

Loving Care Limited

Walton House

Inspection report

12 Hall Road, Wallington, Surrey, SM6 0RT
Tel: 020 8647 8836

Date of inspection visit: 10 September 2015
Date of publication: 08/10/2015

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 

Overall summary

This inspection took place on 10 September 2015 and was unannounced. At our previous inspection on 16 July 2013 the service was meeting the regulations inspected

Walton House provides accommodation, care and support to up to seven adults with learning disabilities, some of whom have additional specialist needs including autism, physical disabilities, mental health needs and dementia. At the time of our inspection seven people were using the service, many of whom had been living at the service for over eight years.

The service was delivered from a large house, providing people with private bedrooms, access to a number of communal rooms and a large landscaped garden, close to community amenities.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided met the needs of the people living there. Staff provided people with the support they required with their personal care and encouraged them to develop their skills and independence. People

Summary of findings

engaged in a number of activities and staff supported people to identify hobbies that interested them. Some people were also supported to participate in college courses and voluntary employment.

Staff supported people to maintain relationships with friends and family, and supported them to visit their loved ones. Staff supported people to celebrate key events in their life.

Staff supported people to maintain their dignity, and spoke to people politely and respectfully. People told us they liked the staff and felt comfortable speaking with them. There were sufficient numbers of staff on duty to provide people with the support they required and enable people to receive one to one support when necessary.

People were kept safe at the service. Staff were aware of the risks to people's safety at the service and in the community and provided people with the support they required. Some people were subject to the Deprivation of Liberty Safeguards (DoLS) to protect them from harm. DoLS ensure people's liberty is only restricted when it is in the person's best interest and is required to maintain the person's safety.

Staff supported people in line with the Mental Capacity Act 2005 and enabled people to make a choice and be involved in decisions about their care. If people were

unable to make decisions about certain aspects of their care, support or any treatment they required the registered manager helped organise for best interests meetings to be held.

There were safe medicines management processes at the service and people received their medicines as prescribed. People were supported to access healthcare services and received any support they required to maintain their physical and mental health. The service worked with other health care professionals to ensure they provided people with the support they required. People were supported as necessary with any additional needs they had during mealtimes.

Staff had the skills and knowledge to support people with their individual needs, and they frequently attended training to ensure the support provided was in line with current good practice. The registered manager supported staff to ensure they undertook their role and responsibilities effectively.

The management team checked the quality of service provision and ensured appropriate action was taken when concerns were identified. The service learnt from complaints and incidents to improve the service provided. People's views and opinions were sought and listened to and improvements were made to the service in line with people's comments.

Summary of findings

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. Staff protected people from avoidable harm and reported any concerns to the registered manager as appropriate. Staff worked with other healthcare professionals and behaviour specialists to identify risks to people's safety and develop plans about how to support people to maintain their safety and welfare.

There were sufficient staff on duty to meet people's needs and support them with their preferred activities.

Medicines were stored securely and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people. Staff had received training appropriate to their roles. Staff supported people in line with the Mental Capacity Act 2005. Staff arranged for best interests meetings to be held for people unable to make certain decisions about their care. The provider ensured that where people were being deprived of their liberty to maintain their safety in the community, appropriate authorisations had been received to make sure people were only deprived of their liberty lawfully and in a safe manner

Staff were aware of people's support needs in regards to nutrition and hydration, and provided support at mealtimes as appropriate.

People were supported to access health care appointments as required to maintain their physical health. Staff worked with other health care professionals to ensure people received the care and treatment they required.

Good



Is the service caring?

The service was caring. Staff were aware of how people communicated and supported people to communicate their wishes and preferences. People were supported to make choices about the support they received and were involved in decisions about their care.

Staff respected people's privacy and maintained their dignity.

Staff supported people to maintain relationships with their friends and family. People were supported to celebrate key events and were supported to go on holiday.

Good



Is the service responsive?

The service was responsive. Staff were knowledgeable about people's support needs, and provided them with assistance with tasks they were unable to do independently. Staff encouraged people to participate in activities they enjoyed and to undertake new interests, through a number of initiatives including the participation in voluntary employment and college courses.

People were encouraged to express their views and opinions. The staff listened to people's views and made changes to service delivery in line with people's wishes. Complaints were investigated and dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led. People, relatives and staff were comfortable speaking with the registered manager. Staff were well supported and felt able to raise any concerns they had with the registered manager.

The registered manager reviewed any incidents that occurred to identify learning for the service and any improvements to be made to the support provided.

The management team undertook checks on the quality of service provision, and any action necessary to improve service delivery was completed.

Good



Walton 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 took place on 10 September 2015 and was unannounced.

Prior to the inspection the registered manager 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. We viewed the information included in the PIR and reviewed information we held about the service, including statutory notifications received.

During our inspection we spoke with three people using the service, the registered manager and three support workers. We reviewed three people's care records and three staff records. We also looked at records related to the management of the service and medicines management processes.

After the inspection we spoke with two people's relatives. We also obtained feedback from two healthcare professionals and a representative from the funding authority for three people. We asked the registered manager to provide us with some further information, which we received.

Is the service safe?

Our findings

The staff were respectful of people's rights and provided support which helped protect people from discrimination. Staff had received training on safeguarding adults and protected people from avoidable harm at the service and in the community. Staff were aware of signs of potential abuse and the reporting processes if they had any concerns that a person was being harmed. People told us they felt safe at the service and when they were out in the community with staff.

Some people were unable to manage their own finances. They each had appointees who managed their finances on their behalf. Staff supported people as necessary with their money. For example, they liaised with people's appointees to ensure there was money in their account. The registered manager checked the money kept at the service weekly to help ensure people were protected from financial abuse and all money was accounted for. We checked two people's money. Records were kept of all transactions and we saw that the amount of money kept at the service was as expected.

Staff undertook assessments to identify any risks to people's safety, and they developed plans about how to manage these risks. Staff also gathered information about what risks people were able to self-manage. For example, one person was identified as not being aware of all the risks in the community and therefore was supported by staff. However, it was identified that the person could safely travel to visit their parents. The person told us they were happy about travelling on their own and felt safe doing so. Another person would get in the bath without testing the temperature of the water. Staff supported this person to run a bath so they ensured the water was an appropriate temperature.

Staff were knowledgeable about how to support people displaying behaviour that challenged the service whilst maintaining the person's safety and dignity. Staff worked with other health and social care professionals to try and identify triggers to people's behaviour and how they could support the person to prevent the behaviour from

occurring. The provider employed a behaviour specialist who worked closely with staff to provide them with greater knowledge and understanding about how to support people in these circumstances.

Safe recruitment practices were undertaken to ensure staff had the qualifications, skills and knowledge to support people, and that they were suitable to work at the service. This included checking people's ID, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks.

There were sufficient staff to meet people's needs. People told us there were staff around and there was always someone to talk to. People said if they needed any help or if they wanted to go out in the community staff were around to support them. Staffing levels ensured people received the support they required with their personal care, activities of daily living and to undertake any hobbies or interests they had. The number of staff on duty depended on people's needs and what activities they were undertaking each day. For example, one person went swimming and the registered manager ensured enough staff were on duty to enable two staff to support the person with their swimming. Two staff were on duty during the night to ensure there were staff available 24 hours a day to support people.

People's medicines were stored securely in a locked cabinet in their own rooms. Three people consented to us going into their room to review the service's medicines management. We saw there were sufficient stocks of medicines and people received their medicines as prescribed. There were protocols available to instruct staff when it was appropriate to give people their 'when required' medicines. All medicines administered were recorded on medicine administration records. These were completed correctly. We checked the stock of medicines for the three people whose medicines we reviewed. The stock balance was correct. A member of the management team reviewed medicines administration and medicines management processes weekly. This helped to ensure people received their medicines safely.

Is the service effective?

Our findings

People's relatives told us they felt staff had the knowledge and skills to support their family member. Staff were knowledgeable about people's individual needs and had received training to ensure they had the skills to meet those needs. Staff received annual training on topics that the provider considered mandatory for the service, including; first aid, manual handling, health and safety, food hygiene, safeguarding adults, the Mental Capacity Act 2005 and medicines administration. Staff also received training specific to the needs of the people using the service including; delivery of person-centred care, communication, autism, epilepsy and dementia. Staff had completed qualifications appropriate to the support they provided including National and Vocational Qualifications in health and social care.

Staff received regular support from the registered manager to ensure they were competent to carry out their roles and responsibilities. This included formal supervision sessions, annual appraisals and regular informal catch ups. The registered manager also undertook competency assessments to ensure staff had the knowledge to support people safely, for example in medicines management. The supervision sessions were used to discuss people's needs and identify whether they required any additional support or whether staff had any concerns about people's health or welfare. Supervision sessions and appraisals were also used to discuss staff's performance, staff's adherence to the provider's policies and procedures and to review any training needs.

Staff supported people in line with the Mental Capacity Act 2005. Staff spent time discussing with people what care and treatment they required and what would be beneficial to their health. Staff respected a person's decision and their choice as to whether to receive certain support. For example, staff respected a person's decision if they did not want to engage with a healthcare professional.

If staff felt that people were unable to retain certain information or unable to balance the risks and benefits associated with certain treatment, they undertook capacity assessments to establish if the person was able to make the decision for themselves. If people were assessed as not having the capacity to make a decision, best interests meetings were held with input from staff, the person's family and other health and social care professionals as

appropriate to identify what was beneficial for each person. For example, one person did not have the capacity to understand the risks of not taking certain medicines and was unable to balance the risks and benefits with the associated medicines. A best interests meeting was held to establish for this person that it was in their best interests for staff to support them to take their medicines. Another person was unable to balance the risks and benefits of a certain medicine. However, due to the anxiety it would cause to the person to take this medicine it was felt that it was not appropriate for this person to take it as overall it would not be beneficial to their health.

The majority of people were not able to understand the risks associated to their safety when out in the community. Therefore it was decided that to maintain people's safety they needed to be accompanied by staff when in the community. The registered manager and staff understood that these restrictions could amount to a deprivation of liberty and had made applications for people to be assessed as to whether they required Deprivation of Liberty Safeguards (DoLS) to maintain their safety. The majority of people had been assessed as requiring DoLS. Staff were aware of the conditions of people's DoLS and supported them appropriately to maintain their safety. People told us they were able to go out in the community and staff were available to support them, so their freedom was not restricted inappropriately. The registered manager told us that at times people's requests to access the community could not be accommodated if this was at short notice but that it would be accommodated at the next available time. For example, one person wanted to go to the cinema but staff were not available to accompany them at the time. This was arranged for later in the week. The registered manager was aware of when people's DoLS lapsed and arranged for them to be reassessed as appropriate.

People told us the food was "nice" and there was lots of variety. Staff supported people at mealtimes to ensure they received sufficient amounts to eat and drink to meet their needs. Some people were able to make some of their own meals and drinks. For example, some people could help themselves to cereal for breakfast but needed support with cooking. Where people were dependent on staff for help with food and drink, we saw staff regularly offered them food and drink to ensure they had sufficient amounts to eat and drink. Staff usually cooked the main meals for people. A choice was offered to people about what they wanted to eat and people were asked about what meals they would

Is the service effective?

like to have on the menu. Staff also took people out for meals. On the day of the inspection some people went, with support from staff, to a local café for lunch and we observed one person informing staff where they wanted to get lunch from the next day.

Staff were aware of who needed additional support at mealtimes and provided this for them. For example, one person sometimes forgot to eat and finish their meals. Staff sat with this person at mealtimes and reminded them that they had not eaten all their food. Another person had dysphagia and staff were aware of what foods were suitable for this person to eat without compromising their safety and increasing the risk of them choking. One person needed additional support to ensure they received a balanced diet. The staff had spent time discussing with the person what food would be more beneficial for them to eat, and this had had a positive impact on their physical health.

Staff supported people to access healthcare services. People attended annual health checks at their GP and attended dental and optician appointments as necessary. Staff were proactive in getting people support when they were concerned about a person's health. For example, staff noticed that one person was displaying signs they were not

well. They were referred to various healthcare professionals to identify the reason so the person could be treated appropriately. They were supported throughout this process by the manager and eventually a diagnosis was made and appropriate medicines were prescribed to treat the person. Staff supported people to undertake activities to improve their health. For example, one person was supported to go swimming as instructed by their physiotherapist.

Some people had regular reviews by a member of the community mental health team. Staff supported people to attend these appointments. There was good communication between the two services to aid joint working and ensure people received the support they required. A member from the mental health team told us they had provided staff with training on how to support people at the service. They said staff were responsive to their suggestions and open to ideas about how to support the people. They told us if there were any concerns about people the staff contacted their team and asked for additional input. They said staff were helpful and gave them appropriate information to help them to identify people's support needs and how they could be supported further with their mental health.

Is the service caring?

Our findings

People said they liked living at the service, they liked the staff and found them to be “nice”. They told us staff came to talk with them and spend time with them. One person’s relative said the staff were “confident and caring”. A visiting healthcare professional told us they found staff treated people with respect, and were attentive and responsive to people’s needs and requests.

Staff were aware of how people communicated and provided people with aids to help them communicate. For example, one person communicated using one or two words answers. Staff were aware of what the person was trying to communicate and were aware of the non-verbal cues people used to further communicate their needs and wishes. One person at the service used picture aids to help communicate. We observed staff speaking with people and giving them the time to respond and express their wishes.

People were involved in decisions about their care. Staff spent time discussing with people what support they wished to receive and what support would be beneficial to them. Staff respected people’s decisions. If people needed some additional support to make decisions the service arranged for them to have input from an advocate. Two people had an advocate that represented their views during discussions about their assessment for DoLS. Staff were aware of the importance of giving people a choice about the support they received. Information was provided to staff to ensure people were supported appropriately to make as many choices for themselves as possible. For example, one person was able to process information more efficiently if they were provided with two options rather than a range of options.

Information was included in people’s support plans which showed people had been involved in decisions about their care. This included information about their preferred morning and evening routine so that support could be provided in line with people’s wishes. People were free to make choices about how they spent their time, what support they received from staff, and which staff member provided them with that support.

Staff respected people’s privacy and encouraged people to use their bedrooms if they wanted some time alone away from the group. Staff respected people’s personal space and did not enter their bedrooms without their permission. On the day of our inspection staff asked people if we could enter their bedrooms to check their medicines and respected the person’s decision if they did not want us to enter their room.

Staff supported people to maintain their dignity. They supported people in the privacy of their room to undertake personal care and reminded people to change their clothes where required, so they were well dressed before going out in the community.

People were supported to build and maintain friendships with families and friends. Some people had regular visits from their families and people often went to stay with their families over the weekend. One person had built a relationship with a person who lived elsewhere and staff supported them to meet up in the local community and go to the cinema. Another person’s family lived far away and were not able to visit the person at the service. The staff organised for the person to holiday near to their family so they could spend some quality time with them.

The provider had a caravan on the South Coast which people were able to use for holidays with support from staff. People were also supported to go on other holidays. For example, a weeks holiday had been planned to take place in October 2015 and the staff were currently in conversation with people about what they wanted to do during the holiday.

Staff supported people at key times during the year, for example, staff helped people remember important events in their lives and their friends and relatives. The service celebrated people’s birthdays. The staff were helping a person plan their birthday party at the time of our inspection, identifying who they wanted to invite and what activities they would like to do. Staff also supported people to celebrate key events during the year, including Christmas, Easter and Chinese New Year.

Is the service responsive?

Our findings

People said the staff provided them with the help and support they needed. One person's relative told us they were "very satisfied with the service" and the person was "well looked after." Staff told us everyone using the service was different but that was one of the reasons why they enjoyed their work and they felt they knew each person's individual needs and personalities.

People had health action plans and support plans which identified their health, social and personal care support needs. These health and support plans clearly identified what people were able to do for themselves and where they needed assistance from staff. For example, one person was independent with most aspects of their personal care but needed some assistance from staff to wash their hair. People's support plans stated what was beneficial for the person, for example, staff were reminded to take one person to places they were familiar with to reduce their anxiety.

Staff told us people had made progress since being at the service and that they had learnt new skills and gained confidence. This included people communicating more and undertaking some day to day activities independently. People had annual reviews from their funding authority. One of the funding authorities provided us with feedback and told us the service met people's individual needs and enabled them to develop their independence. We saw from another person's review comment included, "[The person] is provided with a safe level of independence, choice and support in the community" and "The care provided is very person-centred and [the person] is integral to the entire support planning process."

Staff worked with people to try and find new interests and hobbies which they enjoyed. One staff member told us the management team were supportive of them to introduce new activities at the service. They said, "What's suggested, they try." Each person had a weekly timetable of activities and groups they took part in. On the day of our inspection people were engaging in activities, including attendance at a day centre and going out with staff to the park and out for lunch. People told us they also participated in art and drama groups, and enjoyed going shopping. We saw that

one person had a regular piano lesson and the service had organised from an aromatherapist to visit the service. One person's relative told us people were "always engaged and occupied."

People were supported to develop their skills. Some people were engaging in college courses and others were participating in voluntary employment. One person had an interest in other cultures and they were taking part in a cultural studies course. Another person was volunteering in the kitchen at a local drop in centre.

The service used the key worker system to provide people with support. This allocated one member of staff to lead on the support provided to people. People met with their key worker formally every month to discuss the support provided and to identify if there were any other activities people wanted to do. The key worker sessions also enabled people to raise any concerns or worries they had. One staff member told us they had been one person's key worker for many years and this had provided the person with consistency in the care and support they received.

The provider listened to and acted on feedback received from people. One person had expressed that they did not like using the communal bathroom on the ground floor because they could hear people and staff talking outside the room. The building had been extended to provide this person with an en-suite bathroom.

The service asked for people's, relative's and visiting professional's views through the completion of an annual satisfaction survey. People showed high satisfaction with the service they received. They felt they had choice about what they did and were happy with the support provided. They felt staff respected their privacy and that staff listened to them. Some people suggested other activities they would like to do or places they would like to go and staff were supporting them to carry these out. Relatives felt the level of care provided was "excellent" and they said there was good communication between themselves and the staff about their family member. They felt communication could be improved about changes in staffing at the service and the service had introduced new processes to ensure this happened. Visiting professionals were complimentary about the service and the support provided by the staff.

There was a complaints process in place. We saw this was available to people in an easy read format and that it had been discussed with people during key worker sessions. We

Is the service responsive?

viewed the complaints that had been received. There complaints were made, these were investigated appropriately and action was taken to address the concerns raised. The person who made the complaint was

happy with the action taken. People told us they had no concerns or worries about the service or the staff. People's relatives told us they knew how to make a complaint but had not needed to make one.

Is the service well-led?

Our findings

One staff member told us, “There’s a good team, good manager, good relationship with [people]. Most of the time they are happy.”

There was a clear management and leadership structure at the service. People and their relatives were aware of who the registered manager was and the owners of the service. They felt able to speak with the registered manager and felt comfortable speaking with her. The registered manager took part in day to day activities and supporting people at the service. They involved themselves in the activities people undertook. For example, taking people swimming. This enabled them to get to know the people and for people to get to know her. We observed people speaking to the registered manager and having a laugh with them. The registered manager’s office was on the ground floor and we observed people going to the office to speak with the registered manager.

Staff told us they found the registered manager approachable and supportive. They felt comfortable asking for advice. One staff member told us, “If you have a problem you can go to [the registered manager] and she will listen to you.” Another staff member said, “If you’re unsure of anything. [The registered manager’s] door is always open.” They said they were able to discuss any concerns or worries they had, and there was a team approach towards service improvement. One staff member told us there was good communication and flexibility within the team. They said they felt they could have open conversations amongst the team and that the registered manager would address any issues that arose. Staff were aware of reporting procedures and ensured any incidents or accidents were reported appropriately. We saw that incidents were managed appropriately and actions were

taken to reduce the risk of recurrence. The registered manager reviewed the incidents that occurred for each person to identify any trends which may indicate additional support needs or a service performance concern.

The provider had two other services and the registered managers from each service had regular meetings to discuss service provision and to share ideas about how to improve the quality of care and support provided. These meetings also gave each registered manager a greater insight into how each service operated and the needs of the people living there, which meant they were able to provide an effective on call system and cover for when the registered manager was on leave.

The registered manager, the director and the provider’s other service’s registered managers checked the quality of care provided at the service. We viewed the findings from the recent audits. The audits included reviewing people’s care records, staff’s training and supervision records, speaking to people about their experiences and reviewing adherence with the provider’s policies and procedures. The findings of the audits showed that people were happy with the support they received, and service policies and procedures were followed appropriately. However, staff were reminded to update some of the records relating to the support people received and this had been done. The registered manager had identified some improvements they would like to make through the completion of their provider information return (PIR) and we found that progress had been made towards implementing some of these changes, including strengthening the format of the reviews undertaken by the director of the service.

The registered manager was aware of and adhered to the requirements of their registration with the Care Quality Commission, including the submission of statutory notifications.