Loving Care Limited

Walton House

Inspection report

Walton House
12 Hall Road
Wallington
Surrey
SM6 0RT

Tel: 02086478836

Date of inspection visit:
10 October 2017

Date of publication:
31 October 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Walton House provides accommodation, care and support to up to eight people with a learning disability. At the time of our inspection seven people were using the service. These were the same seven people that were using the service at the time of our last inspection.

We undertook an unannounced inspection on 10 October 2017. At our previous inspection on 10 September 2015 we rated the service good. At this inspection we found the service remained good.

A flexible and responsive service was provided. Staff promptly identified signs that a person's health was deteriorating or there was a change in their needs and provided the level of support the person required. The provider recruited additional staff to account for the changes in a person's needs and the additional support they required. Staff had recorded changes in people's behaviour to identify triggers and what was causing a change in a person's health or causing them distress. Staff worked with people to understand what additional action they needed to take in order to improve their health and therefore improve their independence. Staff encouraged and empowered people to take control of their lives and develop their knowledge and skills, including through participation in activities, attendance at college and through work placements.

Staff continued to protect people from avoidable harm and were aware of safeguarding adults procedures. There were sufficient staff to meet people's needs and safe recruitment practices were followed. Staff continued to assess and identify risks to people's safety. People received their medicines as prescribed.

Staff completed regular training to ensure they had the knowledge and skills to undertake their duties. Staff continued to support people in line with the Mental Capacity Act 2005. Staff continued to support people to access healthcare services and to eat and drink sufficient amounts to meet their needs.

Staff continued to build friendly, kind and caring relationships with people. Staff knew the people they were supporting and their interest, hobbies and preferences. Staff supported people to develop their verbal communication and staff told us people had become more confident in making their choices known and making decisions about their care.

The registered manager remained in post and adhered to the requirements of their registration with the CQC. There was an open and honest culture at the service and staff, people and relatives were encouraged to express their views and opinions about service delivery. The registered manager continued to adhere to the provider's procedures to review the quality of service provision and make improvements if required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service was Good.	**Good**
Is the service well-led? The service remains Good	**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 checked 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 October 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with one person and four staff, including the registered manager. We reviewed two people's care records and four staff records. We observed interactions between people and staff. We looked at records relating to the management of the service and medicines management processes. After the inspection we spoke with two people's relatives.

Good

Is the service safe?

Our findings

One person told us they felt safe at the service and they told us, "I'm happy today."

Staff continued to safeguard people from avoidable harm. Staff completed regular safeguarding adults training to ensure their knowledge and skills remained up to date with current best practice. Staff were knowledgeable in recognising signs of possible abuse and reporting any observed concerns with the registered manager. The registered manager liaised with the local authority safeguarding team about any concerns observed, so if required further investigation could take place to identify whether abuse had occurred and what protection plans were required. At the time of our inspection there were no ongoing safeguarding investigations.

Staff continued to assess the risks to people's safety. Regular assessments were undertaken to establish any new risks to people's safety or whether risks had minimised as people had developed new skills and become more independent. Detailed management plans in place instructed staff how to support a person to manage and mitigate identified risks. Staff were able to describe what people were able to do safety and where they required additional support to maintain their safety and welfare. This included what support people required at the home, for example, in regards to cooking and in the community, for example, in regards to road safety.

One person's health had deteriorated and part of the impact of this included a change in their risk behaviour towards themselves and others. Additional staffing had been put in place to provide this person with the level of support they required to meet their needs, remain safe and to ensure the safety of other people at the service.

There continued to be sufficient staff to meet people's needs. Staffing levels were flexible to ensure there were sufficient staff on duty when people needed them. From discussions with staff and viewing the staff rota we saw some days had more staff on duty than others. This was due to people's weekly timetable of activities and ensured more staff were available when people were not participating in organised groups, employment, education or day centres. This enabled staff to provide people with dedicated time to undertake what activities they wished to participate in either at the service or in the community in their free time. Additional staff were also made available to support people at hospital when they needed admission and were undergoing treatment.

Safe recruitment practices continued to be followed to ensure suitable staff were employed. This included attendance at interview, obtaining references from previous employers, undertaking criminal records checks and checking people's eligibility to work in the UK. From looking at staff's recruitment application forms we saw staff had previous experience of working in a care setting.

People continued to receive their medicines as prescribed. For the majority we identified that medicine administration records (MARs) were completed which ensured accurate records were maintained of medicines administered. We saw for one person on one day their MAR has not been completed. From

checking medicines stocks we saw the person had received their medicines but there was a recording error. The registered manager was going to address this concern with the staff on duty to ensure lessons were learnt and accurate records were maintained. We also identified that for two people their MAR did not include one of their 'when required' medicines, diazepam. Neither person had needed to take this medicine but there was a risk that accurate records would not be maintained if the medicine was administered and it meant there was no record of the number of these medicines in stock at the service, meaning there was a risk that all medicines may not be accounted for. The registered manager told us they would ensure people's MAR was updated to include all of their medicines, including their 'when required' medicines to ensure accurate records were maintained and the balance of medicines in stock could be recorded. Apart from these medicines, accurate stock checks were undertaken and medicines were accounted for. Medicines were stored securely and at the correct temperature. Processes were in place to ensure safe disposal of medicines.

Good

Is the service effective?

Our findings

Staff continued to undertake regular training to ensure they had the knowledge and skills to undertake their duties and ensure support was provided in line with best practice. The registered manager kept track of staff's compliance with the provider's mandatory training requirements and staff were reminded when training needed completing. We observed that most staff were up to date with their training requirements and this was completed through a mix of online and face to face training. The provider and registered manager supported staff to complete the Care Certificate to ensure all staff had the basic knowledge and skills to undertake their duties and work within a care setting. The registered manager undertook regular observations of staff undertaking their duties to ensure they were competent as part of the completion of the Care Certificate and in regards to key tasks, including medicines administration. Staff were also supported to undertake additional qualifications in health and social care.

The registered manager had recently changed their local processes for capturing ongoing support provided to staff. There was a relatively small staff team and the registered manager was 'hands on' which gave them the opportunity to regularly observe, support and discuss with staff the support they provided to people and delivery of their roles and responsibilities. The registered manager aimed to have formal supervision with staff every two months, however, they found this was not always achievable whilst still providing a flexible and responsive service to meet people's needs. Therefore the registered manager had started documenting the regular discussions they had with staff and so they could provide a responsive service to staff's needs. Staff continued to receive a formal appraisal to review their performance, learning and development needs and set goals for the next year.

Staff continued to support people in line with the principles of the Mental Capacity Act 2005. Where staff felt a person may not have the capacity to consent they undertook mental capacity assessments. These assessments were decision specific and staff were aware that people's capacity may vary. Where people were able to consent to aspects of their care staff respected a person's decision. When a person did not have the capacity to consent, best interests' decisions were made on the person's behalf in discussion with other relevant health and social care professionals and people's relatives.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Since our last inspection the registered manager continued to feel people needed to be deprived of their liberty in order to maintain their safety. The registered manager organised for people's DoLS authorisations to be reviewed to ensure the conditions were still appropriate for each person to protect their health and welfare.

Staff provided people with any support they required at mealtimes. There were varying levels of independence in terms of what people were able to do for themselves in the kitchen. Some people were able to undertake simple food preparation and make themselves hot drinks, other people required full assistance from staff. Staff encouraged people to choose what they wanted to eat, to participate in the food

shopping and help, as much as possible, with preparing and cooking meals. One person was speaking to us just before lunch. They took us to the kitchen and showed us where the food was stored and then chose what they would like to eat and staff helped them prepare it.

Staff continued to support people to access healthcare services. Each person was registered with a local GP and staff helped them to make appointments when they needed them. Staff also supported people to access other healthcare professionals including dentists, opticians and chiropodists. When people required it staff supported them to attend specialist healthcare appointments including with a consultant psychiatrist and when they required hospital admission. We saw that people's health action plans had been reviewed and updated in line with any changes in their health needs.

Good

Is the service caring?

Our findings

We observed staff continued to have friendly, kind and caring relationships with people. One person asked a staff member to sit with them when speaking with us showing they found comfort and reassurance from having the staff around. Staff and people called each other by their preferred name and engaged each other in conversations about various topics, showing they knew each other and what was of interest to them. Information was included in care records about the person including their life history, their hobbies, their likes and dislikes.

Staff continued to encourage and empower people to have control over their lives and make their own decisions. People were offered choices throughout the day and in regards to the support they received. People adhered to their own preferred daily routine and there were no set times in regards to when people got up, when they went to sleep or mealtimes. The registered manager told us, "They have become more confident. They're able to let you know what they want and when they want it."

Staff continued to communicate with people in a way they understood and which enabled them to make as many choices as possible about the support provided. Most people were able to communicate verbally. For those where this was limited staff said they had observed improvements in people's verbal communication and one person was now using more verbal communication and use of objects of reference to help communicate their wishes and preferences.

Staff continued to respect people's privacy and treated them with dignity. Personal care support was provided in the privacy of their room or bathroom. Staff respected that people at times wanted space away from the communal areas and did not enter their rooms without their permission.

People were treated as individuals and staff respected people's differences. Staff provided people with support in regards to their religion, culture, gender and sexuality, including supporting people to attend places of worship to practice their faith and supporting people's wishes to develop relationships. Staff enabled people to maintain relationships with their family, including supporting them to have regular visits and overnight stays with their relatives. Staff also encouraged people to develop friendships through meeting people at different groups and activities they participated in.

Good

Is the service responsive?

Our findings

One relative said, "It's a good service. It couldn't be better…It's the best that it can be." Staff continued to provide a person-centred, flexible and responsive service. The support provided was personalised to people's individual needs.

The staff demonstrated responsiveness and prompt support when meeting people's changing needs. Staff identified that one person's health had deteriorated and this impacted on their behaviour and the level of support they required. The registered manager liaised with the funding authority for the person's needs to be reassessed and this led to funding for increased staffing being made available. Staff identified that with the person's increased need this included an increase in the level of behaviour displayed that challenged staff. Staff had identified the triggers to this behaviour and put additional practices in place to reduce the person's exposure to these triggers. This had a positive effect on the person and enabled them to remain calm and less confused and distressed. Because of the increase in staffing required to provide the person with the level of support they needed, the provider had recruited additional support who were dedicated to work with this person. This enabled staff to build relationships with the person and really get to know them, including their preferences, interests and the support they required to reduce their frustrations and displays of aggressive or challenging behaviour.

People received support from staff to undergo and recover from medical treatment. Staff supported a person to undertake a procedure which would improve their health. They explained to the person why the procedure was required and supported them to practice their physiotherapy exercises before the procedure so they got used to what exercises they would be required to do to promote recovery. This was built into their daily routine. The staff told us that following this person's procedure they gave the person intensive support to undertake their exercises and this led to the person requiring less support from physiotherapy services and enabling them to improve their mobility within a shorter timescale expected. By supporting the person to be more mobile it meant the person was able to participate in more activities and access more resources in the community. It also meant they lost weight through being more active and were now maintaining a healthy weight.

Staff gave people information to help them make choices to improve their health and reduce any pain or discomfort. For example, one person was experiencing regular migraines. Staff started tracking the migraines to document when they happened and what may have been the trigger. The staff had liaised with the person's GP and encouraged the person to review their caffeine intake. Staff told us since the person had reduced their caffeine intake they were experiencing migraines less frequently which in term reduced the amount of pain and discomfort this person experienced.

Staff knew the people they were supporting. They had identified that one person had started to display historical behaviour which they had displayed many years ago and could potentially negatively impact on their health and welfare. The staff had already started to implement previously successful strategies and look at what they could do additionally and how they could support the person, before this behaviour escalated and preventing any impact on their health or welfare.

Care plans were regularly reviewed and provided detailed information about people's needs. This included their physical health, emotional health, social and financial needs. People had signed their care plans to show they had been involved in developing them. When staff discussed people's support needs with us, this information was reflected in people's care records, indicating that care records captured accurate information about the person.

People continued to be empowered and encouraged to develop their skills and interests. Staff supported people to participate in activities they enjoyed. This included supporting people to enrol in college courses including one person who had enrolled on a mainstream college course. Staff also supported people to identify employment opportunities through links they had already built up in the local community, including at a café and a shop. The staff and people had built a relationship with the owners of a local café and they used this facility to celebrate key events, including their annual Christmas party. The majority of people participated in a busy weekly programme of meaningful activities. Staff were also available to support people flexibly as and when they wanted to undertake different activities either at the service or in the community. Staff continued to provide people with travel training so when able they could become independent with travel around the local area and to areas regularly visited.

A complaints process remained in place. Easy read information was displayed at the service so people had the information about how to make a complaint and raise any concerns they had. Staff also asked people regularly and formally at key worker sessions as to whether they had any concerns or worries. The relatives we spoke with said they had not needed to make a complaint. One relative had made a suggestion to the registered manager about an improvement that could be made to ensure they were better informed about changes in the staff team and this was acted upon. The complaints process ensured any concerns raised were investigated and dealt with, as much as possible to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

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

The registered manager was aware of and adhered to the requirements of their registration with the Care Quality Commission (CQC). They submitted statutory notifications about key events that occurred at the service. At the time of inspection the provider had not clearly displayed the rating from their previous inspection on their website as required. We discussed this with the registered manager who made arrangements for the necessary changes to occur and at the point of writing this report the provider's website was clearly displaying the service's current CQC rating.

An open and honest culture had been developed at the service. People, relatives and staff felt able to express their opinions and felt their suggestions were welcomed and listened to. We observed people approaching the registered manager and having an open, friendly conversation with them. From discussions with the registered manager it was clear that they knew the people using the service, including their support needs and their individual personalities. Relatives told us there was good communication from the registered manager. Staff also said there was an open relationship with the provider. Staff told us the director visited the service regularly and staff felt comfortable speaking with them. One staff member said, "The Director is excellent. Couldn't fault them."

The provider asked for people, relatives, staff and health and social care professionals' feedback through the completion of an annual satisfaction survey. The findings from these surveys were reviewed and incorporated into the provider's annual report on the service. The annual report reflected on the achievements the service had made over the last year, including purchasing an IPad so people could 'skype' their relatives and people could use apps that were of interest to them. They also set targets and objectives for the upcoming year. One of the targets for this year was to use the provider's caravan more frequently for holidays with people. We heard some people had recently returned from holidaying at the caravan and another person was due to use it the weeks following our inspection.

The registered manager continued to monitor the quality of service provision. This included completion of a monthly audit on key areas of service delivery, including reviewing the quality of care records, staff files and medicines management processes. The registered manager also reviewed key service data to review performance and identify any learning, including from complaints and incidents. If any improvements were identified the registered manager took prompt action to address them.

There were regular staff meetings. These meetings were held to have open conversations amongst the team about any service delivery changes or improvements required, and to have discussion about the needs of people using the service. Staff were aware of their roles and responsibilities and escalated anything outside of their role to the registered manager so appropriate action could be taken.

The registered manager maintained good working relationships with the other health and social care professionals. The registered manager had links with all of the local authorities funding placements at the service and liaised with them when there were changes in people's needs. The registered manager also liaised with the local authority and clinical commissioning groups when people's needs changed which impacted on their funding. They had built working relationships with the local authority safeguarding team and also accessed the training courses offered by the local authority.