

Walton Manor Ltd

# Walton Manor

## Inspection report

187 Shay Lane  
Walton  
Wakefield  
West Yorkshire  
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Tel: 01924249777

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Walton Manor is a care home providing personal care and support for up to 47 older people, some of whom are living with dementia. There were 44 people using the service when we inspected. The home is located on the outskirts of Wakefield and is situated in well-kept, private grounds.

### People's experience of using this service

The service had appropriate systems in place to safeguard people from harm. Individual risks and systems to manage them were in place. All appropriate health and safety certificates were in place and up to date. Equipment was serviced and maintained appropriately. The home was clean, uncluttered and well decorated.

Recruitment systems were robust and staffing levels were consistent. Staff completed a thorough induction programme and on-going training throughout their employment. People said the food was good and there was lots of choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt they were treated well by all staff and observations showed caring, compassionate interactions. People were able to express their views about the home in regular residents' meetings. People's dignity and privacy was respected and independence was supported and encouraged.

People's choices were respected and the service met people's communication needs at the home. People were supported to maintain relationships and follow their interests. Complaints and concerns were dealt with appropriately. The service used complaints to inform improvement to service provision.

The registered manager and staff demonstrated a positive, person-centred culture in the way they spoke with and supported people. The service had strong links with the local community, including local schools and religious establishments.

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

### Rating at last inspection:

The last rating for this service was good (8 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Walton Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Walton Manor is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate systems in place to safeguard people from harm. Safeguarding concerns were logged and followed up as required.
- People felt safe living at the service. One person said, "It's a very nice place, I have been here before for respite. I just feel safe I always have." Another person said, "I feel very safe, there are so many carers about if there are any problems you press the buzzer and they come."
- Staff completed training and regular refresher courses in safeguarding. They demonstrated a good understanding of the issues. One staff member said, "I'd tell [registered manager], or the senior if she wasn't available. I'd have no problem with reporting anything and I do feel like I would be listened to."

Assessing risk, safety monitoring and management

- The service assessed individual risks and had systems in place to manage and mitigate risks. Individual risk assessments were included within care files and were reviewed and updated regularly.
- The service managed environmental risks well. All appropriate health and safety certificates were in place and up to date. Equipment was serviced and maintained appropriately.

Staffing and recruitment

- Recruitment systems were robust and files included all relevant documentation.
- Staffing levels were based on people's dependency levels. Call bell responses were analysed to help assess workloads and inform staffing levels. There were sufficient staff on duty to meet the needs of the people currently using the service.
- Consistent staffing levels were confirmed by staffing records and people's comments. A person told us, "Staffing levels vary, sometimes there are more than others but they soon come." One staff member said, "There are always enough staff and we cover for each other."

Using medicines safely

- The service had robust systems to manage medicines safely. Medicines were administered competently and records were completed accurately. Weekly audits helped ensure any errors were picked up in a timely way.
- The medicines policy was up to date and covered all areas needed. Staff had completed training in medicines management and had regular refreshers and competence checks.

Preventing and controlling infection

- There were systems in place to help ensure control and prevention of infection. In the latest external infection control audit the service had scored 99%.

- Staff had completed training in infection control. Staff had access to personal protective equipment such as, plastic gloves and aprons, and used them when carrying out personal care tasks. All staff had cards with them outlining the correct hand washing procedures.

#### Learning lessons when things go wrong

- The service ensured lessons were taken from anything that went wrong within the home.
- Issues such as accidents and incidents were monitored and analysed on a monthly basis. Any patterns or trends identified were followed up with appropriate actions and used for learning and service improvement.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed prior to being admitted to the home to help ensure their needs could be met. Care plans included relevant health and personal information.
- The service completed documentation accurately for issues, such as nutrition, skin integrity or weight monitoring, where this was required. Appropriate follow up actions were completed.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction programme and on-going training throughout their employment. All staff were supported with National Vocational Qualifications to enhance their skills and knowledge. One staff member said, "Training is ongoing and there is plenty. They keep us updated with changes, we keep learning."
- Regular staff supervisions and annual appraisals were completed. These ensured any training and development needs were identified and addressed.

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

- People were supported with nutrition and hydration by the service recording and adhering to their individual needs. Hydration stations, where people could help themselves to cold drinks, were placed around the home.
- The home had a food hygiene rating of 5 stars, which is the highest rating. People said the food was good and there was lots of choice. One person said, "You can have what you want for breakfast, there is a wide choice. I have put a stone and a half on since I came in here."
- We observed lunch which was a relaxed sociable occasion. People had appropriate crockery and cutlery to assist where they had difficulties. Staff assisted or encouraged people to eat where required and offered people plenty of fluids.

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

- Staff worked well with other agencies. We saw referrals to other professionals, such as memory clinic, falls team and speech and language therapy where appropriate.
- Many professionals attended the home to offer training, advice and support to staff.

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

- The home was clean, uncluttered and well decorated. There were dementia friendly resources, such as old photographs. Signage to assist people to orientate around the home was good.
- Quiet areas were available for people to have privacy with visitors or just some quiet time. There were signs

and pictures on some people's doors to help them find their rooms. Other people had chosen not to have this.

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

- People were supported with their health and well-being. For example, we saw information within one care file on diabetes. There was guidance for staff on how to recognise the signs of hypoglycaemia and how to respond if this happened.
- Oral health care plans were in place to guide staff in how to support people to with their needs in this area.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service ensured they worked within the requirements of the MCA. Appropriate assessments were in place and decisions made in line with best interests' principles were documented clearly.
- People who were subject to DoLS had this clearly recorded within their care plans, with dates for review and possible renewal.
- Staff completed training in MCA and demonstrated a good knowledge of the principles, which were also included in the cards they carried around with them. Staff sought verbal consent when offering care and written consent was kept within care files where appropriate.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt they were treated well by all staff and observations showed caring, compassionate interactions. One person said, "They are hardworking and always ready for a laugh, good fun across the different ages." Another person said, "They call us all by our [first] names, we are not treated as inferior, we are all on one level."
- One to one time between staff and each person was scheduled, to discuss their feelings and wishes and ensure they felt valued. Staff completed daily notes in which they recorded people's emotions throughout the day. This information was analysed to inform changes to care packages when required.
- People's varied religious or non-religious choices were documented. Religious visitors attended for those who wished it, and some people were supported to attend the religious service of their choice. One relative said, "The staff are so brilliant, they go that extra mile, for others too. They got the catholic priest in for [relative] for holy communion which is very important to them."

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

- Care plans evidenced the involvement of people and their relatives in care planning and reviews.
- People were able to express their views about the home in regular residents' meetings. Previous discussions had included menus, activities and information about the new owners. Changes to the menu had been made at people's request.
- Amongst the people who lived at the home there was a recruitment champion, who was involved in staff interviews. There was also a new residents' champion, who helped make new people welcome and explained everything to them about the home.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected, for example, when helping someone to eat a staff member wiped the person's mouth to preserve their dignity. Screens were used in the event of someone having a fall, to ensure their privacy. People could have a key code for entry to their bedroom if they chose, but could exit their rooms without a code on the inside.
- People's independence was respected by ensuring they had the correct equipment, such as walkers, or adapted cutlery, to help them do things independently. One relative said, "They respect [relative's] independence and let them go to the toilet on their own when they are capable, but if [relative] is unsteady on their feet at any given time they will assist."
- People told us staff supported them in ways they wanted, for example, one person told us they could do a lot of personal care tasks themselves but needed help with their buttons and hearing aid which staff

provided.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us care was person-centred and they were able to make choices. One person said, "You have complete freedom to decide what to do and when."
- Care plans confirmed people's preferences and choices, which were documented clearly.
- One person at the home had expressed a love for Chinese food. The service had responded with incorporating Chinese food into their menu and had received positive feedback about this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met by the service and care plans included information about people's communication methods. For example, one person was very hard of hearing but could lip read. There was clear guidance for staff around this.
- Staff carried cards with them, with basic pictures for people to indicate if they wished to go to the toilet or if they were in pain. Pictorial menus ensured people were able to make informed choices about meals.
- Information was available in large print or on a yellow background for those who had visual impairments. There were also easy read versions and information could be supplied in other languages if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain relationships. There was a post box at the home for people to use to post letters and cards.
- Visitors were made very welcome at the home and the service had supplied a resource box for visitors to help themselves to. This contained games and items of interest, which helped facilitate interaction and conversations between people and their families.
- The home had a comprehensive programme of activities and outings and encouraged people to join in.

Improving care quality in response to complaints or concerns

- The service used complaints to inform improvement to service provision. The policy was displayed on the notice board and was available in large print and easy read formats to be as accessible as possible.

Complaints were logged and responded to with appropriate actions.

- The service had received a number of compliments and thank you cards. Comments included, "Will always be in your debt for all the love and care you have given to my [relative]."

End of life care and support

- On admission to the home people were given an advanced decision form to take away, think about and discuss with family and friends. Some chose to complete and return these, some chose not to, and either choice was respected and documented.
- Staff had completed end of life training to help ensure they had the appropriate skills to support people at this time.
- The home had a 'serenity box' which contained items people and families may find useful or helpful when nearing the end of life. Items included cleansing wipes, CDs with soothing music and scented candles.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff demonstrated a positive, person-centred culture in the way they spoke with and supported people. All staff had completed training and carried cards with reminders about equality and diversity principles.
- People and relatives felt their needs were understood and addressed. One relative said, "The needs of my [relative] are met entirely, staff are personable and caring. I am very impressed with the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an understanding of the duty of candour. Complaints and concerns were addressed honestly and any mistakes acknowledged and corrected.
- Notifications to CQC about serious incidents were submitted as required.
- The current CQC ratings were displayed in the home and on the provider's website.

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

- The service had a business continuity plan in place. This set out actions to be taken in the event of an emergency, such as loss of utilities, flood or fire.
- Daily head of department meetings were held to discuss day to day activities, updates and housekeeping.
- People felt staff were clear about their duties. One relative said, "Staff are open, a good team. Each are responsible for certain things so you know who to go to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents' and relatives' meetings took place regularly. People felt they could speak with the management when they needed to. One person said, "I have so much faith in and respect for the management, I feel strongly about that and have done from the word go."
- The service had strong links with the local community. For example, local school children visited regularly to entertain. Coffee mornings took place at a local church, representatives from the local library visited and people from the home attended the local school's Christmas concert.
- Staff were supported with regular supervision sessions and staff meetings. Staff told us they could also speak informally to managers if needed.

#### Continuous learning and improving care

- The registered manager did daily walk around checks Regular audits were completed and all were followed up with actions to address issues identified.
- The service had responded positively to their 'You said we did' scheme. For example, they had arranged hearing aid care training for staff, bought more towels and arranged a better internet connection, all in response to suggestions made.
- The service sent questionnaires to relatives and visitors regularly. The results of December's questionnaire demonstrated that 100% of those who completed them felt happy with the standard of care and felt equality was promoted.

#### Working in partnership with others

- Care plans evidenced partnership working with other disciplines, such as GPs, district nurses and therapists.
- The service was part of Wakefield Council Adult Education Scheme. The registered manager was a member of the National Skills Academy for social care.