

Mission Care

# Love Walk

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Love Walk provides accommodation and personal care for up to 31 people with a range of physical disabilities. At the time of the inspection, 27 people were living at the home and six people were on holidays.

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

Risks to people had not always been assessed and planned for. The provider had implemented a new monitoring system however this was not always effective as it had not identified the concerns with assessing and managing risks. The provider had processes for learning when things went wrong.

### People told us they liked living in the home and they felt safe.

Staff demonstrated a good understanding of the provider's safeguarding policy. Medicines were safely managed. The provider was completing regular safety checks to ensure the building was safe. Staff were suitably trained, and they received regular supervision and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation to the provider to consider people's preferences and needs as some people were unhappy with the food available.

The building was old and in need of modernisation. We made a recommendation to the provider to review their practices to ensure the building meets the needs of people living with dementia.

We saw some kind and caring interactions between staff and people living in the home. Care plans were detailed and person-centered and provided clear guidance to staff on how to care for people. Staff respected people's privacy and dignity. People were supported to be as independent as possible.

People knew how to make a complaint. The provider was not recording people's end of life wishes.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 April 2021) and there were breaches of regulation.

### Why we inspected

We undertook the inspection to see if the provider had made improvements since the last inspection.

We looked at infection and prevention control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At the previous inspection we identified breaches of regulation for 12 (safe care and treatment) 11 (consent) 17 (good governance) and regulation 18 (notification of other incidents) The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements, but the provider was still in breach of regulation 12 and 17.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** 

### Is the service well-led?

The service was not well-led

Details are in our well-led findings below.

**Requires Improvement** 

# Love Walk

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, assistant inspector, a nurse specialist professional advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Love Walk is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent upon their registration with us. Love Walk is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, cook, one cleaner, five care staff and the nominated individual. This person is responsible for supervising the management of the service on behalf of the provider. We spoke with nine people living at the home during the inspection and one relative. We met with one health care professional. We carried out a tour of the building and we looked at how medicines were managed. We observed mealtimes and staff awareness of best practice. We reviewed a range of records which included five people's care plans, medicines for five people, incidents and accidents, complaints, health and safety checks and quality assurance monitoring. We received feedback from three healthcare professionals.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

### Assessing risk, safety monitoring and management

At the last inspection we found risks were not always assessed, monitored, or managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of this part of Regulation 12.

- Risks to people had not always been considered, assessed or planned for. On the day of the inspection six people were on holiday with care staff. There was no risk assessment in place for this holiday. This meant staff may not have the correct information to care for people in the event of an emergency.
- In another person's file we identified there was a potential risk when engaging with certain staff. However, there was no risk assessment in place to provide staff with the necessary information to manage this potential risk.
- In another person's file we identified they had skin integrity concerns and they were at risk of pressure ulcers. There was no risk management plan to mitigate potential risks.

The provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were effective procedures in place to support people who may have behaviours that challenged the service. The registered manager had sought support from relevant healthcare professionals to ensure staff had clear strategies in place to provide the necessary support.
- Risks within the environment had been managed. Maintenance staff carried out regular checks on the building and equipment to make sure it was safe. There were checks on fire safety, and people had individual evacuation plans in place in the event of an emergency evacuation.

### Staffing and recruitment

- There were enough staff on duty to meet the needs of people who used the service. Since the last inspection the provider had introduced a dependency assessment tool. This helped ensure there were appropriate staffing levels in place to care for people.
- Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken

before staff started working for the service. These included checks to ensure staff had the relevant experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant criminal checks had been completed.

#### Using medicines safely

- Medicines were administered safely. The Medicine Administration Records (MAR) provided evidence that people were given their medicines as prescribed.
- Medicines were stored securely and appropriately in trolleys and in the medicines room.
- Controlled drugs were stored safely and the stock we looked at matched the stock levels recorded. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.
- There were effective procedures in place for supporting people if they were using medicine patches. For example, staff were recording where they had applied the patch and were aware of the possible side effects if they used the same site.
- People had been prescribed medicines to be administered as required (PRN). We saw everyone who had PRN medicines had a protocol in place to provide guidance for staff as to when they should be administered.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I feel safe." The provider had a safeguarding policy in place. The registered manager understood their responsibilities regarding the action to take to protect people from harm.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider had effective processes in place for managing incidents and accidents. The nominated individual reviewed all incidents and accidents each month and carried out regular audits.



# 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 our last inspection we did not rate the key question as we only looked at part of the key question. At this inspection the rating was good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we identified a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, we found not enough improvement had been made and the provider was no longer in breach of Regulations 11 and 18.

- The provider was working within the principles of the MCA and staff had received training.
- The registered manager had effective methods in place for managing DoLS applications and they were aware of the requirements to notify the Care Quality Commission following the approval of DoLS applications.
- The provider had introduced bedrail assessments to assess if people needed a bed rail and to establish if this was the least restrictive option for the person.

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

After the previous inspection we made a recommendation to the provider to seek and implement national

guidance in relation to ensuring there is an effective process in place to meet people's hydrational needs.

At this inspection we found the provider had implemented this recommendation.

- People's nutritional and hydrational needs were met and people were supported to maintain a balanced diet. However, overwhelmingly the feedback we received about the food was negative. Comments included, "The food lets the place down, it is poor quality, and some dishes aren't what you expect" and "It really needs improvement."

We recommend the provider considers people's preferences and needs at mealtimes.

- We observed the breakfast and lunch time meal and found there were good arrangements in place to help ensure people have a positive experience. For example, if people needed plate guards these were provided.
- People were encouraged to maintain a healthy diet. The provider had created daily reports which recorded people's food and fluid intake. When it was appropriate, people were regularly weighed and if required staff made referrals to the GP or dietitian for advice.

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 the home. The pre-admission assessment was used to write the person's care plan. People's protected characteristics under the Equality Act (2010), such as religion and disability were recorded within people's file.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained, supervised and appraised. Records confirmed staff received regular supervision meetings where they had the opportunity to discuss their work and help them improve their practice.
- People told us that staff had the necessary skills to carry out their roles, one person said, " I don't know about training, but they seem to know what they are doing."
- Staff told us they felt well supported. One staff member told us, " The management team are helpful."

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

- The registered manager had effective relationships with healthcare professionals. Staff worked alongside a variety of support services depending on the needs of people which included the district nurse, GP and chiropodist.
- People's oral care was being assessed and regularly reviewed and people were supported to visit the dentist if required.
- We saw examples of when people's needs changed and how staff took appropriate action, for example one person was referred to a fall's clinic after an incident at the home.

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

- The building was not fit for purpose and was in need of modernisation. Previous to this inspection the provider had made the CQC aware of their intention to close this site and rebuild a new care home. The registered manager was aware that the service was not always suitable for those living with dementia.

We recommend the provider review their practices to ensure the building meets the needs of people living with dementia.

- The bedrooms were clean and tidy but were in need of refurbishment as equipment was old. People were however happy with their rooms. One person said, "I like my room and I can have lots of my own things, makes it feel more like home."
- The garden was well maintained and there was plenty of opportunity for people to enjoy this facility.

# 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 our last inspection we rated this key question good. At this inspection the rating 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 were treated well. Comments included, "They [staff] are very caring and treat me exactly as I want to be treated" and "Yes, they are wonderful, very gentle and caring".
- There was a relaxed environment within the home and staff and people engaged well. We observed one staff member stopping to talk to a person about an activity which was important to them. This showed us the member of staff knew the person's needs and interests well.
- Since the last inspection the provider had reviewed their Equality and Diversity policy and as a result, they had started to ask people about their individual characteristics. Whilst more work was required in this area, the registered manager recognised the importance about speaking to people about their sexuality and ensuring people's individual needs were being met.

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

- People told us they were involved in their care and consulted, comments included, "I am completely involved" and "Yes, I am in charge of my destiny."
- The Registered Manager was supporting people to access advocacy. Advocacy services offered trained professionals who support enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported their privacy and dignity, comments included, "Yes, they are very encouraging, and I can do a bit more now than when I came, they take me shopping so I can choose things" and "I am encouraged to make choices and do what I can."
- Staff understood the key principles in relation to maintaining confidentiality and protecting people's personal information. Staff spoke about the importance of knocking before they entered people's room and ensuring people's dignity was maintained when providing personal care.

# Is the service responsive?

## Our findings

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

At our last inspection we did not look at this key question. At the inspection in 2017 the key question was rated outstanding. At this inspection, the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and documented as part of their care plan. Staff had a clear understanding of people's communication needs. However, the registered manager was not aware of their responsibilities under the AIS. We discussed this during feedback and the registered manager took prompt action to address this.

### End of life care and support

- At the time of the inspection the provider was not supporting anyone who was receiving end of life care. However, the provider was not recording people's end of life wishes. We raised this with the registered manager, and they told us they would update their care planning process to include this information.

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

- People received their care in a person-centred way. Staff recorded the care they gave to people throughout the day in real time, and we were able to view these on the electronic system.
- People's care plans recorded information which was important to them for example, past histories, likes and dislikes. People told us that their care met their needs, one person told us, "Staff are quite sensitive to my needs so if I want to talk about the past that is what we do and if not, we chat about anything" and "We [staff] talk about all sorts of things, sometimes my past."
- We received feedback from one professional who spoke positively about the home providing personalised care. They told us, "The care and support that the client and family received from Love Walk went a long way to help [person], I could not have asked for more for our client. The care and support received was exceptional."

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

- Staff supported people to take part in daily activities which were meaningful and which people enjoyed. The provider arranged various activities which reflected people's interests, preferences and hobbies. Within people's care notes we could see people had enjoyed various activities in the home including trips out to

the beach and local clubs. However, three people told us they would like more outings. We raised this with the registered manager, and they told us they tried to arrange a variety of activities.

- Visiting health professionals spoke highly about the activities available for people. They told us, "There is really good care and as [professionals] we look at activities and they brought our clients who are dependent with high care needs to outings. They are a responsive team."

Improving care quality in response to complaints or concerns

- The provider had a complaint procedure in place. We reviewed the providers complaints and found that they were acting within their policy.

- People told us they knew how to make a complaint, Comments included, " Yes of course but I don't have anything to complain about " I know how but haven't needed to."



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

At the last inspection we found the provider did not have robust oversight of the quality of care at the home. This was a breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in Regulation 17.

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

- Since the last inspection the provider had introduced new auditing systems to monitor the provision of the care being delivered. However, these were not always effective as we found risks assessment were not robust and this placed people at risk. The provider was not aware of their need to have a risk assessment in place for taking people on holidays.
- In addition, the registered manager was not aware of their responsibilities for the AIS, and people's end of life wishes were not recorded.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. These was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each month the registered manager reviewed a range of documents including bed audits, medicines, health and safety and accidents and incidents. If issues were identified they were discussed with the nominated individual and appropriate action was taken to ensure people received safe care and support.

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

- The home was well managed, and the management team were visible to people and staff. People spoke well about the management team, one person told us, " [Management] are very helpful and usually available." and " I have no concerns about Love Walk and we are confident in the way that it is run presently."
- We received feedback from one professional who told us, "Love Walk always focus on what really matters

for their clients – reducing their personal difficulties so they can live a meaningful and fulfilling life. Love Walk has a very humanistic / humanitarian approach to their work where they support people to be in control of their own lives. The whole team are professional service providers, whatever their individual role."

- There were daily handover meetings where staff could discuss the needs of people who used the service and management attended these meetings. These meetings were used as an opportunity to share information and concerns.

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 understood their responsibilities and their duty of candour and communicated openly with people and their relatives when things went wrong.

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

- The views of people were regularly sought as the registered manager met with people each month. If people requested for action to be taken, we could see that the registered manager was proactive. For example, people had requested for a sandwich maker, and this was purchased on the day the request was made.
- The views of staff were sought as the provider carried out an annual staff survey each year, and all of the findings were published, and these were used as an opportunity to improve practice.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a good working relationship with health care providers and commissioners. Since the last inspection the registered manager had worked to improve their practices to ensure people received safe care and treatment. They told us " We have worked hard to make the improvements since the last inspection."



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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risk to the safety of service users.</p> <p>Regulation 12 (1)</p>  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. Regulation 17 (1)</p> |