

Walton Lodge Limited

Walton Lodge

Inspection report

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South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on the 20 June, 2017 and was unannounced. The last comprehensive inspection took place in February 2015, when the provider was meeting the regulations. You can read the report from our last inspection, by selecting the 'all reports' link for 'Walton Lodge' on our website at www.cqc.org.uk.

Walton Lodge is a care home for adults aged between 18 - 65 years old that have severe learning disabilities and autism. The home consists of a converted large bungalow which accommodates 14 people and a separate building which accommodates six people who are working to develop their independent living skills. There is also a secure garden area. The home is located on the outskirts of Doncaster with access to public transport links.

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

The provider did not have safe arrangements in place for managing medicines. We found the stock of medicines did not always tally with the records. It was difficult to see if medicine had been given as prescribed. The provider had no protocols in place for people who required medicines on an 'as and when' required basis.

The provider had a safeguarding procedure in place to protect people from abuse. Staff received training in this subject and this was repeated on an annual basis.

We found the registered provider employed enough staff to meet people's needs. We observed staff interacting with people and found they were supported in a timely way.

Risks associated with people's care had been identified and appropriate plans were in place to help minimise the risks from occurring.

The registered provider had a safe system in place for recruiting new staff. Staff received an induction when they commenced employment with the registered provider.

Training records and discussions with staff demonstrated that they possessed the right skills, knowledge and experience to meet people's needs. Staff confirmed they received supervision sessions with their line manager. Supervision sessions were one to one meetings to discuss their role. However, staff did not receive an annual appraisal of their performance.

We looked at the support plans for three people who used the service and there was evidence that people were consulted about how they wanted to receive their care. However the service had Closed Circuit

Television (CCTV) in communal areas and we were unable to access documents relating to people's consent for this to be used.

We looked at care records and found people were able to access health care professionals in a timely way when required.

People were involved in meal preparation and took part in shopping for food they liked. We saw people were involved in preparing a weekly shopping list and buying food which was in keeping with their preferences.

We observed staff interacting with people and we found they knew people well and were caring and supportive. Staff found ways to communicate with people to assist them to be involved in conversations.

Care plans we looked at were informative and reflected people's current needs. Staff knew people well and understood their needs and preferences.

People were involved in social activities and were able to choose what they wanted to do. Each person had an activity plan for the week and staff supported people to keep to it.

The service had a complaints procedure and this was displayed in the home. An easy to read version was also available.

The registered provider had an audit system in place but this did not always identify areas of concern. We identified some areas of development as part of this inspection which had not been addressed by the registered provider.

The registered provider had no formal system in place to capture the views and opinions of people who used the service and their relatives. Relatives and residents meetings were not provided, however people and relatives we spoke with were complimentary about the management team and happy with the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The registered provider did not have safe arrangements in place for managing medicines.

The registered provider had a safeguarding procedure in place to protect people from abuse.

We found the registered provider employed enough staff to meet people's needs.

Risk assessments were in place and identified ways to minimise risks associated with people's care.

The registered provider had a safe system in place for recruiting new staff.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training and support to complete their role. However, they did not have the opportunity to discuss their performance at an annual appraisal.

The service was meeting the requirements of the Mental Capacity Act. However, the registered provider had CCTV in communal areas of the home, but could not evidence that they had sought consent from people to use this.

People were supported to maintain a healthy and nutritious diet. However, information regarding allergens in foods was limited.

People had access to health care professionals when required and advice they gave was included in people's care plans.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people and we found they

knew people well and were caring and supportive.

Staff communicated well with people and assisted them to be involved in conversations.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

We looked at people's care records and found they reflected their current needs.

People were involved in activities in the community and in the service.

There was a complaints procedure and people felt able to speak with staff if they had a concern.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The registered provider had an audit system in place but this did not always identify areas of concern.

The registered provider had no formal system in place to capture the views and opinions of people who used the service and their relatives.

People who used the service and staff we spoke with felt the service was well managed.

Walton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 20 June 2017 and was unannounced. The inspection was carried out by two adult social care inspectors. At the time of our inspection there were 11 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with two people who used the service and spent time observing staff interacting with people.

We spoke with three support workers, a team leader, the cook, and the registered manager. We also spoke with a relative and a visiting professional. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support plans. We looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they identified areas for improvement.

Is the service safe?

Our findings

We checked to see if the provider had a safe system in place to manage people's medicines. We saw that temperatures were taken on a daily basis on the fridge and room used to store medicines. This was to ensure that medicines were stored at the correct temperature.

We spoke with a team leader who explained the process for ordering and disposing of medicines. We found there was a lot of stock stored in the medication room. We checked the stock of medicines for six people and found there were discrepancies. For example, one person had been prescribed paracetamol and according to the records they should have had 11 tablets left. However, there were 24 tablets left. The service could not evidence that medicines had been administered as prescribed.

We saw some people had been prescribed medicines to be taken on an 'as and when' required basis (PRN). We saw that Medication Administration Records (MAR's) had been signed when this medicine had been given. However, there was no record on the reverse of the MAR's to indicate what effect this had. People did not have a PRN protocol in place to inform staff what dose to give and when. Staff told us they knew people well and knew when to administer these medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have safe arrangements in place for managing medicines.

Staff we spoke with were able to explain the types of abuse and what action they would take if they witnessed abuse taking place. Staff confirmed they received training in this subject which was repeated on an annual basis. One care workers said, "I would inform a manager straight away." Another care worker said, "I am confident the manager would take action if we raised concerns. We also have the contact number for the Care Quality Commission, so would call that if necessary." We saw the registered manager kept a file containing information regarding safeguarding concerns. We saw concerns had been followed up in a timely way to ensure people were safe.

Care and support was delivered in a way that promoted people's safety and welfare. We looked at five people's support plans and risk assessments, which identified any risks associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people. For example, we saw there was support plan in place for a person who had diabetes. The support plan identified the risks associated with this condition and the processes for staff to manage the condition and reduce risk. We also saw evidence that the care home were managing risk by making referrals to the relevant health teams when required. This demonstrated the service worked closely with other health professionals where a particular risk was identified.

We observed staff interacting with people and found there was enough staff available to meet people's needs in a timely way. We looked at staff rota's and they confirmed that adequate numbers of staff were employed. Staff we spoke with told us they worked well as a team and they felt supported.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff we spoke with confirmed they had undertaken a structured induction that had included completing the company's mandatory training and a period of shadowing an experienced staff member.

We checked around the home to see if it was clean and tidy. There were no obvious trip hazards and communal areas were clean. Where hazards had been identified these were clearly marked with yellow and black hazard tape to reduce risk of injury.

Is the service effective?

Our findings

Training records and discussions with staff demonstrated that they possessed the right skills, knowledge and experience to meet people's needs. Staff we spoke with said they had received training in Non-Abusive Psychological and Physical Intervention (NAPPI). NAPPI is a method used when working with people whose behaviour can be challenging however, staff told us that physical interventions were a last resort and other techniques such as distraction and diversion were more frequently deployed.

We spoke with several staff about the support they received. They confirmed they had regular opportunities for formal supervision. They said they felt supported by the registered manager and felt their concerns were listened to. One staff member said; "They (the management) look after me." Another staff member we spoke with said; "I love it here." Staff commented they had not received regular annual appraisals, which was reflected in their staff files. The registered manager told us they previously had a self-appraisal system in place but this was not preferred by staff and therefore ceased. We spoke with the registered manager about this and they said they would look at introducing an appraisal system.

We looked at the support plans for three people who used the service and there was evidence people were consulted about how they wanted to receive their care. Consent was gained for things related to their care where people had capacity to consent. For example, we saw people had consented to the use of photographs on care plans. The service operated Closed Circuit Television (CCTV) in communal areas of the home. The registered manager told us they had sought consent from people prior to using this system. However, we asked to see the consent forms and the registered manager could not access them on the day of the inspection. We contacted the registered provider following the inspection and asked them to send this information to us. However, this was not received.

The Care Quality Commission is required by law to monitor the operation the Mental Capacity Act 2005 (MCA), and to report on what we find. The Act provides a legal framework for making 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 a person lacks mental capacity to take a particular decision, any made on their behalf must be the least restrictive option in their best interests.

People can be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection there were three people living at the home who were subject to a standard authorisation under the MCA. We checked whether the service was working within the principles of the MCA and appropriate records were in place.

We spoke to a visiting Deprivation of Liberty Representative (DoLS rep) who was visiting a person during our inspection. A DoLS rep is an independent advocate which is appointed to an individual who is subject to a

standard authorisation and does not have a family member or a friend that are able to advocate on their behalf. It is the role of DoLS rep to safeguard the legal rights of the person subject to a standard authorisation. The DoLS rep told us the care home were adhering to the conditions of the person's standard authorisation and had no concerns with MCA compliance.

Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. We saw the registered manager had processes in place to request a standard authorisation or renew existing authorisations that were due to expire. The registered manager told us that she uses a diary system for renewing authorisations which she had sole access to. Although we did not find fault with this system at the time of the inspection, we consider this system to be not sufficiently robust to manage periods of unplanned leave. This was discussed with the registered manager who assured us they would address the issue of implementing a DoLS overview and review the system for renewing authorisations. Despite these areas of concern we found the registered manager was working to the principles of the MCA and DoLS.

People were supported to maintain a healthy and varied diet in line with their needs and choices. People were involved in meal preparation and took part in shopping for food they liked. We saw care plans were in place for people who required support with nutrition.

We spoke with the cook who was knowledgeable about different diets and requirements of people. We asked the cook about allergens in food and were shown a file containing some information about sauces and salad dressings. The cook told us this was in the process of being developed, and the registered manager confirmed this.

We saw support plans were in place for eating and nutrition and checks were being performed regularly to ensure records were accurate and reflected people's needs. People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and found people were happy with the care and support they received at the home. Comments included, "It's like a home," and "Staff are caring and compassionate."

We observed staff interacting with people and we found they knew people well and were caring and supportive. They found ways to communicate with people to assist them to be involved in conversations. For example, one person communicated by using objects and pictures and staff were able to understand the person well and gave opportunities for them to be involved in conversations. Another person had been bereaved and an easy to read document about the grieving process was available.

People who used the service had a key worker. A key worker was a care worker who was responsible for building up a relationship with people and their relatives, ensuring people's care plans were up to date and accompanying people on outings and appointments.

People had a pen profile in their records which outlined important events, previous employment, family life and hobbies and interests. Staff used this information to understand people better and to tailor care to meet people's preferences.

Staff we spoke with told us how they would ensure people's privacy and dignity was respected. They told us they would give people time and explain what they were doing and make sure people were happy and in agreement. One care worker said, "I ensure the curtains and door are closed before completing personal care." Another care worker said, "It's about being patient and treating people as you would want to be treated."

We looked at care plans and saw people were supported to maintain relationships with family and friends. For example, some people had been supported to send greetings cards for family birthdays and celebrations. Others were supported to contact their family members by phone and to visit them.

Is the service responsive?

Our findings

We looked at care plans and found they were detailed and reviewed regularly to ensure they were an accurate reflection of people's needs. We observed staff interacting with people and found this was responsive to their care needs. They knew people well and were able to communicate with people in an effective way. One person was pleased they were seeing a family member later in the day and staff kept reassuring the person that this would take place. The person responded with a smile and clapped their hands in excitement.

For example, one person required support with personal care. Their care plan gave specific instructions for different tasks such as using the shower. The person required the shower not to be turned on until they were ready to use it. Then they required verbal prompts to assist them through the task. Another person required support with food and drink. They required their food cutting up small as they had a tendency to overfill their mouth causing a choking risk. We saw a speech and language therapist had been involved in the person's care and advised the person to avoid specific foods. This was included in their care plan and reviewed on a monthly basis.

People had an activity plan in place to assist them in maintaining varied interests. Activities included maintaining contact with families, trips out to cinema and for meals. For example, one person enjoyed visiting the local pub and was supported to have a meal at the local pub on the day of our inspection. Other people enjoyed visits from family members or staying at home.

The provider had a complaints procedure in place which was used to assist them in managing concerns raised. The complaint procedure was displayed in the main entrance area of the home and was available in an easy to read version. We spoke with people who used the service and they told us they would speak with staff if they had a worry or concern.

We saw the registered manager kept a complaints file, but no concerns had been brought to their attention over the past 12 months. The registered manager confirmed any concerns raised would be used to develop the service. The file also contained thank you cards and compliments about the service.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who was supported by a senior team. This included a deputy manager and team leaders. People we spoke with gave positive comments about the management team and knew them all by name. They told us they could speak with them and they had time for them.

We saw that a range of audits were completed on a regular basis to ensure the service was meeting expectations and following the guidance set out in their policies and procedures. We saw audits for things such as care files, staff files, the environment, finance, medication and infection control. Some audits identified areas to improve and action plans were devised to assist in this process. However, some audits had not identified areas of improvement. For example, a pharmacy visit took place on 6 April 2017 which highlighted that medicines carried over from the previous Medication Administration Records (MAR) had not been recorded on the current MAR sheet. The provider completed a medicine audit on the 11 April 2017, and no issues were found. On our inspection we identified concerns which had not been raised via the audit process.

We completed a tour of the home with the registered manager and found that kylie sheets were being used on chairs and sofas in communal areas. (A kylie sheet is a waterproof cover used to protect bedding to manage continence issues). We raised this with the registered manager as the kylies were being used inappropriately. This was both an infection control concern and not respecting people's dignity. This issue had not been identified as part of the audit system, although the registered manager acknowledged this was inappropriate.

There was minimal information to indicate that the provider sought feedback from people and their relatives. The service did not complete a quality assurance survey to capture people's views and opinions. There were no formal resident and relatives meetings which would give people an opportunity to comment about the service. We asked the registered manager about this and they told us that they speak with relatives on a regular basis. A log of conversations held with people was recorded electronically. The registered manager also told us that they operated an open door policy and people were free to chat with the management team at any time. The registered manager told us that any concerns raised would be acted upon. However, people were not given the opportunity to feedback in a formal way and there was a lack of documentation to show the provider continually evaluated and improved the service. People and relatives we spoke with were complimentary about the management team and happy with the service provided.

The provider had Closed Circuit Television (CCTV) in communal areas of the home. The registered manager told us this was used to reflect on practice. We asked if people had consented to this system being used. The registered manager told us that they asked people and relatives about the system when it was first introduced and no-one had a problem with it. We asked to look at the consent forms in place and the registered manager told us they did not have access to them. We asked the registered manager to send them to us following our inspection; however we did not receive these.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to monitor the quality and safety of the service did not always identify concerns. The provider did not always seek feedback from people who used the service and their relatives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not have safe arrangements in place for managing medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service did not always identify concerns. The registered provider did not always seek formal feedback from people who used the service and their relatives.