Walton Care Limited

Walton House Nursing Home

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced inspection of Walton House Nursing Home on 23 and 24 September 2015.

Walton House Nursing Home provides accommodation, personal care and nursing care for up to 41older people, including people living with dementia. At the time of the inspection there were 38 people living at the service.

The home is a purpose built two storey building located on a main road in Walton-le-Dale, on the outskirts of Preston in Lancashire. There are shops and other local amenities nearby. Bedrooms and facilities are located over two floors and a lift is available. There is a lounge and dining room on the ground floor and all rooms have wheelchair access. All bedrooms are single occupancy. Not all bedrooms have ensuite facilities however there is access to suitably equipped toilet and bathroom facilities on both floors.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 acting manager told us she had been employed at the service for eight weeks and planned to submit an application to the Commission to become the registered manager shortly after our visit.

A previous inspection of this service was carried out in May 2014 when we found that action was needed regarding the management of medicines. During our follow up inspection in March 2015, we found that the necessary improvements had been made. We carried out a further inspection in July 2014 in response to concerns received about the service and during that inspection we found that the standards we reviewed were being met and no action was required.

During our inspection people told us they felt safe. They said, "I always feel safe when staff are supporting me". Relatives told us, "My mum is always kept safe. The care is very good. I'm very pleased with it".

We noted that staff had been recruited safely and had received an appropriate induction and training. They had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People living at the service, their relatives and staff told us that more staff were needed to meet people's needs, particularly in the mornings. The manager told us she had received feedback about this issue in a recent satisfaction survey and showed us evidence that staffing levels were being increased from the week after our inspection.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they needed them.

People living at Walton House Nursing Home told us staff had the skills to meet their needs. They told us, "The staff can't do enough for you" and "There's nothing to be unhappy about. It's like a five star hotel". Relatives told us, "The care is good. We're pleased with it" and "We're happy with the care. The agency staff are not always as good as the home's staff but they never work on their own. They always work with permanent staff".

We found that staff were well supported. They received regular supervision and could access training if they needed it. They told us communication between staff was good at the service and they always felt up to date with people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and understood that mental capacity related to a person's ability to make specific decisions at specific times. We saw evidence that people were involved in decisions about their care and where people lacked capacity to make decisions, their relatives were consulted.

We saw that people at the service were supported with their nutritional needs and most people we spoke with liked the meals.

People were supported with their healthcare needs and were referred appropriately to health care services. A nurse clinician who visited the service weekly told us the care at the service was good.

The people we spoke with told us the staff at the service were caring. They said, "The staff know me well and they're kind to me". However some people told us that some of the agency staff who attended the service were not as caring as the permanent staff. Relatives told us, "The staff are very caring and work very hard "and "The care here is very good, the staff have been good for my mum".

We saw evidence that people were actively involved in planning their care and they told us they had the freedom to make a variety of choices including what time they got up and went to bed and where they ate their meals.

People told us staff respected their privacy and promoted their dignity. We observed staff seeking consent before providing care including knocking on people's doors before entering and asking people if they were ready to receive their medicines.

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly. We saw evidence that where people were unable to contribute to reviews of their care, their relatives had been consulted.

Summary of findings

People were encouraged to plan and take part in social activities and told us they enjoyed the activities on offer at Walton House Nursing Home. They said, “The activities are much better than they were, we play games, watch films and entertainers come in”.

We saw evidence that the manager requested feedback about the service from the people living there, their visitors and from staff members. The feedback received was used to develop the service and to contribute to decisions about issues such as activities and staffing levels.

People living at the home and their relatives told us the staff and the manager were approachable and they felt able to raise any concerns. They felt the service was well managed, particularly since the new manager had been appointed.

We saw that the service had a clear statement of purpose which focused on the importance of high quality care and meeting people’s individual needs. The staff and the manager communicated with people, their visitors and each other in a polite and respectful manner.

The manager and staff had a caring and compassionate approach towards the people living at the service and the people we spoke with told us they were approachable.

We saw evidence that the manager carried out a variety of regular audits to ensure that appropriate levels of care and safety at the service were maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The manager followed safe recruitment practices.

There were not always enough staff to meet people's needs. However, we saw evidence that staffing levels were increasing from the week after our inspection.

Medicines were managed safely and people received their medicines when they needed them.

Is the service effective?
The service was effective.

Good

Staff received an appropriate induction and training and were able to meet people's needs

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. DoLS applications had been submitted when appropriate.

People were supported well with nutrition and hydration and their healthcare needs were met.

Is the service caring?
The service was caring.

Good

Staff treated people with care and compassion.

People living at the service were actively involved in decisions about their care and when they lacked capacity to be involved, their relatives were consulted.

Staff respected people's privacy and dignity and encouraged them to be independent.

Is the service responsive?
The service was responsive.

Good

Staff were able to meet people's needs and people's needs were reviewed regularly.

People were encouraged and supported to plan and take part in social activities.

The registered manager sought feedback regularly from a variety of sources and used the feedback received to develop the service.

Is the service well-led?
The service was well-led.

Good

The service had a clear statement of purpose that was promoted by the manager and the staff and focussed on the importance of high quality care and meeting people's individual needs.

People living at the service, their relatives and staff were involved in the development of the service.

The manager regularly audited and reviewed the service to ensure that appropriate levels of care and safety were maintained.

Walton House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 24 September 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector and a specialist advisor who was a nurse with expertise in pressure sore prevention and management, infection control and nutrition and hydration.

Prior to the inspection we reviewed information we had received about Walton House Nursing Home including statutory notifications received from the service, comments and concerns and safeguarding information. We had received a number of concerns about a variety of issues relating to the service prior to our visits and used this to inform our inspection.

We contacted agencies who were involved with the service for comments including a pharmacist, neuro physiotherapy team and district nurse team. We also contacted Lancashire County Council contracts team for information. During the inspection we also spoke with a nurse clinician who visited the service weekly.

During the inspection we spoke with six people who lived at Walton House Nursing Home, three visitors and eight members of staff including the manager, two care assistants, a nurse, the cook, the activities co-ordinator, the IT/audit manager and the maintenance staff member. We observed care assistants and nurses providing care and support to people over the two days of the inspection and reviewed the care records of three people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

The people living at Walton House Nursing Home told us that they felt safe. They said, "I always feel safe when staff are supporting me" and "I never feel scared". Relatives told us, "The care is excellent. We've never had a problem" and "My mum is always kept safe. The care is very good. I'm very pleased with it".

We looked at staff training and found that 91% of staff had received training in safeguarding vulnerable adults from abuse in the last two years. Staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, how to prevent abuse and listed the contact details for the local authority.

Prior to the inspection we had received a number of safeguarding concerns about the service in relation to the management of pressure sores, staffing levels, people receiving poor personal care, call bells being left out of reach, a lack of appropriate equipment and unsafe staff recruitment practices. We addressed these issues as part of our inspection.

We looked at how risks were managed in relation to people living at the service. We noted that 62% of the care and nursing staff had completed risk assessment training in the last two years. We found that there were detailed risk assessments in place including falls, moving and handling and nutritional assessments. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the nursing staff and were reviewed monthly or sooner if there was a change in the level of risk. The service had recently introduced an electronic care record system and we found that the falls risk assessments for two people had not been transferred from the paper records on to the electronic system. This information was updated during our inspection. We also noted that a waterlow assessment (pressure sore risk assessment) had not been completed for one person and this was also rectified during our visit. The manager told us that she was in the process of reviewing the care plans and risk assessments for everyone living at the service, to ensure that they were up to date and we saw evidence of this.

We saw that records were kept in relation to accidents and incidents that had taken place at the service, including falls. The records were detailed and included any actions taken by staff. We saw evidence that accidents and incidents were reviewed and analysed regularly by the manager and follow up action, such as referral to a GP or other health care agency, was clearly recorded.

We noted that 87% of staff had received training in moving and handling and during our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two written references had been obtained and a medical questionnaire had been completed. These checks would help to ensure that the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were six care assistants and two nurses on duty each morning, six care assistants and two nurses on duty in the afternoon and three care assistants and one nurse on duty at night from 8pm. The manager, who is also a registered nurse, was on duty at least five days each week. The manager told us that at the time of our inspection, the service was using agency staff to cover for a number of staff who were on annual leave. She explained that this had been agreed by the previous manager but agency staff would not be needed in the future, as fewer staff would be allowed to take leave at the same time. The manager told us that agency staff always worked with a permanent member of staff and did not deliver care unsupervised. This was confirmed by the residents, relatives and staff we spoke with. Some of the people we spoke with felt that the care provided by some of the agency staff was not of a good standard and they were not as caring as the permanent staff at the service.

Some of the people living at the service felt there were enough staff to meet their needs however some people told us that there needed to be more staff in the mornings to ensure that they could get up when they wanted to. The staff we spoke with felt the same and told us that

Good

Is the service safe?

additional staff were needed as sometimes people did not receive support with getting up until almost lunch time. A visiting nurse clinician told us the care provided by staff was very good but staff had told her they felt there were not enough staff on duty in the mornings to help people with personal care and getting up. We discussed this with the manager who informed us that this issue had been raised by people and their relatives in a recent satisfaction survey and as a result, an additional care assistant would be on duty in the mornings from the week after our inspection. We saw evidence of this in future staff rotas.

During our visits we observed that call bells were within people's reach and people did not experience long delays when they needed support. We noted that there was also a call bell in the lounge. People living at the service told us they did not often wait long for assistance when they needed it.

We looked at whether people's medicines were managed safely. We found that medicines were stored securely in locked trollies and refrigerated items were kept at an appropriate temperature in a separate locked room. There were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. There was a photograph of each person on their medication administration records (MAR) and their room number to help avoid errors. Medicines were administered by the nurse on duty and the service used a blister pack system, where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error.

We found that MAR sheets provided clear information for staff, medicines were clearly labelled and staff had signed to demonstrate that medication had been administered. Records showed that external medicines such as creams and ointments were stored appropriately and applied by staff as directed. Body maps were included to ensure that staff knew exactly where to apply them.

Medicines policies and procedures were available for staff to refer to including a PRN (as needed) medicines policy and these were reviewed and updated regularly. A domestic medicines policy was available in respect of over the counter remedies and provided clear guidance for staff, which included the need for GP authorisation and use only for minor problems and for a short period of time.

We received feedback from the local pharmacist who the manager told us provided the majority of the service's medicines. They informed us that the service was well organised regarding the ordering of medicines and staff contacted them whenever they had any medication queries or concerns. The pharmacist told us that they had a good relationship with staff at Walton House Nursing Home and did not have any concerns about their management of medication.

Records showed that all of the nursing staff and senior care assistants who administered medicines had received training in medication administration in the last two years. The manager told us that since taking up the post of manager, she had observed all of the nursing and care staff administering medication and planned to introduce formal competence assessments in the near future. We saw evidence that medicines audits had been completed and the manager told us she planned to do this monthly in the future. Audits completed included any issues identified and actions to be taken.

We observed that staff treated people with respect and gained their consent before administering medicines. They explained what each medication was before giving it. People were given time to take their medicines without being rushed and thickener was added to drinks where people experienced difficulties swallowing. We noted there was a covert medicines policy in place. This is when medicines are administered without a person's knowledge, when a person lacks capacity to make a decision about the medication and it is felt to be in their best interests for them to take it. Staff told us that no-one was receiving covert medicines at the time of our inspection.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the standard of hygiene in the home to be high and this was confirmed by the people we spoke with and their relatives.

Infection control policies and procedures were available and records showed that 91% of staff had received infection control training in the last 12 months. Liquid soap and paper towels were available in all bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection.

Good

Is the service safe?

Protective clothing, including gloves and aprons, was available and was used by staff appropriately. Blue aprons were used when staff were supporting people to eat and white aprons when supporting people with personal care. There were appropriate arrangements in place for the safe disposal of waste.

We found that environmental were in place and were reviewed regularly. This included regular water temperature checks and checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. These checks would help to ensure that the people living at Walton House Nursing Home were living in a safe environment.

We noted that 91% of staff had received training in food hygiene and in November 2014 the Food Standards Agency awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

We reviewed training records and found that 89% of staff had received fire safety training in the previous 12 months. There was evidence that fire drills had taken place and records showed that the fire alarm was tested once a week. A test took place during our inspection. A fire risk assessment had been completed by Lancashire Fire and Rescue Service in June 2015 and we saw evidence that all actions identified had been completed. These checks would help to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service including hoists and the lift was safe and had been serviced. Emergency lighting, which would come on if the normal service failed, was tested weekly and portable appliances were tested yearly. We noted that the service employed a member of staff to carry our repairs and maintenance work and a maintenance book was used by staff to document necessary repairs. The date that work was completed was recorded and we saw evidence that repairs were completed quickly.

Good

Is the service effective?

Our findings

People living at Walton House Nursing Home felt that staff were able to meet their needs.

They told us, "The staff can't do enough for you", "The staff know my needs and likes" and "There's nothing to be unhappy about. It's like a five star hotel". One relative told us, "The care is good. We're pleased with it". Another relative said, "We're happy with the care. The agency staff are not always as good as the home's staff but they never work on their own. They always work with permanent staff".

Records showed that all staff had completed a thorough induction which included health and safety, moving and handling and infection control. We saw evidence that new staff completed a self-assessment form which was reviewed regularly by the manager during the 12 week induction period. The manager told us that when staff started work at Walton House Nursing Home, they spent a period of time working with a permanent staff member and did not work unsupervised until they were assessed as competent in all tasks. One staff member we spoke with told us that when they started work at the service, they had spent four weeks working on each of the two floors with a senior care assistant who had demonstrated and explained how care should be provided. This would help to ensure that staff became familiar with the service and the needs of the people living there.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, 89% of staff had completed training in working in a person centred way, 85% in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, 32% in Alzheimer's and dementia, 21% in the care of the dying and 19% in the control of substances hazardous to health (COSHH). All of the training outlined had been completed in the last two years.

We saw that there was a supervision policy in place. The manager told us that since starting in post eight weeks earlier, she had completed an initial supervision session with all staff to discuss their roles and any concerns they had. She had also informed staff that an appraisal would be completed within three months which would address their professional development and any training needs in more detail. We saw evidence that supervisions and appraisals had been completed. The staff members we spoke with confirmed they received supervision and told us they had completed a self-assessment form prior to the initial supervision session to help identify any support needed. Staff told us that supervision was positive and their training and development needs were addressed.

The manager told us that a verbal and written handover took place between the nursing staff prior to the shift changes at 8am and 8pm and care staff listened in and were able to contribute. A verbal handover took place at 2pm when a smaller number of staff changed shift. We saw handover records which confirmed this. This would help to ensure that all staff were aware of any changes in people's risks or needs. Staff we spoke with told us that handovers were effective and communication between staff was good at the service. One staff member told us, "I always get all the information I need to know about people".

We noted that the service used an electronic care record system and as part of this staff used iPads to record when care had been delivered and to update care plans and risk assessments. The staff we spoke with told us they had received training in the use of the system however there were not enough iPads for each member of staff on duty. This resulted in delays in information being recorded. Staff also told us the system was time consuming as the internet service could be slow and unreliable. We discussed this with the manager who told us the internet service was in the process of being upgraded which would make the electronic system faster and easier to use. She told us she would speak with the service provider about the availability of iPads and assured us the number would be increased so that information about people's care could be updated in a timely manner.

We looked at how staff at how Walton House Nursing Home assessed people's mental capacity. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

Good

Is the service effective?

We found that a MCA and DoLS policy was in place which included the principles of the Mental Capacity Act 2005 and how to apply to the local authority for authorisation to deprive a person of their liberty. The policy included the need for mental capacity assessments and best interests decisions.

The manager demonstrated a thorough understanding of the MCA and DoLS and told us she completed all mental capacity assessments and was involved in all best interests decisions about people living at the service. She told us that since starting in post she had submitted requests to the local authority in respect of 25 people living at the service, for authorisation to restrict their liberty, and we saw evidence of this in people's care records. No authorisations had yet been received. There was evidence that mental capacity assessments were completed in respect of people's ability to make decisions about their care and best interests decisions were made in consultation with family members.

The staff we spoke with had a good understanding of the MCA and DoLS, including the importance of involving family members when people lacked the mental capacity to make decisions about their care and the requirement that any use of appropriate restraint was authorised.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes. Where people lacked the capacity to be make decisions about their care, relatives were involved. People living at the service told us they were involved in decisions about their care. One person said, "I can get up when I want to and have my meals where I want to. I can please myself". However three people told us there were not enough staff to support them to get up as early as they wanted to in the mornings. The manager told us she was aware of this issue and showed us evidence that additional staff would be available in the mornings from the week after our inspection.

A policy was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation), which advised that CPR should be carried out unless there was information to state otherwise. We noted that some people had DNACPR decisions and this was clearly recorded in a file in the office and on the electronic care record system. DNACPR records documented whether decisions were indefinite and the reason for this or whether they needed to be reviewed. We saw evidence that DNACPR decisions were reviewed appropriately and the results clearly recorded.

Records also showed whether DNACPR decisions had been discussed with the people living at the service or their relatives, and the reason for this.

We looked at how people living at Walton House Nursing Home were supported with eating and drinking. Three of the people living at the service that we spoke with told us the food was very good. However two people felt the temperature and choice of meals could be improved. The visitors we spoke with and a nurse clinician who visited the service weekly told us the food was of a high standard. We saw the menu for the four week period around our inspection and noted that at lunch time there was one choice of meal and dessert and in the evening people had a choice of soup, a hot meal or a sandwich and dessert. There were also a variety of choices available for breakfast and supper. The cook told us that people could always have something they liked if they did not want what was on the menu for that day and this was confirmed by the people we spoke with. We noted that people's special dietary requirements, such as diabetic and soft or pureed diets, were displayed in the kitchen and the cook told us these meals were prepared using the same ingredients as those provided to people without special dietary requirements, so that everyone could experience the same flavours. The people we spoke with told us they had plenty to drink and we observed staff offering people drinks throughout the day.

We observed lunch being served and saw that dining tables were set with linen table cloths, condiments and a vase of flowers. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed and staff interacted with people throughout the meal. We saw people being sensitively supported and encouraged to eat and offered something else if they did not want the meal they had been given, even if this was what they had chosen. People were given the time they needed to eat their meals and we noted that they were able to dine in other areas of the home if they preferred, including the lounge or their room.

Care records included information about people's dietary preferences, and risks assessments and action plans were

Good

Is the service effective?

in place where there were concerns about a person's nutrition or hydration. Where nutritional needs were identified, nutritional charts were completed throughout the day, detailing the quantity of food and drink consumed and any nutritional supplements taken. We noted that some people's records suggested that they were not having sufficient fluids however it was unclear whether this was due to a problem with inaccurate recording by staff on the electronic system. We discussed this with the manager who advised that she would ensure that staff accurately recorded people's fluid intake.

People's weight was recorded monthly and records showed that appropriate professional advice and support, such as referral to a dietician, was sought when needed. A Malnutrition Universal Screening Tool (MUST) was also completed in respect of people living at the service. We noted that a MUST assessment had not been completed for one person and the manager completed it during our inspection.

We looked at how people were supported with their health. People living at the service felt staff made sure their health needs were met. We found that care plans and risk assessments included detailed information about people's health needs and were reviewed regularly. We found that records were completed where people were at risk of pressure sores and included the time that people were repositioned, how they were positioned. The manager told us that none of the people living at the home had pressure sores and this was confirmed by documentation and our discussions with staff and the nurse clinician involved with the service. We noted that there was no facility on the service's electronic care record system to record the pressure relieving equipment being used for people or the appropriate setting for the equipment. We discussed this with the manager who informed us that arrangements would be put in place to ensure that this was recorded so that staff could make sure all equipment was being used appropriately.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians and dentists. We found healthcare appointments and visits were documented and visitors told us they were kept up to date with information about their relative's health needs and appointments. We spoke with a nurse practitioner who visited Walton House Nursing Home weekly as part of the Care Home Effectiveness Support Service (CHESS) and she told us, "The care is good and the staff are excellent". She told us that sometimes there was a lack of joined up working between the nursing and care staff, which meant that the nursing staff did not always have an overview of people's care. We discussed this with the manager who told us she would address this with staff.

Good

Is the service caring?

Our findings

People told us that the staff at Walton House Nursing Home were caring. They said, “The staff are very caring and kind” and “The staff know me well and they’re kind to me”. However some people told us that some of the agency staff who attended the service were not as caring as the permanent staff. The visitors we spoke with felt that staff were caring. They told us, “The staff are very caring and work very hard “and “The care here is very good, the staff have been good for my mum”.

During the inspection we observed staff supporting people in a kind and respectful way. The atmosphere in the home was relaxed and informal and staff communicated with people in a light hearted and friendly way. It was clear that staff knew the people living at the service well, both in terms of their needs and their preferences. During our visit we observed that call bells were answered by staff in a timely manner and assistance was available to people in all areas of the home when they needed it.

It was clear from our discussions, observations and from the records we reviewed that people were able to make choices and were involved in decisions about their everyday lives. Some people told us that they could get up and go to bed when they wanted to, however other people told us they would like to get up earlier in the morning. The manager told us that additional staff were being provided to ensure that that people could get up in the morning at a time that suited them and we saw evidence of this in future staffing rotas. People told us they could have a drink or snack whenever they wanted one and we saw that people were given lots of choice at mealtimes. We observed staff supporting people in a sensitive and respectful way.

The manager told us that none of the people living at the home were using an advocacy service as they all had family or friends to represent them if they needed support. A poster advertising Lancashire County Council’s advocacy service was displayed in the entrance area. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People told us they were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence.

People living at Walton House Nursing Home told us staff respected their dignity and privacy. We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home.

The manager told us friends and relatives could visit at any time and staff, residents and visitors confirmed that this was the case.

Good

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met at Walton House Nursing Home. They said, "The staff know me well, what I need and what I like" and "The staff know what I need, I always get help when I need it".

The manager told us she completed a thorough assessment of each person before they came to the service to ensure that staff could meet their needs and we saw evidence of pre-admission assessments in people's care records.

People told us they were involved in planning and reviewing their care and we saw evidence that where people lacked the capacity to take part in planning their care, their care needs had been discussed with their relatives. The relatives we spoke with confirmed this was the case.

Care plans and risk assessments were completed by nursing staff and were reviewed monthly. The nursing staff on duty updated care plans and risk assessments whenever there was a change in need and this was communicated to staff during the shift handovers that day. The care plans and risk assessments we reviewed were individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, could move around the home freely and could choose where they sat in the lounge and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with people. People were given the time they needed to answer questions and make decisions and staff spoke slowly and clearly and raised their voices and repeated information when necessary.

A calendar of activities for the week of our inspection was on display in the entrance area and included chair aerobics, crafts, games and a visiting entertainer. Activities took place every afternoon and the activities co-ordinator told us she regularly asked people what they would like to do. We observed flower arranging and vase decorating taking place on the first day our inspection and a tombola of the second day. We saw that the activities co-ordinator involved people in the planning and arranging of the activities as well as the activities themselves and we noted that a relative was also actively involved. We saw that people enjoyed the activities and the preparation and they told us that activities at the service had improved significantly since the activities co-ordinator had joined the service two months earlier. One person told us, "The activities are much better than they were, we play games, watch films and entertainers come in". Relatives told us, "There's lots more happening since the new co-ordinator started" and "The activities are great. As well as activities in the communal areas, the co-ordinator provides one to one support to people in their rooms".

A complaints policy was displayed in the entrance area and included timescales for investigation and providing a response. Contact details for the Commission were included. We reviewed the record of complaints, concerns and compliments received and the actions taken and saw evidence that issues were dealt with quickly and professionally, within the timescales of the policy.

People living at Walton House Nursing Home told us they felt able to raise concerns and they would speak to the staff or the manager if they were unhappy about anything. The visitors we spoke with also told us they would feel able to make a complaint or raise a concern. One visitor told us they had raised minor concerns about their relative's care which had been resolved quickly and to their satisfaction.

We looked at how the service sought feedback from the people living there and their relatives and saw the results of a quality survey carried out in August 2015. We noted that 15 of the people living at the home had taken part in the survey and their feedback resulted in an overall satisfaction score of 76%. A total of 73% of people felt that staff understood their needs and were patient with them, while 77% of people felt there were enough activities. Concerns were raised about the need for more staff, delays in receiving assistance and call bells being left out of reach.

Seven relatives had also taken part in the survey and their comments resulted in an overall satisfaction score of 90%. 100% of the relatives who took part felt that staff had the correct level of training, support and skills to meet people's needs, that people's health needs were being met, that

Good

Is the service responsive?

people were offered choices about their care and were treated with respect and that appropriate action was taken to address any concerns. 83% or people were happy with the standard of care their relative received and 85% said they had been involved in planning their relative's care. Concerns were raised about staffing levels and delays in staff responding to call bells. Positive comments were made about improvements in the activities available since the appointment of the new activities co-ordinator.

The manager informed us that she had addressed the feedback received. She told us that staff had been reminded of the importance of ensuring that call bells were left within reach and of responding to call bells quickly. We saw staffing rotas which showed that an additional member of staff would be on duty in the mornings from the week after our inspection.

Good

Is the service well-led?

Our findings

People living at Walton House Nursing Home told us they felt the service was well managed and that the staff and the manager were approachable. Relatives told us, "The manager and staff are very approachable. I could raise any concerns with them" and "The service is well managed. It's improved in the last two months since the new manager arrived".

We noted that the service had a statement of purpose which focused on the importance of providing a high standard of care and safety for all residents, which took into account their individual needs. The manager told us she was passionate about providing high quality care and was determined to ensure that the standard of care experienced by the people living at the service was high. The manager informed us she felt well supported by the service provider who had agreed to increase the number of care staff in the mornings in response to the feedback that had been received.

We looked at whether people were involved in the development of the service and noted that a residents and relatives meeting was planned to take place on 29 October 2015 when the results of the quality survey would be discussed. The manager told us that meetings had not taken place for some time as she had only been in post for eight weeks and the previous manager had left at the beginning of June 2015. The manager told us she planned to hold them regularly in the future to ensure that people could provide feedback about the care they received. We noted that there was a folder containing blank feedback forms attached to the notice board in the entrance area which stated, 'All feedback welcome".

We noted that separate staff meetings for the care assistants and nursing staff were planned to take planned in October 2015 and that all staff were required to attend. The staff we spoke with confirmed that staff meetings had taken place in the past and they were aware that a meeting was planned to take place in October 2015. Staff told us the manager had an open door policy and they could speak with her at any time.

We noted that staff had been included in the August 2015 quality survey and 23% of staff had completed a questionnaire, resulting in an overall satisfaction score of 76%. 86% of the staff who completed the survey felt they received clear guidance on what was expected from them and 85 % felt their concerns and suggestions were taken seriously and acted upon. However, only 68% felt that staffing levels were sufficient to meet people's needs and that teamwork at the home was effective. Comments included the need for more staff so that people could get up earlier in the morning and improved team work between care assistants and nursing staff. The manager told us that the results of the survey would be discussed at the forthcoming staff meetings. This would help to ensure that staff were involved in the development of the service.

A whistleblowing (reporting poor practice) policy was in place and was displayed in the entrance area. Staff told us they felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff. This demonstrated the staff and manager's commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the manager directly and she communicated with them in a friendly and caring way. We observed nursing and care staff approaching the manager for advice or assistance and noted that she was polite and respectful towards them. Staff told us they had completed a thorough induction and received regular supervision. They told us they felt well supported by the new manager and they felt the service had improved since she had been appointed. We noted from the supervision and appraisal records we reviewed that the manager's feedback to staff included positive comments and thanks for their hard work.

We saw evidence that the manager and the IT/audit manager audited different aspects of the service regularly. In addition to the accidents and medicines audits mentioned previously, we saw evidence that equipment, and food safety and hygiene at the service were audited regularly. A nutrition and hydration audit was also completed in respect of people at risk of malnutrition or dehydration, which reviewed whether appropriate risk assessments had been completed. A care plan audit was completed twice yearly which reviewed 10% of care plans and looked at whether falls risk assessments and mental capacity assessments had been completed, and whether health care visits had been recorded. All audits included

Good

Is the service well-led?

action plans where improvements were necessary. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained.

Our records showed that the service had submitted a number of statutory notifications to the Commission about people living at the service, in line with the current regulations. The manager was also aware that she is required to notify us of the outcomes of DoLS applications when these are received.

We noted the service had received the Investors In People award. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.