

Arcare (West Midlands) Limited

Walton House

Inspection report

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Date of inspection visit:
15 August 2016

Date of publication:
21 September 2016

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

The registered manager was present during our inspection. 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.

People told us that they felt safe living at the home. Staff had good knowledge of how to keep people protected from the risk of abuse. Risks to people's safety had been identified and appropriate measures put in place to minimise the risk. People received care and support in a timely way. Staff had been recruited appropriately and safely. People received their medicines as prescribed and medicines were managed safely.

People received care and support from staff who received regular training and support to ensure they could carry out their roles effectively. People were empowered to make independent decisions about their daily routines. Staff understood the key principles of the Mental Capacity Act (2005) and sought consent from people before providing care and support. People told us that they chose what they wanted to eat and drink. People were involved in maintaining their healthcare needs.

We observed a range of warm and affectionate interactions between people and staff. People spoke positively about their relationships with staff. People were encouraged to be independent and make their own choices about their daily routines. People were supported by staff who respected their dignity and privacy.

Staff provided personalised care that met people's individual preferences. Care plans demonstrated that people were at the heart of the service. People's care plans were updated and reviewed on a regular basis. People living at the home saw the family and friends that they wanted to. People told us that staff supported them to follow their interests and hobbies. People told us they would feel confident to approach staff if they had any concerns. The complaints procedure was accessible to all people.

People told us that the home was managed well and that they had positive experiences whilst living at the home. There was effective leadership from the registered manager to ensure that staff were motivated and supported to provide individualised care to people. The registered manager consulted people about their experiences and views on the care provided. There were effective processes in place for monitoring and improving the quality of the care received.

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.

People felt safe and were supported in a way that minimised risks to their health and safety.

Staff had a good understanding of their roles and responsibilities if they suspected abuse.

People received their medicines as prescribed. There were effective systems in place to ensure safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet individual needs of people and promote their health and well-being.

People's best interests were protected and decisions were taken in the least restrictive way.

People enjoyed the benefits of a healthy and balanced diet. Staff worked with other health professionals to maintain people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and caring way.

Staff empowered people to have as much choice and control over their lives as possible.

People were treated with dignity and respect. Staff promoted people's independence and respected their personal space.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care and support to people that was personalised. People were involved in the planning of all aspects of their lives.

People were able to participate in a range of activities which they enjoyed and were involved in planning events for the future.

There were systems in place to deal with complaints. People told us that they felt comfortable to tell staff if they had any concerns.

Is the service well-led?

Good ●

The service was well-led.

People lived in a home which was well run by an open and approachable registered manager.

The registered manager consulted people to find out their views and experiences on the care provided.

Effective quality assurance systems were in place and used to monitor the quality of the care provided.

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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.

This inspection took place on 15 August 2016 and was unannounced. The visit was undertaken by one inspector.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. As part of the inspection, the provider had completed a 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. This information was received when we requested it. We also spoke with service commissioners (who purchase care and support from this service on behalf of some people who use the service) to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with all of the people who lived at the home. We also spent time observing day to day life and the support people were offered. We spoke with two relatives of people and three health care professionals during the inspection to get their views. In addition we spoke at length with the registered manager and three care staff.

We sampled some records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

People who lived at the home and their relatives told us that they felt safe. A person we spoke with told us, "I do feel safe. I'm not worried." Relatives we spoke with all told us that they felt their loved ones were safe living at the home. One relative said, "Yes [name of relative] is safe. Staff look after him well."

We saw people were protected from potential abuse because staff knew what actions to take if they saw poor practice and were aware of the signs and symptoms which may indicate that someone was being abused. Staff we spoke with told us they had received training in how to safeguard people they were supporting. Staff described the process for reporting any concerns about people's safety to the registered manager and escalating them to external agencies if needed. The registered manager understood their responsibilities for reporting any concerns to the correct authority as soon as a concern had been identified. We saw information about raising concerns were displayed appropriately and available in different formats to meet people's preferred communication needs.

There were systems in place for managing risks and staff understood and consistently followed them to protect people. Risks to people had been assessed and measures were in place to minimise the risk of harm. Staff told us how a person had been supported to understand and manage risks whilst they travelled independently on public transport. Where people had risks associated with their health conditions assessments had been completed and risk assessments were in place to guide staff about the procedure for doing so safely. All the staff we spoke with consistently described how they support people to keep safe whilst maintaining their independence and not restricting their freedom.

Staff we spoke with demonstrated their understanding of how to respond to and report accidents and incidents. We saw the registered manager had systems in place to support this. People had care plans in place to describe the support they needed in the event of an emergency, such as a fire or a serious injury resulting in hospital admittance. One member of staff told that they used hospital passports which contained relevant information about people should they have to go to hospital. This ensured health professionals were aware of how to meet people's individual needs and keep them safe.

People and their relatives told us they felt there were sufficient numbers of staff available to provide care and support. We saw that staff were visible throughout the day and responded in a timely way to support people. One person we spoke with told us, "Staff are always here." A relative of a person who lives at the home said, "There appears enough staff. Always someone there when I ring [name of relative]." The staff we spoke with told us that they were happy with the staffing arrangements. The registered manager had processes in place that ensured people were consistently supported by staff that knew them well and said, "Any absences are covered by staff employed by the service. We don't use agency staff as people who live here really need continuity."

People could be assured that safe recruitment practices were followed. We saw that the appropriate pre-employment checks had been completed. The registered manager had obtained references from previous employers and carried out the necessary Disclosure and Barring checks to ensure that prospective staff

would be suitable to work with people who lived at the home. One staff member told us, "I had to provide references, identification and have police checks before I could start to work here." Whilst one set of staff records we sampled was not organised this was addressed immediately.

People told us that they received their medicines when they required them. One person told us, "I have my medicines every day. Staff don't forget." People's Medicine Administration Records had a photograph of the person and details of how they liked to take their medicines. For example, One medicine record stated, 'I must take my medicines after my food.' Guidance was available for staff for medicines that were prescribed for "use as needed" (PRN). This reduced the potential risk that people might not receive the medicines that they needed or that they would be given them at the wrong times.

Staff who administered medicines told us that they had received training about how to do this safely. New staff had received competency observational checks by the registered manager to ensure they were safe to administer medicines. The registered manager had developed a comprehensive competency observational check form for existing staff. Arrangements for the receiving, storage and disposal of medicines were effective and in-line with good practice and national guidance.

Is the service effective?

Our findings

We saw people were supported by staff who knew them well. One person told us, "[name of staff] takes me to my favourite place to eat." One relative we spoke with told us, "Staff are good with [name of person]. They do know him well and understand him."

Staff told us that they had received a regular programme of training to ensure they had the right knowledge and skills to meet people's needs. A member of staff told us, "I have plenty of training and the right support for my learning needs." We spoke with a relative who told us, "Staff are very well trained and know what they are doing."

Staff told us that they met regularly with the registered manager to discuss their work and development needs. We saw that the registered manager worked alongside staff. This meant that the registered manager could observe staff in practice to ensure staff carried out their roles to a high standard. The registered manager told us that observational competency assessments to ensure that the knowledge and skills gained by the staff were being put into practice were undertaken for new staff and that they had recently started competency checks for existing staff.

Staff we spoke with told us that they received a planned induction before they started to work at the home. This included shadowing more experienced members of staff and working alongside the registered manager. Records demonstrated that the registered manager supported staff to complete the Care Certificate [a nationally recognised set of standards used for induction training of new staff].

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. All the staff we spoke with had a good understanding of the key requirements of the Mental Capacity Act 2005 and what it meant for people living at the home. Staff explained they understood the importance of gaining consent from people before they provided any care and support. We saw staff interacting with people and asking what assistance they needed. People told us they were able to make decisions about their daily routine. One person said, "I have my own key to my door." Another person living at the home told us, "I open my own mail." Staff confidently described the principles of making decisions in people's best interests and described ways that supported people in the least restrictive way. A member of staff told us, "The MCA supports people to make some decisions that cannot make for themselves."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. At the time of our inspection Dols applications had been assessed and there were no

people subject to a DoLS.

People we spoke with told us that they enjoyed the meals provided. One person said, "My favourite food is steak and kidney pie with mash." Throughout our inspection we saw people were able to access hot and cold drinks independently and helped themselves to fresh fruit. People told us that they were involved in the preparation of meals. A person told, "I love cooking. I really enjoy Chinese and Indian food." There was information in people's care plans relating to their individual eating and drinking support needs. Where people had medical conditions which required a specific diet this was detailed and guidance was available to staff to follow. We observed that when people required specially adapted cutlery and drinking adaptations this had been provided with the person's consent and in a dignified way.

We saw clear information about people's health needs contained within their health action plans. This included details of regular health appointments attended by the person. One person told us, "I go to the doctors if I'm poorly. I've had some new glasses." A health professional who we spoke with told us, "The staff team appear committed to helping residents [and they] have a high quality of life. They [the staff] will for ask for help when they need it and follow our guidance." We saw that capacity assessments had been undertaken when necessary. One health professional described how the registered manager had involved them in a best interests meeting to determine if minor surgery was in the person's best interests. We saw that staff actively supported people to experience good healthcare. One person advised us of the planned weight they had lost and how the attendance at the local gym club had made them healthier. The person enjoyed showing us photographs of how they used to look.

Is the service caring?

Our findings

People living at the home spoke positively about the staff who provided them with care and support. One person told us, "Staff are helpful and kind." We spoke with a relative who said, "Staff are lovely and have patience." We observed there was a relaxed atmosphere at the home. We saw that staff treated people in a kind and caring way. For example, we observed staff giving people time to communicate what they wanted. A health professional told us, "The staff appear caring and show respect towards the [people]."

Staff spoke positively and with warmth when describing things that mattered to individual people. People could be confident that staff knew them well. Staff were consistent when speaking about what people liked and disliked and provided care that was focused on people's individual preferences. We saw staff engaging with people and using creative ways of reducing people's agitation. For example, we saw staff supporting a person who was getting anxious about their daily routine. Staff responded immediately and knew what actions to take to reduce the person's anxiety. Staff managed the situation in a positive and dignified way and in-line with the person's care plan.

During the inspection people told us that they were involved in making decisions about their care and support. One person told us, "It's my life here and I get to make all my own decisions." Records we sampled confirmed that regular meetings were undertaken between people and staff to discuss their experiences of living at the home and people's personal goals. For example, one member of staff told us that they were currently supporting a person with choosing an educational course to help them with their reading and writing and said, "We use alphabet letters to support [name of person] with putting words together. [name of person] goal is that in six months' time they can write." We saw documents and information were available for people to access in a format that was inclusive and met individual's communication needs. At the time of our inspection one person had access to advocacy support. Advocates are trained to support and enable people to make decisions. We saw there was pictorial information available relating to advocacy services.

We saw people were treated with dignity and respect. A person we spoke with told us, "Staff knock on my door before they come in." We saw staff supporting people in a way that maintained their dignity. For example, one member of staff offered discreet assistance to a person to have a shower. Staff we spoke with described ways in which they maintained people's dignity. A member of staff said, "I ask and talk to people and during any personal tasks I make sure the doors and curtains are shut."

The provider stated in the provider information return (PIR) that they provided people who used the service with their own rooms and all with en-suite bathrooms. This helped to maintain people's privacy and dignity. Everyone who lived at the home had their own bedroom and we were invited to one person's bedroom and saw the room was individual to the person's personal preferences. We saw that staff supported people's independence. We observed people who lived at the home engaged in household tasks which included, fetching the washing in and sweeping the garden.

Everyone we spoke with told us that there were no restrictions to visiting. One person said, "My family can

come and visit me when they want to." A member of staff we spoke with told us, "Visitors are always welcome. I always ask people first if they want to receive them."

Staff we spoke with understood and respected the need for people's privacy, confidentiality and personal space. One person who lived at the home told us, "I lock my room when I'm not in it." In another care plan we saw that a person had stated; 'My personal space is of great importance to me'. We saw this was respected.

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs. One person told us about their visit to the sports centre and said, "After I had finished my exercises I wanted to go out for dinner; [name of staff] took me."

Care plans we sampled were designed to ensure they reflected people's individual needs. We saw that care planning reflected people's choices and wishes and focussed on the person's life and aspirations. One person told us, "I like my independence, it was a big step coming to live here, but it's worth it." People were given control and owned their care plans. For example in care plans we saw information about what the person wanted 'I will join in with social daily living tasks but only if I want to. I do not like being asked to by staff.' In another care plan we saw, 'I am semi-independent in all areas of my personal care.' Care plans were agreed and signed by people who lived at the home. We saw throughout our inspection that people were supported in the ways described in their care plans.

We saw care reviews were undertaken on a regular basis to make sure people had the support they needed. Care plans had been updated in response to people's changing needs. We saw that people chose who they wanted to be involved in the reviewing of their care plans. One relative we spoke with told us, "I have been involved in all of [name of person] care meetings."

People told us that staff helped them to do things that they liked doing and we found many examples of this throughout our inspection. There were structured activities planned but we saw staff also responded spontaneously to people's needs, such as going for a walk to the local shops. A person who lived at the home told us about a recent visit to the local fire station and said, "We all had a great time." People had a choice of whether they wished to participate in activities or not and were involved in making suggestions for future events. One person told us about their dream to go to another part of the world and said, "I'm planning my trip with [name of manager]. I've set my heart on it." This demonstrated people's individual goals and aspirations were listened to and people were supported to fulfil these goals.

People were encouraged to build and maintain links with their communities. This included visits to the local sports centre, libraries and local football matches to watch their favourite teams play. Care provided was responsive and flexible to people's individual needs, values and beliefs and ensured people were enabled to live as full as life as possible.

People were supported to maintain positive relationships with the people that mattered to them. One person told us, "I like going out with my friend. He comes to visit me." One relative told us, "[name of person] comes to visit me and stays over."

People and their relatives told us that they knew how to complain and would not hesitate to do so. One person we spoke with told us, "I would talk to [name of manager] if I was worried." The registered manager had made the complaints procedure available in formats that people could understand. Care plans we sampled contained information about how people could communicate if they were unhappy about

something. The registered manager told us and the records we looked at confirmed that there had not been any complaints made during the last 12 months. The registered manager described what action they would take if complaints were received .We saw the complaints procedure was prominently on display in communal areas.

Is the service well-led?

Our findings

People and the relatives we spoke with consistently described the home as good. People told us that they had confidence in the registered manager. One person told us, "[name of manager] is the boss. I can talk about anything to her." We saw the registered manager spent time supporting people who lived at the home and could describe people's individual preferences well. A health professional told us, "[name of manager] is very tenacious and will act in the residents best interests, and will follow up any actions I have committed to, and will ask for clarification if she does not understand."

People and their relatives were given the opportunity to express their views about the care and support being provided. People, relatives and staff told us that they were involved in the running of the home. One person told us that they had asked for some new garden furniture. The registered manager had listened to the feedback and had ordered new furniture. The registered manager recognised the importance of actively seeking people's feedback and advised us that any feedback received was acted upon to improve the service. We saw there were regular meetings with people which demonstrated staff spent time with people and offered them support to express their views. We saw documentation had been developed using different communication styles to ensure they were accessible and tailored to people's needs. We saw the home had received many compliments. Some of the comments included, "Staff go above and beyond, always ensuring he is involved in decision making." And a health professional said, "[name of person] life took a turn for the best, they came out of their shell. Wonderful to see the real person that has been hiding within."

Staff were confident in their roles and told us that they would not hesitate to raise any issues with the registered manager if people's care or safety was compromised. We saw the home had an open culture and good communication strategies. Staff told us that they felt confident to approach the registered manager if mistakes had been made and felt certain that the registered manager would support them and address the issues raised.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager during our inspection showed that they were aware of changes to regulations and were clear about what these meant for the service. Staff told us that safeguarding concerns had been shared with them so that lessons could be learnt and action taken to prevent reoccurrence.

Staff we spoke with told us that they had attended regular staff meetings which enabled them to share their views, opinions and share good practice. Staff worked in a culture which was person centred and supported people to maintain their independence in a positive and meaningful way. We saw the registered manager was very much part of the staff team and lead by example. All the staff we spoke with told us how they valued the registered manager's motivation and desire to continually improve the life of people who lived at the home. There was a clear leadership structure which staff understood. Staff told us they could contact the registered manager at any time if they needed assistance.

The records we sampled at the home showed that the registered manager made necessary checks to ensure the standard was maintained and improved on. Audits were carried out to monitor the safety and quality of the service. Some of the audits included checks on people's medicines, infection control, accidents and falls and the environment. We saw that the registered manager evaluated the audits and developed action plans for improvement, when needed. We saw that the registered manager had developed links with various health professionals. A health professional told us, "The staff work closely with the community nurses from the local learning disability team." People could be confident that the service worked with other professionals and not in solo to ensure their individual needs were met.