

Walkden Manor Care Home Ltd

Walkden Manor

Inspection report

41 Manchester Road
Walkden, Worsley
Manchester
Greater Manchester
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Date of inspection visit:
04 February 2019

Date of publication:
20 March 2019

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

About the service:

Walkden Manor is a residential care home situated in Worsley, Greater Manchester and is registered with the Care Quality Commission to provide care for up to 29 people. At the time of the inspection there were 28 people living at the home.

People's experience of using this service:

- ☐ The atmosphere in the home was calm and relaxed and we observed staff and people engaged in conversation and laughter throughout our inspection.
- ☐ Staff had been recruited safely and there were sufficient numbers of staff on duty to meet people's needs.
- ☐ Care files were organised and easy to navigate. Risks were appropriately managed and the equipment in place to manage people's risks was maintained and in good working order.
- ☐ The registered manager in collaboration with the activities coordinator and care staff had made positive improvements to the environment and outdoor areas of the home. The themed corridors promoted people's independence and enabled people to navigate themselves around the home freely.
- ☐ People spoke positively of the staff and the care they received. The staff knew people's needs well and demonstrated they were committed to ensuring people's individual needs were met.
- ☐ Staff received an induction, relevant training and supervision to support them in their role.
- ☐ The home was well -led. There was strong leadership in the home and an open and honest culture. When things had gone wrong lessons were learnt and training and support provided to prevent re-occurrence.
- ☐ Governance and oversight of the service had continued to improve since our previous inspection. There was an operational structure in place and audits had evolved to ensure compliance with the regulations.

Rating at last inspection: Good but well-led was rated as Requires Improvement; last report published on 11 May 2016. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good but well-led had also improved to Good.

Follow up: Going forward we will continue to monitor intelligence about this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If we receive any information of concern, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Walkden Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one Adult Social Care inspector from the Care Quality Commission (CQC).

Service and service type: Walkden Manor is a care home. People in care homes receive accommodation and nursing or personal care. 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. This meant the service did not know we would be visiting on this day

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection and inform our judgement.

During the inspection, we spoke with four people who used the service to ask about their experience of the care provided. We spoke with the registered manager, regional manager, provider, activities coordinator and three care staff. We looked at records in relation to people living at the home which included, four medicine administration records (MAR) and four care files. We also looked at four staff files, as well as records relating to the oversight and governance of the home, policies and procedures, recruitment, training

and quality monitoring.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People spoken with told us they felt safe living at the home. Comments included, "I feel safe. I can lock my room door. Staff check on you through the night and I have a call bell to buzz staff when needed" and "I feel safe. It's sometimes a bit scary when people shout but staff speak with them and sort it. I can lock my door and things are safe."

The provider had appropriate safeguarding policies and procedures in place to guide staff in how to safeguard people from the risk of abuse and harm.

- Staff had received training in safeguarding and were confident safeguarding matters were appropriately actioned and reported. A staff member said; "I can't say there are many. There may be verbal and rare physical altercations. My first port of call would be to inform the registered manager. If didn't get anywhere with them but I know I would. I would go to head office or CQC",
- All safeguarding concerns had been appropriately handled and reported to the local authority and CQC.

Assessing risk, safety monitoring and management and Learning lessons when things go wrong

- People's care files were organised and divided in to sections which made them easy to navigate quickly. Risk assessments and care plans were typed and easy to read and contained sufficient information to mitigate and manage risks.
- The registered manager reviewed people's risks monthly and produced a summary of people's individual needs. This ensured the registered manager maintained oversight and provided a 'snap shot' of any identified risks and whether their needs had changed.
- There was an up to date fire risk assessment in place and people had personal emergency evacuation plans (PEEPs), which identified the support people required to exit the building in an emergency.
- Accidents, incidents and falls were analysed so that lessons could be learned and reoccurrences prevented. Falls had reduced due to action taken by staff to eliminate the cause of the fall. For example, it was noted that one person's falls occurred when they got out of bed. Staff informed the GP to determine whether the person's blood pressure dropped when standing and staff put in measures to support the person when initially standing. A falls team referral was also completed and they were provided a trolley and seat to support mobilisation and reduce accidents.
- All service certificates were in date and minor recommendations made following the lift service had been actioned.
- The registered manager and regional manager were actively involved in all aspects of the home. They demonstrated they learnt from past experiences and made improvements to the service when things had gone wrong.
- The registered manager engaged with external professionals and welcomed their knowledge and experience to learn from events to prevent re-occurrence.

- Learning was shared and cascaded through the staff team.

Staffing and recruitment

- The provider had maintained safe recruitment practices with all pre-employment checks completed prior to staff commencing in employment at the home.
- There was a system in place to calculate the required staffing numbers to meet people's needs. All the staff spoken with felt there were sufficient numbers of staff on duty and confirmed that staffing was increased when people's needs changed.
- We received mixed views from people living at the home as to whether there were sufficient numbers of staff deployed. However, when we explored the negative comments further the person acknowledged that their call bell was answered promptly and never had to wait for their care needs to be met. Comments included; "There doesn't feel enough staff, they always seem short-handed", "Yes, there are enough staff around. You can always find someone when you need something."

Using medicines safely

- Medicines continued to be managed safely.
- Senior staff responsible for administering medicines demonstrated a good knowledge of the need for safe administration of medication. We saw they had received appropriate training and their competency was regularly assessed.
- Medicines were correctly ordered, stored, administered, recorded and disposed of. We checked people's medicines administration records (MARs) and stock balance of medicines to confirm medicines had been given as prescribed.
- Documentation was in place and provided sufficient guidance to staff when administering controlled drugs and when required medicines.

Preventing and controlling infection

- The home was clean throughout and did not have any odour. There were cleaning schedules in place and the home had scored 94% on the last infection prevention and control (IPC) audit.
- Bathrooms and toilets contained liquid soap and paper towels. There were alcohol gels and sanitizers available on entry and throughout the home.
- Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager continued to complete a pre-admission assessment, before people moved into the home. This helped ensure the home could meet the person's needs and provided information to make sure people's care was person-centred.
- Care plans were detailed and provided staff with clear guidance on how each person wished to be cared for.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- All the care staff at Walkden Manor had been appointed having had previous experience in a care environment and were not new to care when they commenced working at Walkden Manor.
- A large proportion of care staff had a national vocational qualification in health and social care and staff without a care qualification completed the 15 care standards identified in the care certificate. This was supported by the homes training provider through the care development course.
- Staff continued to complete training based on people's needs and what was applicable to their role. Staff confirmed they were happy with the training provided. Comments included; "There is always training available. We have training with speech and language team (SaLT) tomorrow", "The training is really good, we can ask for additional training and have got training tomorrow that we've asked for."
- Supervision was completed quarterly and all the staff had completed an annual appraisal with the registered manager.

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

- People were complimentary about the quality of the food provided. Comments included; "The food is excellent. We get pizzas now and then. I also like the liver and onions. I can make my own tea and coffee or ask staff", "The food is very good. I really like the shepherds pie. I press the buzzer and get a drink. I don't ever feel hungry."
- People's needs were catered for and following consultation with people, the mealtimes had been changed to accommodate a larger meal in the evening. The cooks working hours had been increased to facilitate this.
- There were at least two meal options at each service and it was explained that people could also request a sandwich or an alternative to what was being provided and this would be accommodated.
- The main kitchen and food stocks could be accessed 24 hours a day so people could be accommodated if hungry.

- There was a small kitchen next to the dining area where drinks were served and staff had access to food provisions including; potato cakes, crumpets, crackers, toast and cereals.
- The meal time experience was relaxed. People entered the dining room and were provided the choice of where they wanted to sit and were offered a hot and cold drink. Staff were attentive but also sensitive to people's needs.
- People were provided equipment and adapted cups, cutlery and plates to promote their independence.
- There was an effective system in place to manage people's specialist dietary requirements and we observed these were adhered to throughout the inspection.
- Food and fluid records were comprehensively completed so we could determine people's needs had consistently been met over a specific timeframe.

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

- People had been supported to access medical and healthcare professionals as needed, which included being registered with the GP on admission to the home.
- District nurses attended the home regularly and completed pressure area (checks to people's skin) assessments every three months.
- The home had worked closely with dietetic services and everybody had been discharged from the service in December 2018. The home had been provided guidance for referral and where the staff were concerned there was a risk of weight loss, records were maintained to monitor this.
- The registered manager had requested SaLT assessments for people following a recent incident and were working alongside SaLT to improve guidance.
- Care files contained specific sections to document health professional involvement, to ensure an accurate record of treatment received had been maintained.
- If people required a hospital admission, staff sent with the person the first sheet in their care plan, which contained next of kin details, known illnesses/allergies and copies of MAR. If the person had any marks on their body, or pressure areas a body map was also provided.

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

- The home had sensitively been adapted and refurbished to meet people's needs in consultation with people living at the home.
- A café area had been developed upstairs for people whose access to the community was restricted. There were pictures on the walls of old mills, newspapers and a map of the world which a former resident had donated as memory of the places they had visited.
- A dementia garden had been planted and there was a bright yellow path to support access and orientation. Deckchairs and beach scenes had been painted on the wall.
- A resident had indicated they missed traditional beach toilets that reminded them of holiday's so the main toilet doors had been painted pink for the ladies and blue for the men and there were pictures on the walls in the area to re-create the beach theme.
- Based on residents choices the corridors had been decorated to assist people navigating around the home. Corridors included the royal corridor, music and memory lane corridor.
- There were further re-decoration plans in place which included; turning the upper landing to resemble a backyard. The registered manager was going to have the carpet taken up and a hop scotch design put on the floor. There was a washing line hung up with a plan to put up old clothing.
- There was currently a tree on the wall, and the registered manager planned on writing the names of streets the residents had lived on to the tree to aid memory and stimulate conversation.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff confirmed they had received training and demonstrated a good understanding of MCA. A staff member told us; "Depriving a person of their liberty includes stopping people from going home. [Person's name] asks to go home but they can't because they don't understand the risks and don't acknowledge their needs. They have a DoLS because in effect we are stopping them from going home and need legal authority to do that."

- The registered manager completed MCA assessments and updated care plans with the outcomes.

- The registered manager understood their responsibilities in terms of making application for deprivation of liberty safeguards to the authorising authority and submitted notification to us when those applications were granted.

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

People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively of the care staff and the quality of care they received. Comments included; "The carers are kind people. I think a lot of the care staff. Everyone gets on. I'm very happy with the care I am receiving", "I'm happy with the staff, I come and go as I please which I like" and "I like the staff, you can have a banter with them."
- We found people to be clean and well groomed. Staff documented personal care support when it had been provided and we saw people had been supported to wash, bathe or shower, in line with their preferences. A person said; "Every Sunday morning, I get showered. I prefer a shower than a bath. I wash daily and they support me to get dressed."
- Staff spoke fondly of people and it was evident from discussions with staff that they were motivated to make a difference. Comments included; "I love working here. People are treated like family and we want them to be happy. I'm known for writing to get things for free so people can try new things and experiences", "It's homely here. This is my family as far as I am concerned."
- We observed people being treated in kind and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. We saw appropriate displays of affection and staff held people's hand to provide reassurance and support to people when needed.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. All the care staff had completed equality and diversity training and people's preferences and choices was explored at assessment. Care files captured information about people's religion, relationship history and preferences, including whether they had a spouse, civil partner or partner.
- People were supported to attend church and attended local services, afternoon teas and events.

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

- Staff were confident when speaking about people and their needs. Care files contained person- centred information and documented people's wishes for how their care was provided.
- Care files contained detailed information about people's life history, likes and dislikes, what they wanted staff to know about them.
- People living at the home told us they had sufficient choice in their daily routines and were "listened to" by the staff. A person said; "I go to bed and get up when I want. I press the buzzer when I want assistance to bed, usually around 10pm."
- Care plan reviews were done monthly, to ensure people were happy with the support they received. These included the registered manager summarising each area of need at the month to capture any changes and maintain oversight.
- We saw evidence people had been involved and those with capacity had signed to confirm their

agreement with the current or revised care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and treated them with dignity. A person said, "I feel comfortable with staff. My dignity is maintained when showering or supporting me out of bed and they always knock on my door before coming in to my room."
- Many people were independently mobile and told us they could get up and go to bed when they liked and moved around the home as they chose. People could have their bedroom doors open or closed and visitors were welcome at any time.
- The home had recently introduced the red plate initiative for people who were restless at mealtimes and displayed little engagement with food and were experiencing weight loss. This involved serving their meals on a red plate to see if there was any improvement. One person feedback they preferred the plate because they could see their food better. It was observed their restlessness had decreased and their weight increased by 3 kg in the month the plate was trialled.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans detailed their preferred method of communication and whether the person had any communication difficulties. Whilst no-one required information in a different format, the regional manager explained if people needed literature in different formats this would be established at initial assessment and provided for people upon moving in to the home. This had been required at other homes in the provider portfolio and arranged.
- People continued to receive personalised care that was responsive to their individual needs and preferences.
- People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Any changes to people's care were discussed at handover meetings.
- People were enabled to follow a variety of interests and activities and the activities coordinator was motivated for people to try new experiences and wasn't beyond requesting 'freebies' from local businesses.
- People had participated in taster sessions including foods from the local Indian takeaway, Italian and Chinese. Tesco had also supplied wine and cheese for an evening. Following the Italian night, people were noted to have enjoyed the spaghetti bolognese so this had been introduced on to the homes menu.
- The activities coordinator explored community activities for people to engage with and supported their attendance, people visited local centres and participated in singing, activities for people living with dementia and once a month attended Swinton Palais- dancing with dementia.
- Opportunities to go on holiday were provided and the previous year five people had been accompanied to Blackpool for the weekend.
- Monthly trips were provided although the activities coordinator explained that in January/February people were less inclined due to the weather. Once in March, carvery meals, museum visits, Astley dementia farm and Blackpool illuminations would be arranged.
- The home booked a mini bus with wheelchair access to enable as many people the opportunity to attend.
- Entertainers attended the home, including, a person with an owl, therapy dog, therapy for music and an entertainer who sang songs from around Salford.
- Other arranged activities included, summer fayres, coffee afternoon, raffles- fund raiser, chair aerobics, quizzes, arts/crafts and bingo. The activities coordinator recognised some people preferred activities in the evening and had arranged entertainers at this time to meet people's needs.
- Birthdays were celebrated and one person had requested lunch out and a shopping trip but because it was two people's 'special birthday', a disco and buffet was being arranged.
- People living at the home were also participating in a music day which they had named 'Manor mania'. This involved people singing and playing musical instruments, which would be aired on the radio.

Improving care quality in response to complaints or concerns

- There was a visible complaints system and procedure in place which was visible to people living at the home and visitors.
- The home had a dedicated complaint file; however, we saw none had been received since the last inspection. The registered manager explained they had received a concern following an incident but this had been taken through safeguarding as a formal framework.
- People told us they felt comfortable to speak with the registered manager or staff if they had a concern and expressed they didn't have any complaints about the care they received.

End of life care and support

- At the time of inspection, no-one living at the home was receiving end of life care. The home had documentation in place to capture people's wishes when nearing the end of their life, should they be prepared to discuss these.
- The registered manager explained the staff would work closely with GP's and district nurses, to ensure people who wanted to remain at the home when approaching the end of their life, could do so safely and respectfully.
- Staff had completed End of Life (EoL), six steps training and more recently completed a EoL booklet.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 16 March 2016, this key question was rated 'Requires Improvement'. This was because the home had previously been rated inadequate and in order to be rated 'Good', the provider needs to be able to demonstrate sustainability and maintain standards. At this inspection, this was demonstrated and the rating had improved to 'Good'.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Feedback was positive and people said they would have no hesitation to recommend the home to others. People's comments included; "I wouldn't change anything about this home. I would definitely recommend the home. The registered manager is one of the best" and "You won't get better than here, I'm very happy."
- The home had a clear statement of purpose which set out the aims, objectives and ethos for care. This enabled people a benchmark of the service and the quality of care they could expect.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Care files were organised and the registered manager maintained oversight of people's care needs by reviewing people's care monthly and summarising this to feed in to reviews.

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

- The home had an established registered manager who was knowledgeable about people's needs and familiar to people living at the home. They understood their legal requirements and were open to change and keen to listen to other professionals and seek advice when necessary.
- Throughout the home inspections, audits and checks of the service had continued and improved. The regional manager was a regular visitor and supported the registered manager to maintain compliance with all the regulations.
- The registered manager was transparent and learnt from their experiences. They maintained open communication with health professionals and sought support from external agencies when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they worked well together as a team and said they received the support they needed from the registered manager to perform their role effectively. Staff were complimentary about the management and told us; "I love it here. We did go through a rough time a few years ago but we've significantly improved. We

work well as a team and the registered manager supports us. We can have our say and they encourage us too", "The registered manager has worked hard, they are supportive. Very much so."

- The activities coordinator held regular resident meetings and meals and menus were an agenda item at the meeting every quarter. The menus change three times a year. Evidence of people influencing these changes included people requesting a chippy tea weekly which had been introduced.
- Surveys were sent to visiting professionals, residents and relatives to ascertain their views about the quality of care provided. The feedback received was consistently positive and commended the staff for the level of care provided. This was further evidenced by the positive feedback received via the homes Facebook page and number of compliments received.
- Staff meetings were held regularly and staff confirmed they had the opportunity to contribute to the agenda. Meeting minutes demonstrated information was being shared with everyone involved in the operation of the home.
- Support systems remained in place with staff receiving supervision and having an annual appraisal. All the staff told us the registered managers door was always open and if additional support was required that it would be provided.
- The home had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The registered manager was involved in networking in the wider adult social care sector. They shared good practice with other agencies to promote better outcomes for people.