WALC Limited

Walc House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 22 September 2018 and was announced.

Walc House 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 is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to four people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were four people living in the home.

The home is a three storey detached property which has an open plan kitchen dining area, a bedroom, sensory room and communal lounge on the ground floor. On the first floor there are two further spacious en-suite bedrooms and a communal bathroom, laundry and staff office. The second floor comprises another en-suite bedroom. There is an enclosed garden to the rear of the property.

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

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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures or behaviours which may challenge the service, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

Where possible people had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had

received an induction and on-going training that enabled them to carry out their role effectively. People's eating and drinking preferences were understood and their dietary needs were met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. 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.

Families and professionals described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported and respected to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place, people and families felt listened to and actions were taken if they raised concerns. The registered manager was starting to explore opportunities to identify and understand people's end of life wishes and preferences.

The service had an open and positive culture. Leadership was visible and promoted good teamwork. Staff spoke highly about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Walc House

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 site visit took place on 22 September and was announced. The inspection was carried out by a single inspector. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be in.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

Before the inspection, the provider completed a 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.

People had complex communication needs and were unable to provide us with feedback. We made general observations of interactions between care staff and people.
Two people were away visiting their parents. We received feedback from two relatives and two health and social care professionals via the telephone.

We spoke with the registered manager. We met with three care staff. We reviewed two people's care files, three medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice.

Good

Is the service safe?

Our findings

Relatives, professionals and staff told us that Walc House was a safe place to live. A relative told us, "I think Walc house is really good. [Name] is safe there". A professional said, "It's a safe home and people seem happy". Staff were confident people were safe at the service and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. A social care professional told us, "Risks are assessed and managed well by the staff". Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures, assessments showed measures taken to monitor the person and manage risk. For example, one assessment clearly informed staff that if a person was to want a bath, that they required monitoring. However, the risk assessment did not make it clear that staff should respect the people's privacy and dignity. The registered manager told us that this would be added to risk assessments. A health professional told us, "They [staff] manage [person's name] epilepsy well". In addition to risk assessments for people the home had general risk assessments which covered areas such as using the kitchen, the home's vehicle and access in the community.

Staff had a clear understanding of active and proactive strategies to support people safely. Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and shared with professionals. We found that Walc House had good working relations with the local learning disability teams and came together with them, the person (where possible) and family in response to changes in people's needs and/or a set review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support.

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. One professional told us, "I have no concerns at all. I'm very, very happy".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take appropriate action. Accident and incident records were all recorded,

analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A relative said, "The registered manager notifies us regularly and always informs us if there has been an incident".

There were enough staff on duty to meet people's needs. A staff member said, "Yes there are enough staff. People are able to do what they like and have the staffing levels they pay for". Another staff member said, "There are enough staff to meet people's needs". The registered manager assessed people's required staffing levels during pre-admission assessments. They told us they regularly reviewed this and both increased and decreased staffing levels in response to changes in need and/or behaviour.

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as evidence of conduct in previous employment and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. A staff member told us, "We have no vacancies but have a lot of applications from candidates that want to work here. It is all word of mouth. We are fortunate with that".

The home had implemented safe systems and processes which meant people received their medicines in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines were all trained and had had their competency assessed.

Medicine Administration Records (MAR) were completed and audited appropriately. A staff member took us through the medicine process for administering people's medicines. We observed people's medicine blister packs were cross checked with people's medicine administration record (MAR) sheets to ensure the correct medicine was administered to the correct person at the right time.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to personal protective equipment (PPE) such as disposable gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. However people did not have Personal Emergency Evacuation Plans (PEEPs) in place. These plans told staff how to support people in the event of a fire. The registered manager told us they did not think people needed one as they were mobile and able to leave the building unsupported. The registered manager told us PEEPs would be completed for each person as a matter of priority.

Good

Is the service effective?

Our findings

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 at Walc House were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support.

Mental capacity assessments and best interest paperwork was in place and up to date for some areas including the use of a monitor for people with epilepsy. Other areas such as; positive behaviour plans, delivery of personal care, medicines and access to the community were under review. A relative told us, "I am always involved in every best interest decision".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. 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. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person and submitted to the local authority. One person had an authorised DoLS in place which had no conditions attached to it. Other people's DoLS were pending assessment.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP, optician and dietician.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. The registered manager told us that they had recently changed their online training provider which meant that questions asked at the end of training exercises were different for each staff member. This meant that staff had to ensure they took in what they were learning and demonstrate a good understanding. A staff member told us, "we complete on line training for most subjects now. I prefer class room training and

some topics are covered in these such as first aid and epilepsy". The staff member went on to say that they had completed their level three diploma in health and social care and told us that all staff had achieved this now. Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; challenging behaviour, epilepsy and learning disability and autism awareness. A relative said, "Training is very good for the staff".

The registered manager told us staff received annual appraisals and regular supervisions. However, the registered manager told us that they were currently catching up with these as they were a little behind. Staff told us that they felt supported and could request supervision or just approach the registered manager at any time should they need to. A staff member said, "I receive regular supervisions. These are useful because we can discuss any problems and can look at progression".

There was an induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager told us, "New staff have induction. They go through the fire procedure and have two weeks of shadow shifts. During this time new staff read care plans and understand how records are completed".

People were supported with shopping, cooking and preparation of meals in their home. Staff understood people's dietary needs and ensured that these were met. We found that those who were at risk of choking had safe swallow plans in place which gave staff the information they required to support people effectively. We were told that menus were put together through discussions with people where possible, and staff's knowledge of people's food likes and dislikes. A staff member told us, "We use a cookery book, some people point at pictures and one person can read. This helps us create a menu. People are supported to go shopping and we encourage them to get items off the selves. One person really enjoys choosing meals, writing the ingredients down, going to the shop and then doing the prep work and cooking it. This gives them a sense of achievement".

Following a fire earlier in the year the home had recently been redecorated and furnished. The registered manager told us that people were involved as much as possible in choosing colours and decorations. The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. The home was newly decorated and staff called it a home from home. A social care professional said, "It's got a really homely atmosphere at Walc House". There was an open plan kitchen dining area and enclosed garden with pond and seating area which staff told us people enjoyed. There was a sensory room for people to use which was in the process of having lights installed. The sensory room could also be used as an additional room to their bedrooms for people to meet with their relatives privately.

Good

Is the service caring?

Our findings

Professionals and people's relatives told us staff were kind and caring. A relative told us, "Staff are kind and caring. Definitely and without doubt. Staff know [name] inside out". A professional said, "Staff are very kind and caring and know people well".

During the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. A relative said, "Our loved one receives good care, we are very happy".

People were treated with respect. A relative said, "[Name] is respected as a person and encouraged to do things for themself". A health care professional told us, "People are respected for who they are and seen as individuals". We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "We close doors, curtains and respect people's private time. We keep documents secure and out of public sight. We would never discuss people outside of the home". Another staff member told us, "People are respected for who they are and treated as individuals. Their privacy and dignity is important. I treat people how I would want to be treated". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Promoting independence was important to staff and supported people to live fulfilled lives. A staff member told us, "We promote independence by prompting people to do things for themselves". A staff member gave us an example of how they actively promoted independence; "We may use a hands on approach like spreading or chopping. When making hot drinks we encourage people to get their own cup, tea bag or coffee, spoon and milk. We would then support them to pour the hot water".

We observed staff using people's communication preferences throughout the inspection to aid and enable them to be as independent as possible and make choices and decisions for themselves. People each had their own preferred methods of communication and this was understood, respected and used by staff. Methods of communication included, key word speech, written text, photos and pictures. People had personalised communication support plans in place which clearly demonstrated people's preferred methods of communication. A staff member said, "We know the people well. One person is able to communicate verbally and we can give them choices this way. Others use pictures. Those who are non-verbal use key words; we also use observation, body language and facial expression. People need time to process information and we always allow for this".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. A relative told us, "Our loved one was supported to come home every other week". One the day of our inspection two people were visiting their families. One of these had gone on holiday with them. Staff were aware of who was important to the people living there including family, friends and other people at the service. A staff member told us that they saw people as part of their extended family.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Although no one had a practicing faith, people were supported to visit places of worship for events such as coffee mornings and a recent steel band. The registered manager told us that cultural and spiritual needs would always be met should people have these.

Good

Is the service responsive?

Our findings

Walc House were responsive to people and their changing needs. A relative told us, "The staff at Walc House are responsive to [person's name] changing needs". Throughout the inspection we observed a positive and inclusive culture at the home. Promoting independence, involving people and using creative approaches were embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. A professional said, "Care plans are very personalised and reflect people's needs. I believe good care is delivered at Walc House".

Support plans provided guidance as to individual goals for people to work towards to increase their independence and reduce their reliance on staff for support. For example, we found that one goal was for people to have a day trip to a zoo outside of the county. We were told that this had been achieved and that people enjoyed the experience.

We were told about how a person could get anxious when staff came into their room in the morning. This person used a monitor so staff could be alerted if they were to have a seizure at night. The service had creatively thought of using it in the mornings as a radio station. They called it Walc FM and staff had their own DJ names. This informed the person who was working each day and gave them morning music to wake up to. Staff told us how the radio station relaxed the person, reduced anxieties and made the person laugh.

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. We found that day planners were completed for each person. These allowed staff on each shift to understand what was happening and if people's needs changed. A staff member said, "We have recently adapted a person's care plan due to changes in their dietary needs. This is to aid us and health professionals to find the route cause".

Staff were able to tell us how they put people in the centre of their care and involved them and or their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A relative told us, "Staff deliver care in a very personalised way. I am involved in care planning and review meetings". A social care professional said, "I attend regular reviews. I'm very happy with the service and everything they have put in place".

People were supported to access the community and participate in activities which matched their hobbies and interests and reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping, eat away from the home and out for walks. A staff member told us, "We take people out for day trips such as hiking, restaurants and swimming. We recently took people to London which was a great success". A relative said, "[Name] has a good

timetable in place and accesses the community a lot. Staff definitely understand their interests". A health professional said, "People participate in activities which keep them busy".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and communication passports were in place.

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. A staff member told us, "EDHR is important to us all. We always respect people for who they are".

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "I have no concerns or complaints. The registered manager would listen if I did".

No-one was in receipt of end of life care at the time of inspection. The registered manager told us that one person had a funeral plan in place and that DNAR's were being discussed with another person's family. They went on to say that they are trying to approach the topic with parents and believed it was important to understand people's end of life wishes. We found that all staff had completed end of life training.

Good

Is the service well-led?

Our findings

Staff and relatives feedback on the management at the home was positive. Staff comments included; "I have no problems with the registered manager, they are always approachable", "[Registered managers name] is very good and approachable. We can always share problems and we have trust that they will sort them out. The registered manager is very respectful" and "The registered manager leads the team incredibly well. They never just stay in the office they always get involved". A relative said, "[Registered manager's name] is a good manager, very caring. We are kept up to date". A social care professional said, "The registered manager is lovely. Very friendly". The registered manager told us that the provider was open and supportive.

The registered manager told us, "I lead by example, I would never ask staff to do something I would not do myself. A leader should be fair and reasonable and I believe I am. I feel part of the team and am a good listener".

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits and checks covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered manager told us that they worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. A staff member said, "The registered manager works shifts with us. I think this is good so that they do not lose touch with routines and people. It also gives them an opportunity to observe how staff work".

The registered manager told us, "I feel the monitoring systems we have are effective. Concerns and lessons are learnt and are always shared with staff and improvements made where necessary". They went onto say, "I accept when I make mistakes and am open and honest. I learn from things and share lessons learnt with staff".

The service worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability team and dietician to review people's needs in relation to food and behaviour. Professional comments included, "The service works positively with other agencies in the community and networks well" and "Walc House work well in partnership with us and provide all the information we require".

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They would fulfil these obligations where necessary through contact with families and people. The registered manager was able to give an example of how they had fulfilled their requirements of this following a fire at the home earlier this year. A relative told us, "I would defiantly recommend Walc House to other relatives".

Relatives and staff told us that they felt engaged and involved in the service. The registered manager explained that staff were given opportunities to feedback on how the service could improve. A staff member said, "I feel recognised and listened to". We reviewed this year's quality feedback questionnaires and found

that three relatives had responded. Each relative had ticked that they felt the care being delivered to their loved ones was good. No comments had been written.