

West Berkshire Council

Walnut Close

Inspection report

Brownsfield Road
Thatcham
Newbury
Berkshire
RG18 3GF

Tel: 01635587810

Website:

www.westberks.gov.uk/index.aspx?articleid=1097

Date of inspection visit:

25 September 2019

26 September 2019

Date of publication:

19 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

Walnut Close is a residential care home providing personal and nursing care to 31 people, aged 65 and over, at the time of the inspection. The service provided care in one adapted building split into three wings. One of the wings specialised in providing care to people living with dementia. This service can support up to 35 people.

People's experience of using this service and what we found

We found the provider to be in breach of four regulations, these were in relation to the need for consent, premises and equipment, person-centred care and good governance.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People told us staff did not always come quickly when they used the call bell. We observed that call bells had at times been left out of reaching distance for people. This meant people were not always able to access support when they required it.

Medicines were not always stored safely. Systems for monitoring expiry dates of creams were not always effective and the service did not always monitor the storage of medicines effectively.

People and relatives told us they felt safe at the service. Staff received training in safeguarding and felt confident to raise safeguarding concerns if required.

People told us they had concerns about their bedrooms being in disrepair. We observed the service was not decorated in line with best practice guidance and areas of the home were in poor condition.

People were supported to have enough to eat and drink, however feedback we received about the quality of food was mixed.

People were assessed prior to moving into the service. These assessments were used to make personalised care plans for people. People were assisted to access other health and social care services and community provisions.

Care staff treated people kindly and with respect. People and their relatives told us they liked the care staff and were happy with the care they provided.

People told us there was not enough to do at Walnut Close, people told us this made them feel bored and isolated. The service did not restrict visiting times and relatives told us they were always made to feel

welcome when they visited.

The service completed a range of audits to assess and improve quality at the service. However, several shortfalls identified on this inspection had not been picked up by these processes. The registered manager kept up to date with best practice and legislation. People and staff told us the management team were approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of four regulations, these were in relation to the need for consent, premises and equipment, person-centred care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Walnut Close

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

This inspection was completed by one inspector and one 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

Walnut Close 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

Before this inspection we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents that the service is required to tell us about. We also reviewed information the provider sent to 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 this information to plan our inspection.

During the inspection

During the inspection, we spoke to eight people and three relatives about their experience. We spoke to six members of staff, including care staff, the deputy manager and the registered manager. 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 documents, including four care plans, two staff files and a variety of records relating to the management of the service.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us that staff did not always come promptly when they pressed their call bell. Comments included, "If it's a busy time of day, they tend not to come for a while," and "There's always fewer staff, we've had times when there's only been 2 people on, you just have to wait a bit longer for help."
- The registered manager completed regular call bell audits to monitor waiting times. We saw that there were two occasions when people waited up to 21 minutes after pressing their call bells. We saw several instances of people waiting between 10 and 20 minutes for assistance. Long waiting times had been investigated, but they remained consistent at certain times of day, for example during staff handovers.
 - We observed that some call bells had been left out of reaching distance in people's bedrooms. When we asked people how they would call for help, they told us they would wait until someone walked past.
- The service had a number of vacancies, staff rotas indicated on most shifts, out of 8 care staff, often half or more of care staff were agency staff. The registered manager told us that they used the same agency staff regularly to minimise change for people. Agency staff had access to training from Walnut Close and attended team meetings.
- Recruitment methods were safe. The service completed appropriate pre-employment checks including acquiring a full work history, appropriate references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- Medicines were not always managed safely or in line with best practice guidance.
- We saw that one person had prescribed creams in their rooms that were expired. Open dates were not recorded on topical medication. This meant that staff and people may have been using prescribed creams that are expired. Expired creams may be less effective and at higher risk of contamination.
- We raised this with the registered manager, all rooms were subsequently checked for expired creams and a form was put in place to ensure that these were checked regularly.
- The service did not check temperatures of medicines that were stored in medicines trolleys. The service checked those stored in a separate medicines room, but this was not consistent. This meant some medicines may have been at risk of becoming less effective from being stored at inappropriate temperatures.
 - We discussed these concerns with the registered manager. Following this inspection, the registered manager had implemented a system for monitoring temperatures of the medicines trolleys. The registered manager told us the expired creams had been removed.
- We saw that administration of oral medication was completed safely and in line with good practice

guidance.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe, however during our inspection, we found some concerns.
- There were systems in place to protect people from abuse. The service had a clear protocol that staff followed to raise concerns.
- Staff had received training and were knowledgeable in safeguarding principles. Staff we spoke with were able to identify different kinds of abuse and how to recognise them.
- The provider had a clear whistleblowing policy. Staff told us they knew where to find this policy and received a copy as part of their induction.

Assessing risk, safety monitoring and management

- The provider completed safety checks to ensure the premises and equipment remained safe.
- Equipment used to assist people's mobility was regularly serviced. Staff were knowledgeable about checking equipment was safe and knew how to raise concerns if needed.
- The service assessed risk for concerns such as falls, malnutrition and pressure damage. Management plans for these risks were in place and being followed.

Preventing and controlling infection

- Some parts of the service were not well maintained and in disrepair. People told us that parts of the home, including bedrooms, were not in good condition. Areas such as broken floors and chipped paintwork are not able to be wiped clean effectively.
- During our inspection, we observed bad odours at times. Some communal areas and bathrooms had a strong urine smell. We saw one person had a used commode in their room that was left uncovered.
- People told us that the service was not always clean.
- Staff had access to disposable protective equipment and people told us staff wore gloves and aprons appropriately.

These findings constitute a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Learning lessons when things go wrong

- The service kept records of accidents and incidents using a digital reporting system. These were reviewed by the registered manager.
- Accidents and incidents were also reviewed by the provider's 'health and safety team'. This team provided quarterly reports that analysed trends and patterns. The service held a meeting quarterly to discuss this report and plan for improvements.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Peoples capacity had not always been assessed and they had not always been able to consent to treatment. At times, people's next of kin had signed to consent to treatment on behalf of people. The service did not check if people's next of kin held lasting power of attorney. This meant the service accepted consent from relatives who were not legally authorised to give it.
- The service did not always use the mental capacity act when making decisions that may be restrictive to people, for example using alarmed sensor mats or bed rails.

These findings constitute a breach of Regulation 11 (3) Need for consent of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We saw that the service had applied for DoLS for some people. Where these had been granted, conditions were followed.
- Following our inspection, the registered manager implemented a new mental capacity assessment tool, they have provided us with evidence that this is now being used appropriately.

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

- Some people told us they were not happy with the state of décor in their bedroom. Complaints included peeling plaster, scuffed paintwork, unclean curtains and damaged flooring.

- We saw that some areas of the service appeared old and in need of replacement, for example we saw several white toilet seats that were stained brown from age, tiles that had come away from the bathroom wall and one bath seat was out of order and no longer useable for people.
- During our inspection, we saw that several shared bathrooms were used as storage rooms.
- We saw that some other communal areas, such as communal lounges were also used for storage of equipment and drugs trolleys. This meant the area was less likely to feel homely or inviting to people.
- Seating in the garden appeared damaged and one bench was broken. People told us it was a barrier to them using the garden. One person told us, "I think this place is very poor, outside in the garden there's nowhere to sit, benches are splintered and chairs broken". The registered manager told us the broken bench had remained in the garden as a person who used the service wished to start a project to repair this.
- The service was not designed in line with best practice guidance for people living with dementia. We saw that the service had not used contrasting colours appropriately and important aids such as grab rails were in colours that made them difficult for people to see.
- Signage was not always clear. This made it harder for people to navigate the service.

These findings further constitute a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We discussed the above concerns regarding the service design with the registered manager. They told us they were aware of the issues regarding the environment but had not been able to redecorate due to budget constraints. The registered manager told us they had plans to re-decorate the home within the next year. Plans for redecoration included additional storage.
- People were encouraged to personalise their rooms by bringing their own furniture and personal effects.

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

- People gave mixed feedback about the quality of the food. People told us there was always enough to eat however the quality of the food varied. Comments included, "The food has got better, tastier, and I get enough", "The food is patchy. It's sometimes very good and sometimes faulty. It doesn't always have a lot of flavour," and, "The food isn't bad, it could be a bit more tasty".
- Some people told us they could not remember their menu choices and did not always know what they were eating. One person told us, "If I don't ask what each item of food is, they just walk away."
- We observed that staff did not always explain to people what their meals were.
- Staff did not encourage a social atmosphere at meal times. We observed that lunch was quiet, and staff did not engage with people.
- When we discussed mealtimes with the registered manager, they stated that they were currently trialling ordering at the point of service. The registered manager also stated they planned to introduce 'show' plates. These plans aimed to promote people's ability to make choice about their meal options.

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

- People's needs were assessed before they moved into Walnut Close. Assessments included people's physical, spiritual and cultural needs. Information from assessment was used to inform people's care planning.
- The service assessed people's oral health in line with NICE guidance, this meant people were supported to access appropriate oral care.

Staff support: induction, training, skills and experience

- Staff told us they felt they had enough training to do their jobs well. We saw that staff received training in appropriate areas such as infection control, manual handling and medicine management.
- The service sourced specialised training in response to specific needs of people.

- Staff had regular meetings with their manager, they told us they found this supportive.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required. We saw evidence in people's care plans that they had been referred to specialist health care professionals appropriately.
- The service held a weekly exercise class for people to attend if they chose.
- People were supported to attend community provisions aimed at promoting mental wellbeing and social inclusion.

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 good. 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 told us they were happy with the care they received. Comments included, "It's ok here, I'm being looked after. The carers are lovely", "the care is quite good," and, "staff are absolutely lovely, they're always prepared to do a bit more than they're asked to do."
- Relatives told us they were happy with the care their family members received at Walnut Close. One relative told us, "I think they (staff) are lovely. I feel absolutely supported and am always made welcome when I visit."
- During our inspection, we observed staff treating people kindly and with respect.

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

- People were supported to access advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.
- Care plans were written in partnership between care staff and people. This meant people were supported to make choices and had input in their care planning.
- Family members and advocates were invited to attend care plan reviews, this meant care planning for people living with dementia were supported by people who knew them well.

Respecting and promoting people's privacy, dignity and independence

- We observed staff assisting people in a discreet manner.
- Staff described how they maintained people's dignity when they assisted them with personal care. One staff member said, "Before you enter, knock on the door, then close the door behind you. If someone has had an accident in the communal lounge, don't highlight it, just ask them to come with you and then assist. Make sure the doors are closed behind you at all times."

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Requires Improvement

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People told us there were not enough activities that interested them at Walnut Close. Comments included, "It's alright here, apart from being boring," and, "I lay down here all day, what else is there to do?"
- People told us they enjoyed activities outside of the home but felt these were not often enough. One person told us, "Recently they took me to the local church social, but these are not regular outings."
- People told us they felt isolated at times Comments included, "I feel isolated on this floor, everyone's deaf. It means I can't have a conversation – I miss that," and, "The atmosphere here is ok, it's not depressing. You could say it's a bit isolating. I could always go up to the lounge, but there's nobody there."
- Staff did not interact with people when they did not need assistance. During our observation using SOFI, we saw that people who sat in communal areas appeared withdrawn at times.

The above constitutes a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Visiting times were not restricted and relatives told us they were made to feel welcome when they visited.

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

- People told us that the high levels of agency staff meant that their care was not always consistent. One person told us "You have to explain to new agencies (staff), they are all learners", "regular staff do their job perfectly, no complaints."
- When we spoke with the registered manager about staffing, they told us that whilst they are not fully recruited at present, they try to use the same agency staff consistently so that staff know people and their specific care needs.
- People's care plans were personalised and set out how they would like their needs to be met.

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.

- The service had good awareness of their responsibilities regarding the Accessible Information Standard.

- People's communication needs were assessed and documented in their care plans. These were communicated with other health care professionals when appropriate.
- The provider had access to adapted documentation when required. This included translated documents and documents in large print or easy read formats.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and provided copies of this to people and their relatives. This policy was also explained verbally when people moved to Walnut Close.
- The provider had not received any complaints in the last year. We saw evidence that historical complaints had been responded to appropriately and in line with the service's complaints policy.

End of life care and support

- People did not always have end of life wishes recorded in their care plan.
- When we spoke with the registered manager, they said they used care plans provided by the GP for palliative care and are in the process of developing their own end of life plans.
- The registered manager explained how the service worked with other healthcare professionals to provide effective end of life care. This included professionals such as the GP, Rapid Response team and Sue Ryder team. Sue Ryder are a charity who provide palliative and bereavement support.
- We saw feedback from relatives that suggested people had received high quality, person-centred end of life care. Comments included, 'As well as caring so brilliantly for our [family member], you have also been extremely kind and supportive to us as a family over the last few weeks. This has made a very sad time that much easier to deal with.' And, 'for those carers who took the time to see the real [person], who took the rough with the smooth, (you know who you are), a huge thank-you. Thank-you for the support you offered to all the family during the last few days.'

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had several audit systems in place. However, these had failed to identify the shortfalls identified in this inspection. This included shortfalls with environment, cleanliness, consent and activities.
- Where shortfalls had been identified, they had not always been addressed, for example, although concerns had been identified with the environment, these had not been addressed in a timely manner.

This was a breach of Regulation 17 (2)(a) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had submitted appropriate notifications to CQC in line with their regulatory responsibilities since their last inspection.
- There was an on-call system in place, which ensured staff always had access to managerial support.

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

- The registered manager spoke passionately about person centred care. However, we observed this did not always translate to care staff who we observed working in a more task focused approach.
- Staff told us the registered manager was supportive and approachable. Comments included, "I think [registered manager] is quite easy to approach, I've always found it easy to talk to her" and, "They are very caring, very hands on."

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 registered manager had good knowledge of their responsibilities under the duty of candour. They told us they encouraged an open approach, so people could feel comfortable raising concerns with them.
- The provider was able to give examples of where the duty of candour had been met.

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

- The service involved people who lived at the service in the recruitment process, people said they enjoyed being included.

- Staff told us they felt listened to by management and felt comfortable to make suggestions for improvement.
- The service hosted regular meetings for people and relatives to attend. These meetings were used as an opportunity for people to give feedback and discuss development of the service.
- Feedback from people and relatives was encouraged. The provider sought formal feedback annually through quality assurance questionnaires.

Working in partnership with others

- The service had arrangements in place to work with other health and social care organisations. This ensured people had access to services that were relevant to them.
- The registered manager was a member of health and social care networks. This ensured they were up to date with changes in legislation or best practice guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not always support people to avoid social isolation and partake in meaningful activities.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not follow the principles of the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service was did not always work within best practice guidelines for infection control. Parts of the service were in disrepair. The premises did not always meet the needs of the people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service's quality assurance systems did not identify shortfalls regarding people's social needs, the environment and mental capacity assessments.

