records recorded that observations of a medicine round had been completed.

We recommend the provider accesses relevant guidance to ensure medicines are stored, administered and handled safely to protect people from unsafe administration.

We looked at how the home ensured medicines were stored safely. All medicines trolleys were securely stored in a locked room when not in use and during the medicines round staff were seen ensuring trolleys were locked in between each administration. We checked the medicine room and saw medicines that required returning to the pharmacy had been appropriately recorded as disposed and over stocks of medicines were stored safely.

We saw that controlled medicines were managed safely in the home. Records of stock checks were seen along with safe administration by two staff. A random check of the controlled medicines confirmed records corresponded accurately with the numbers of medicines in the home. This would protect people from any misuse of medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

Regular audits of the medicines records were taking place that would identify any gaps in the administration of medicines. A professional told us the home was proactive in audits and medicine reviews for all people who used the service they said, "The staff have recently completed an audit on medication reviews, and the annual reviews dates from the surgeries have been reconciled with the care home records."

We spoke with people who used the service, relatives and professionals about the staffing numbers in the home. We received mixed feedback. Comments included, "There appears to be enough staff to meet the needs of residents", "Nothing to suggest that staffing is an issue", "Sometimes I have to wait a long time", "No, there are not enough staff", "There are occasions when I feel (name) is left a little too long to have a pad change", "Occasionally they will get agency staff but they try to get their own staff to cover", "At times in the afternoon I feel they haven't got enough staff but they try their best", "I am concerned about [name] being out of bed because there might not be the staff available to put [name] back" and "The staff are okay sometimes I have to wait."

We asked staff about the numbers of staff in place to support and undertake their duties in the home. They said, "There is not enough staff for the needs of the residents (People who used the service). We still use agency staff but nowhere near as much as we did", "Yes there is enough staff but on the weekend we can be short. There is enough staff to do our job though" and "I am supported by the nurses, we do not use agency staff during the day and only occasionally at night."

During our inspection we saw appropriate staff in place to support the needs of people who used the service. Buzzers were answered promptly and staff were seen supporting people with personal care needs. We saw staff available at times in the public areas of the home that monitored and supported people's needs. However we saw that the lounge was not always supervised by care staff and one occasion when people were supported to the dining area one person was left on their own in the lounge whilst staff supported people in the dining room. We brought this to the attention of staff who supported this person into the dining room to eat their lunch.

We recommend the provider seeks nationally recognised guidance to enable monitoring of staff deployment in the home.

We discussed the staffing number with the registered manager who told us the use of agency staff had decreased recently due to an increase in staffing numbers and where gaps in duty rotas were seen for example to cover sickness or holidays this would usually be covered by the regular staff team. They told us

to ensure appropriate staffing numbers were in place to meet people's individual needs they undertook a monthly needs assessment. They said they would also update this as peoples need changed. We checked the duty rota which confirmed appropriate staffing ratios in place that included registered nurses on each shift. Where changes were required we saw amendments confirmed staff cover had been organised to maintain staffing numbers and consistency for people who used the service.

Appropriate recruitment systems were in place that confirmed relevant and safe recruitment procedures had been completed. Staff we spoke with confirmed they had undertaken an interview and relevant checks had been completed prior to them commencing work at the home. Records we checked included completed application forms, evidence of interview questioning, references to confirm their suitability for the post, proof of identity and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where registered nurses had been employed we saw the home had undertaken checks to ensure they had up to date and current registrations with the Nursing and Midwifery Council as being safe and competent to undertake their role. There were records to confirm nurses registrations had been checked yearly since commencing employment at the home.

People we spoke with told us they felt safe in the home. Comments included, "Yes, I feel safe living here", "I like it here, I am safe" and "Definitely, it's safe." But one person said, "I don't feel safe, I want to go home." All relatives we spoke with were happy that their family members were safe in the home. They told us, "Yes [name] is safe here, I wouldn't want [name] anywhere else" and "Oh, yes [name] is safe here, definitely, it's more safe here than at home."."

Staff were able to demonstrate an understanding of the signs and types of abuse. All staff understood the actions to take to respond to allegations of abuse. The said, "I would report any concerns. I am aware of whistleblowing (Reporting bad practice) and would be confident to do it." Staff told us and training records confirmed staff had received relevant safeguarding training to protect people from abuse. Professionals felt they were safe and staff responded to any concerns appropriately.

There were up to date policies and guidance in place to support staff and protected people from abuse. A new system for reporting had been developed by the local authority safeguarding team and we saw the home had these records to guide staff on the referrals process. This would ensure relevant referrals were submitted to the relevant authority in a timely manner. Records of investigations were in place and included outcomes and recommendations as a result.

We checked how the home dealt with and managed risks. All care files we looked at had individual risk assessments in place that identified how to support and manage people's risks safely. Topics covered included mobility, dietary needs and skin. Where risks had been identified for example one person who was at risk of falling; the appropriate measures had been taking to protect them by installing a pressure mat to alert staff if they stood up. Risk assessments in relation to the environment had been completed that ensured people who used the service lived in a safe and monitored environment. Assessments included, bedrooms, bathrooms, water, and full assessment of the home, records included notes of findings where required.

Appropriate fire risk assessments had been completed and checks on equipment such as emergency lighting, weekly fire checks, fire extinguishers and monthly fire drills were seen. The registered manager told us they had recently upgraded the fire doors to include a door release system in the event of a fire. There were also records that confirmed visits by Lancashire Fire and Rescue to ensure the home had the appropriate systems in place to protect people in the event of a fire. Up to date Personal Emergency

Evacuation Plans (PEEP's) had been completed for all of the people who used the service that provided essential information about their individual needs in the event of an emergency evacuation.

Systems were in place to ensure accidents and incidents were recorded and responded to appropriately. Records we looked at confirmed the actions taken as a result of incidents, the impact on people and any recommendations going forward to ensure people remained safe in the home.

Weekly checks were undertaken that ensured the environment was safe for people to live in. checks included, hot water, refuge areas, bins, bedrooms, bathrooms, and the kitchen. Where staff had identified maintenance was required these were recorded in a maintenance book which the persons responsible for repairs signed off once completed. Evidence of completed service checks were in place these included, electrical, gas, legionella, hoist and lift checks.

We undertook a tour of the building, checked a number of bedrooms, bathrooms, lounge, dining room, the laundry, sluice and the kitchen. People's bedrooms had been nicely decorated with personal items and mementos that supported the homely environment. Lounge, dining areas and corridors were large and spacious and easily accommodated people requiring the use of wheelchairs. The was a small enclosed garden with seating and planters that was accessible to people when the weather permitted.

During our observations we saw that a number of items of equipment for example, hoists, wheelchairs and commodes were stored in some of the communal bathrooms. The registered manager told us the owner had plans to divide a large bedroom to create extra storage for portable equipment in the home. During our discussions two relatives told us their family member's bed was faulty. We discussed this with the registered manager who confirmed they were aware of the fault and an external company had visited and ordered parts for them. We saw this contractor on the first day of our inspection who told us that the functions of the bed to support peoples care and assist staff in delivering care had not been impacted as a result of the faults and could be used safely for people who used the service.

We asked about the cleanliness of the home. A relative told us, "They keep [name] room clean and tidy." A professional said, "There is always soap, paper towels and waste paper bins in each bedroom to allow hand washing before and after examination." We looked around the home and saw all areas of the home were clean and tidy and free from odours. Appropriate hand washing advice was on display in the homes bathrooms and sink that provided guidance to staff and visitors on the correct procedure for hand washing to reduce the risk of infection. There were supplies of liquid soap and paper towels available to minimise the risks of infection.

However in the sluice room we saw equipment that would be used for continence support was being stored on the floor. This would increase the risk of infection for people who used the service. We discussed this with the registered manager who took immediate action to ensure the equipment was stored appropriately and safely. The home had a dedicated team responsible for maintaining the cleanliness in the home. Training records confirmed staff had undertaken relevant training in infection control that provided staff with the appropriate knowledge and skills to protect people for the risks of infection.

Staff were observed wearing appropriate Personal Protective Equipment (PPE) whilst undertaking personal care and cleaning tasks in the home. However on one occasion we saw one staff member did not use gloves or aprons during the lunchtime service. We discussed with the registered manager the importance of staff wearing the correct PPE for specific tasks. The registered manager assurance us that she would ensure all staff wore appropriate PPE to protect people from any risk of infection.

Good

Is the service effective?

Our findings

We asked people who used the service about the meals and choices on offer in the home. We received mixed feedback. Comments included, "The food is fine", "I like my breakfast in bed", "[Name] had lunch with me on Saturday and Sunday, everything up to now has been good", "Champion food" and "I have my breakfast in my room, they have bacon and eggs, bacon barms, porridge, weetabix and toast. We have snacks at tea time, today its cheese on toast or soup and sandwiches." Others told us, "I don't know what it is for lunch", "There is no choice at lunchtime only at tea time", "The food is OK but there is no choice" and "I don't know what's for lunch today, it can be anything."

Relatives we spoke with said, "The food is very good, the home accommodates [name] special diet very well" and "The food is OK there is a choice at teatime." Professionals told us that, "Patients report that the food is good."

During our walk around of the building we saw a notice board on display with the choice of lunch on offer for the day however we noted this was not updated with the day's menu until late morning, this meant people had no visual prompt for the menu of the day. We spoke with staff about the lack of two meal choices available to people at lunchtime who told us all people had access to a variety of different meals at every meal time and we saw details of these on display in the hall. The registered manager agreed that this could be placed in a more accessible area so that people were aware of what food was on offer to them. The registered manager told us details relating to the food on offer would be moved into the dining room to ensure people were aware of the choices available to them. During the inspection we heard staff asking people who used the service their choices for their evening meal.

We undertook observations of two lunchtime experiences for people who used the service. At one of these observations 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. We saw a number of relatives were involved in the lunchtime experience and told us they visited the home every day and were provided with a meal by the home. One relative said eating their meals with their relative helped to support their family member to eat their meal and offered positive familiar interactions between them. Relatives we spoke with said they enjoyed the meals they were provided with.

The dining room had been nicely set with, crockery, cutlery, fresh flower vases and napkins, where people requested, condiments of their choice were provided to them. Staff were seen supporting people to sit at table where possible. Where one person required the use of specialised chair we saw staff utilised an over table to enable them to sit in the dining room with the other people who used the service to eat their meals and take part in the dining experience. Meals provided to people looked appetising and nutritious and where people requested an alternative meal was provided to them. Where specialised diets were required; for example pureed meals we saw these being provided to people. Staff were observed speaking kindly to people whilst providing meals checking they were happy with the meal and offering support where required. On one occasion we observed a staff member blowing on a person's food whilst supporting them to eat. We brought this to the attention of the registered manager who told us they would investigate immediately to

ensure staff were aware of the correct procedure to take when supporting people with their meals.

We recommend the provider seeks nationally recognised guidance to ensure staff have the required knowledge and skills to ensure meals were provided safely.

Although we saw some positive interactions taking place between staff and people who used the service, we noted these were limited to direct questions about the tasks undertaken. There was a lack of light hearted conversation taking place between staff and or people. We noted a number of people who used the service were sat for a long period of time waiting for their meal. We asked the registered manager about this who told us they provided meals to people who were independent with eating first and then staff offered help and support to people who required it. The registered manager told us they would undertake observations of the lunchtime experience for people so that any changes or amendments could be made to improve the support to people ensuing people received their meals in a timely manner.

We checked the kitchen and spoke with the chef who told us there was always enough supplies of food available to enable them to provide choices of food to people. Checks of stocks confirmed fresh fruit, vegetables and meat were used by the home and we saw homemade fresh soup being prepared for the evening meal. All meals were cooked daily and on site in the home. We saw a four week rolling menu that identified the meals on offer to people and the chef told us all people were asked if they were happy with the lunchtime meal each morning and offered alternatives if they requested. It was clear from our conversations with the chef that they knew people's dietary needs well.

The chef told us the dietary requirements of all new people in the home were given to the kitchen that would ensure meals met their individual needs, likes and choices. We saw special diets were on display in the kitchen to guide staff on people's needs for example diabetics or pureed diet. Where people required specialised foods these had been provided by the home. For example we saw specialised bread, porridge and flour for one person who required it. Care records we looked at provided evidence that relevant nutritional and dietary reviews by health professionals had taken place. Weights, food and fluids intakes were being recorded regularly that would enable any changes in people's conditions to be identified and acted upon.

People who used the service, relatives and professionals raised no concerns about the knowledge and skills of the staff team. They told us, "They are helpful", "[Name] is well looked after, the carers are all efficient and friendly, but [name] would rather be at home" and "I am happy with the way they care here, they do a very good job of looking after [name]." Professionals told us, "Staff appear to be knowledgeable and well informed about patients in their care" and "I would say with confidence that [names of staff members] are skilled, knowledgeable, caring health professionals." They said of the registered manager, "She is striving to ensure all staff are prepared for NMC revalidation, delivering regular teaching sessions, which she kindly invited me to attend for peer support."

Staff told us they received the relevant training that supported them to fulfil their role effectively. They said, "I am up to date with my mandatory training such as safeguarding, mental capacity and DoLS, first aid, moving and handling and fire" and "My mandatory training is up to date, which includes moving & handling safeguarding, DoLS & MCA, fire & health and safety."

We saw records that confirmed staff had undertaken the relevant training that supported their role. There was an effective system in place that identified the dates for training updates that would keep the staff knowledge and skills up to date. During our observations we saw a variety of dates of future staff training on display in the home with staff names recorded for who was attending.

We saw all staff undertook an induction programme on commencement to their role. This involved supervision of more senior staff and mandatory training that would equip them with the skills to undertake their role effectively. Staff recently recruited to the home confirmed they had undertaken an induction on commencement of their post.

All of the staff we spoke with told us they had supervision every month and we saw dates of planned supervisions for staff. They said, "I have regular supervision every month" and "I have regular supervision either with the manager or the deputy." We saw copies of completed supervision records. Whilst we saw regular supervisions were taking place records completed were around training sessions and reviews of policies rather than staff discussions around support and development. We discussed this with registered manager who told us informal support and development was also undertaken regularly with staff and she operated an open door policy for them to discuss any topics with her. The registered manager confirmed that all supervisions would now be documented to ensure an audit trail was in place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had access to up to date policies and guidance that supported their role in relation to the support for people who used the service with their decisions. Staff told us and records confirmed they had received training in the MCA and DoLS that would equip them with the knowledge and skills to prevent unlawful restrictions on people. Records we looked at confirmed relevant capacity assessments had been completed and where required DoLS applications had been submitted the assessing authority to ensure people were protected from unlawful restrictions.

Information about how to access advocacy services was on display to support people to make decisions in relation to their care. Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them and defend and safeguard their rights.

We observed staff asking permission from people before providing any support, care or activity. Some staff were seen knocking on bedroom doors before entering their rooms, however not all staff were mindful of waiting to be invited into bedrooms. One relative told us, "Some staff knock on the door but others don't." There were relevant policies and procedures in place the supported and guided staff on how to support the consent, needs and wishes of people who used the service. And the PIR demonstrated the homes commitment to ensuring people were consulted and involved in decisions. It stated, "Where service users (People who used the service) have difficulty in engaging in the decisions about their care and giving consent, we have clear procedures for assessing their decision making capabilities and for making sure that any decisions taken on someone's behalf are recorded as best interest decisions and are agreed as such by all concerned."

There was evidence that consent in relation to the care people received had been sought from them or a relative. People told us, "I get up and go to bed when I want" and "[Name] spoke to us about what [name] needed. We said [name] doesn't like showers and prefers a bath once a week, [name] had a bath last Thursday, and they are more or less each week."

The home benefited from the input of a nurse specialist who worked alongside the local GP surgeries. They visited the home each week and ran a 'proactive health clinic' to offer people health assessments, support, treatment and reviews. They also provided a telephone triage system during the week offering home visits where people's conditions changed.

Feedback from visiting professionals we received was positive about the relationships between the home and them. Comments included, "[Name of nurse] is always well prepared, organised and knowledgeable on the residents that need reviewing and [they] complete the requested documentation on the reason for the visit with a detailed history of the presenting complaint, signs, and symptoms. [The home] can be trusted and relied upon to respond in a timely manner to patient needs and impart detailed health, social and spiritual information on their residents (People who used the service)" and "The staff are well informed about the patients (People who used the service) in their care. The home contacts us directly if needed, appropriately."

People who used the service and relatives told us they had regular and relevant input from health professionals to support their health needs. They said, "They will get the GP if I am ill", "I am expecting to see the physiotherapist on Thursday to see about me walking", "The home have their own GP", "We are expecting the nurse today", "They will call the GP if needed and then they will let me know" and "The chiropodist should be visiting today." Relatives told us the home kept them up to date with any changes of their family members health needs. They said, "If they are worried about anything they will let me know", "They will ring me at home if there is a problem" and "They will contact me whenever [name] is poorly, at any time day or night."

Records confirmed all people who used the service were registered with a local GP and where required input from professionals was seen. These included district nurses, dietician, Speech And Language Therapy (SALT) and hospice support. Care files identified the health care needs of people who used the service was a part of the assessment and review process which supported staff in recognising and respond to any signs or deterioration in people's health.

Good

Is the service caring?

Our findings

We spoke with people who used the service and relatives and about whether the home maintained their privacy, dignity and respect. Some people told us they were happy with how staff protected their dignity. They said, "I am happy here", "They [staff] protect [names] dignity because the door is always closed when they are washing [name]", "we do not force anybody to get up or go to bed at a particular time, they go to bed whenever they want to" and "They (staff) respect (name) and make sure the door is closed." However others told us, "Staff come into my room and disturb me by moving my legs to check them, but I really do not know what they are doing."

Some staff were seen speaking kindly with respect during our inspection such as during supporting people's personal care needs ensuring this was done in the privacy of their bedroom or bathroom. However not all interactions maintained the privacy and dignity of people who used the service. We saw some of the bedrooms overlooked the car park to the front of the home. We saw people were clearly visible in their beds from the car park. We discussed this with the registered manager who reassured us that any personal care was delivered behind closed curtains. They immediately developed agreements regarding people's choices whether they wanted privacy screening on their windows and purchased netting curtains for the bedrooms where people requested. We also observed one person was eating their breakfast with their bedroom door open with minimal clothing on. We brought this to the attention of the registered manager who immediately instructed staff to ensure this person's dignity was maintained. And we also saw two occasions where staff were discussing the personal care needs of people in public.

We recommend the provider seeks nationally recognised guidance to ensure they maintain the privacy, dignity and respect for people who used the service.

Staff and registered manager told us they always closed bedroom curtains and doors during personal care tasks. The professionals we spoke with were happy with how the staff protected the dignity and privacy of people who used the service. They said, "Residents are either already in their bedrooms, or are escorted back to their rooms, and the doors and curtains closed when a visit or review has been requested. It is visible that residents are treated with respect and dignity as part of the standard procedure of delivering care" and "Patients are seen in their own rooms."

We observed all of the people who used the service looked well-groomed and clean. We observed some staff asking people of they would like to wear protective plastic or cloth aprons during meal times and where people wanted these were applied to protect their clothing. People were wearing clothing that was appropriate for the weather and the environment in the home.

People who used the service and visiting relatives were happy about the care they received in the home. They said, "I am happy with care delivered I can get up when I want or stay on bed if I want to", "I am very happy with the care"; "I can have visitors when I want", "The staff are polite and friendly", "I am happy with the care", "I have certainly found them caring", "The staff do ask if I want a shower and they are very caring and helpful" and "The staff are lovely."

Professionals who visited the home regularly were very complimentary about the care delivered to people who used the service. They said, "All the staff are warm, welcoming and courteous, and can be seen interacting with residents in a respectful, caring manner. The same can be said of staff dealing with relatives and professional visitors to the home. Residents (People who used the service) always look well kempt, comfortable and are often taken to the lounge. Walton House is an excellent nursing home, well managed and staffed by caring nurses and support staff."

We spoke with staff about the importance of delivering high quality care to people living in the home. They said, "The care of residents is good, staff are caring." The PIR detailed its commitment to ensure good quality care is provided. It stated, "We make sure that the individual service user or a legally authorised person gives their consent to every aspect of their care and treatment and all service users have signed their care plans or where they are unable to do so, the authorised person has signed on their behalf." Care files we looked at identified people had been involved in the planning, development and reviews of their care. This would ensure records reflected people's individual needs, likes, dislikes and choices. Whilst some people or their relatives told us they had been involved in developing their care plans not all could confirm this. They said, "[Name's] care is discussed with me I have agreed to it. The care staff are fantastic they know what they are doing", "I think we did a questionnaire about likes and dislikes for the care plan", "There have been no care plan reviews, I was asked to complete a questionnaire about likes and dislikes." However others told us, "I have not been involved in the care plan or care plan reviews", "I have not been involved in care plan reviews, I have never been asked."

During our observations we saw some positive interactions between staff and people who used the service. We saw people and staff were relaxed and comfortable in each other's company and staff were seen addressing people by their chosen name. We noted light hearted chatter taking place between them. It was evident staff understood people's needs and respected people's decisions where care was refused. Where we had questions about the timeliness in the delivery of care during the inspection staff clearly understood people's needs and what care and support had been delivered to them. This promoted a seamless and timely delivery of care at the time of peoples choosing. We saw staff responding to buzzers and undertaking care tasks with people in the privacy of their own rooms.

During our inspection we checked how the home supported people's diverse needs. We saw people who used the service wearing glasses and hearing aids where they were required and care records we looked at reflected people's individual needs. Where one person asked about replacement batteries for a family member the registered manager told us these were obtained from the hearing aid clinic and replacement batteries and confirmed new batteries would be obtained to ensure people were supported to maintain effective means of communication. Records identified people's religious needs which would support people in maintaining their religious choices. There was information on display in the entrance hall relating to religious services and we observed weekly services taking place in the home during our inspection. These were well attended by people who used the service as well as family members. People told us they enjoyed the weekly communion.

We received excellent feedback form professionals about how the home supported people at the end of their life. They told us, "The staff excel in end of life care. They have a GSF (Gold Standards Framework) register, and review and code all residents at least weekly, more frequently if a resident is thought to be nearing end of life. Staffs also commences advance care plan discussions on admission to the care home and sensitively discuss preferred place of care, death and resuscitation status. They prompt me and the GP's to ensure the anticipatory medications are in place and request unnecessary medications are reviewed with a view to discontinuing. Staff also arrange meetings between family and health professionals to ensure everyone is in agreement with the planned care, such is their keenness to prevent any unnecessary

alteration to the planned care." The National Gold Standards Framework Centre (GSF) help doctors, nurses and care assistants provide the highest possible standard of care for all patients who may be in the last years of life. It does this by providing these key health and social care professionals with the training they need to provide coordinated, joined up care. We saw a certificate on display for GSF however we noted it had expired in 2015.

Others told us, "One [nurse specialist] recounts experience of a patient who was admitted from home, with a very anxious family who initially were devastated they couldn't keep their [relative] at home, the [nurse specialist] reports that the family were extremely happy with the care their [relative] received at Walton House, every time the [nurse specialist] visited there was a member of staff sat with him, attending to his needs. "

Relatives told us they family members were supported with their decisions about their end of life choices. They said, "The palliative care team from St Catherine's have been out", "[Name] from St Catherine's has visited, it's more convenient to come here", "They know this is the preferred place of care" and "I do know here is the preferred place of care."

The PIR demonstrated the homes commitment to ensuring people received excellent support at the end of their life. They said, "We pride ourselves on End of Life support for both residents and their families. We ensure the resident is as pain free as possible We let them know that we are there for them. We try to gently prepare them as much as possible and watch out for levels of anxiety We plan ahead with anticipatory drugs rather than leave it to the last minute which adds pressure on everyone. For family and friends we encourage open communication and offer them to come in and talk to us about what is happening to their loved one. We try to walk the path with them, supporting them through the process and having open and honest conversations." Care records we looked at had completed records relating to people's choices at the end of their life and completed Do Not Attempt Resuscitation (DNAR) records. We saw these had been signed appropriately by relevant health professionals and regular reviews had been completed. This would ensure people nearing the end of their life received support and care that met their needs and respected their choices.

Good

Is the service responsive?

Our findings

We looked at how the home managed concerns or complaints. There was complaints policy on display in the public areas of the home that guided staff, people and visitors on the procedure to take to raise or record any concerns. We asked people who used the service and relatives about the process for dealing with concerns, compliments or complaints. They told us, "I am very happy and have no concerns", "If I am concerned I see the nurses." One person told us about a concern that had been raised in relation to a member of staff. We discussed this with the registered manager who told us the person had not raised a formal complaint and the details regarding the concerns had been recorded in the persons care file. Others told us they had raised some concerns relating to missing clothing and laundry for their family member in the past. Professionals told us, "If I have had any queries or concerns, [registered manager] deals with these immediately and responds directly in an open and transparent way."

We asked the registered manager how they dealt with complaints or concerns. They told us they had received no formal complaints since our last inspection. We discussed with them the systems in place to record and deal with complaints or concerns. They told us there was no log or complaints recording sheets for staff to record any concerns or complaints. However they took immediate action and developed a system on the electronic records that would enable any concerns or complaints to be logged, investigated and acted upon to reduce the potential for any further concerns.

We saw some complimentary feedback in thank you cards on display in the home. Examples of comments seen were, "I would like to say a big thank you for the wonderful care received from all the team at Walton house. The care was also extended to the family", "Families concerns and queries are answered with sympathy, empathy and professionalism", "Thank you so much for all the care and love you gave to our [name]", "A very big thank you for making [names] stay as comfortable as possible an making the family so welcome" and "My wife and I are overwhelmed by the kindness and professionalism shown by the staff. I recommend Walton house without reservation nothing was too much trouble."

During the two days of our inspection we observed number of group and individual activities taking place. These included; a hangman quiz, armchair exercises, holy communion and table top games. There were photographs of people taking part in activities on display in the entrance to the home. We saw a list of activities available to people on display in the entrance hall of the home. These included hair and beauty, films, armchair exercises, music therapy, craft and Holy Communion. There were also advertisements of future events planned in the home these included 'the magic of musicals.' People told us the fitness instructor and singer was a regular visitor to the home. This would ensure people were offered meaningful stimulation in their day to day life.

We spoke with the activities co-ordinator about the activities who told us, "We are able to get the supplies we need for activities." The PIR demonstrated the homes commitment to ensuring people had access to meaningful activities. It stated, "Our activities coordinator plays a key role in interacting with residents and will encourage them to take part in group activities/entertainment but will also spend one to one time with those who prefer it. She will make it her mission to find out what hobbies or interests they have and try to

provide some person-centred support. She plays a key link with relatives and visitors and can provide important feedback to the team on the well-being of clients. We actively encourage relatives and friends to visit the home as often as they like including children and pets (although we do have protected meal times). We also have many visitors taking part in activities and entertainment events."

We saw people had access to music and DVD's as well as a variety of books to read if they so wished. People who used the service told us activities took place in the home. They said, "They do arrange activities, yes", "I don't do the activities, they are not for me", "Artists come in, there are no trips out" and "I am not interested in activities, I like my ballroom dancing." Relatives said, "I've heard them (staff) ask residents if they want to go out into the garden", "We have taken (name) out for a meal, we use a wheelchair from the home", "The singers, 'The Bluebirds' come in occasionally" and "They do cater for religious needs, they have church visits."

We saw that people were encouraged to be part of the wider community. A number of relatives regularly visited the home. Some of them told us they spend most of the day at the home, taking part in the day's activities, having lunch time and engaging with their family members. It was evident positive meaningful relationships had been developed between staff and relatives. The registered manager was clearly familiar with relatives who visited the home and understood the needs of people well.

The registered manager told us and records confirmed all people had a completed comprehensive assessments prior to them moving into the home that would ensure their needs could be safely met. A visiting professional told us about the effectiveness of the preadmission process that ensured people were appropriately placed in the home. They said, "[Registered manager] deserves special mention. She is focussed on admitting residents that she knows the staff and home can meet their needs. Their pre admission assessment ensures that the room and equipment is ready. The staff also have learnt from experience to thoroughly check the discharge letters and reconcile medications accordingly."

Since our last inspection the home had introduced an electronic records system for all people who used the service. Care records demonstrated a full assessment of people's individual needs had been completed. This would ensure staff had access to up to date information to enable them to deliver appropriate and timely care. Records included personal information, GP, allergies, medical history and personal care needs. The registered manager told us all documentation received in relation to people for example letters from SALT, GP or hospital appointments were scanned into the persons electronic care file. This would ensure all of the staff team had access to required information about people and their individual needs.

Care plans and risk assessments had been developed that guided staff on how to safely deliver care to people of their choice, likes, needs and wishes. These included personal care, skin, mental health, end of life care, falls, nutrition, hoist, choking risks, pain management, sleep and medication. We saw all people's bedrooms had a shorted care plan that held details to guide staff on their individual care needs on a daily basis.

The PIR submitted prior to our inspection stated, "The manager (registered manager) has developed a standard care plan template to ensure consistency in reporting and data collection. Ensuring key information is at hand and up to date. Risk assessment processes for residents promote choice and opportunity to live the lives they want to lead. Care plans are reviewed monthly or earlier if risks change. Residents and families are encouraged to voice any concerns they may have. This helps avoid unnecessary safeguards." There was an effective systems in place that demonstrated regular reviews of people's care plans took place to ensure they was up to date and current.

We saw staff using hand held electronic devices throughout the day. The registered manager told us enabled them to update care plans, risk assessments, changing needs of people as well as daily entries about the care and support provided to them along with entries relating to daily activities undertaken with people. We saw regular daily entries completed by staff. These included food and fluid intakes, continence needs and the daily care provided by staff.

It was clear from our observations, feedback from professionals and the records that effective and positive working relationships had been developed between the home and visiting professionals. One person told us, "The staff are excellent at documenting what is said in the consultation and communicating this in their electronic records and to family. It has also been noted how useful it is to have the electronic records to hand with up to date accurate information and observations." Records relating to hospital appointments and reviews were seen and confirmed relevant health professionals were involved when it was required. A visiting professional told us the home was proactive in ensuring annual health reviews were completed that would ensure any ongoing concerns or deterioration in people's conditions would be identified and responded to quickly.

Good

Is the service well-led?

Our findings

We received positive feedback about the registered manager and her leadership and management skills. Comments included, "I love this place the staff are good and the food is great, the whole place is 100%", "I feel supported at work, the manager [registered manager] is approachable", "The manager is approachable and there is good team work", "I feel supported at work and team work is generally good", "[Registered manager] and the owners are fine. The owners have been around a lot more recently. [Registered manager] is fair but can be firm. I can go to her and she would try to sort it out", "[Registered manager] is lovely she is definitely supportive I could go to her with anything. You can talk to her" and "[Registered manager] is very good and supportive."

Staff we spoke with told us regular team meetings took place and that they were able to bring their views to the meetings. We saw evidence of regular team meetings taking place for care staff, registered nurses and housekeeping. Records included the names of attendees and topics discussed. Topics included bed vacancies, training, maintenance, jobs and standards of dress. The registered manager told us she also regularly attended meetings with managers from other providers at the local clinical commission group. We saw minutes from these meetings which included attendees as well as the topics covered as part of the sessions. This would ensure staff at the home were kept up to date on any changes or topics relevant to the effective running of the home. The registered manager told us they also had weekly head of department meetings where topics relating to the oversight and management of all areas of the home were discussed. We observed one of these meetings taking place during our inspection.

Not all people or relatives we spoke with could not confirm if resident meetings took place. However others told us relatives and resident meetings were held at the same time and we saw dates on display in the public areas of the home of planned resident meetings. The PIR demonstrated its commitment to ensuring the view of people who used the service and relatives was obtained. It said we, "Involve residents and their relatives in regular meetings where we share with them what is going on in the home and what is planned for the future. At these meetings we listen to the residents and relatives and act on any of their ideas or concerns."

The home was proactive in ensuring they obtained the views of people who used the service, relatives and professionals and took results from these into account and acted upon them to improve the experiences for people living in the home. Relatives said they had completed a survey recently and these usually contained questions about cleaning, food, care, any problems and respect. We saw evidence that regular surveys were undertaken in the home. These included care and spiritual needs, activities, cleanliness activities and food. Positive feedback was received such as, "Very patient", "They have been good with me", "The staff are excellent for my needs" and "The staff here are making mum's time left comfortable and cared for." Analysis of the findings from a most recent quality survey was undertaken. We saw notes and feedback recorded. The registered manager and quality manager told us the findings would be acted upon to ensure the care people received was of a high standard and reflected their likes, needs, wishes and choice.

The home undertook regular audits of the care delivered in the home that were submitted regularly to the

local Clinical Commissioning Group (CCG). This was to demonstrate to the CCG the openness, transparency and the standards of care delivered in the home. Areas covered in the audit included, infection control, infection rates, medicine management, care planning, pressure ulcers, safeguarding, DoLS, staff training, complaints, incident reporting and the service user experience.

There was also an audits file that contained evidence of regular audits taking place that ensured the home was safe for people to live in. Audits seen included care plans and care management systems, infection control, food safety and hygiene, medications and safeguarding. Records included notes of the findings, feedback, any actions required and who was responsible for the action plan as a result of the audit. This would ensure openness and transparency as well as an effective system to follow up outcomes and actions had been met from previous audits.

The home had recently updated the organisational policies and procedures. We saw all of these had been signed and dated by the registered manager and all staff had access to them on the electronic system. The registered manager told us sessions were held with staff to discuss policies that supported them in the delivery of care and provided relevant guidance. The PIR confirmed the homes policies and procedures were updated. It said, "Policies are an important element of ensuring that we keep our users and staff safe. We are currently updating the policies and procedures for Walton Care Ltd so they reflect the KLOE's (Key Lines Of Enquiry) and the fundamental standards. These will then be loaded into our central (Electronic) database and staff will be shown how to access them."

Certificates relating to the registration and performance of the home were on display in the home. These included relevant certificates of registration with the Care Quality Commission and Investors In People (IIP). IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. We saw a copy of the last inspections ratings on display in the entrance to the home as well as on the provider website. This would ensure people were made aware of the evidence from the last inspection and what the home did well as well as meeting the provider's statutory requirements with the Care Quality Commission.