

Walton Care Limited

# Walton Homecare

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 27 April 2016 when we visited the service's office. We also spoke with people who used the service and staff following our visit to the office. The inspection was unannounced, which meant the provider did not know we would be visiting to inspect.

The service provided care and support to people in their own homes. At the time of our inspection 80 people were using the service.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service at short notice prior to our inspection. The provider had recruited a suitable manager who was in the process of registering with the commission.

Everyone we spoke with told us they felt the service was safe. They explained this was because the service was reliable and that they received support from a consistent staff team that knew how to keep people safe.

We found the recruitment procedures that had been implemented by the service were sufficiently robust. This helped to ensure only suitable candidates were employed to work with people whom the service supported.

The provider deployed sufficient numbers of suitable qualified and experienced staff at all times. This helped to ensure people received the care and support they needed, when they needed it. Staff attendance at visits was monitored electronically by the provider to ensure visits took place as planned. No one we spoke with had ever experienced a missed visit.

The service undertook a comprehensive range of risk assessments and ensured staff knew how to mitigate any risks in order to keep people safe. This included where the service helped people to manage their own medicines safely.

People told us that staff knew what they were doing and had the necessary skills and knowledge to ensure their needs were met effectively. Staff told us and records confirmed staff received a variety of training and support to enable them to fulfil their roles.

Consent had been sought from people before any care or support was provided to them. The provider had implemented policies and procedures in relation to the Mental Capacity Act 2005 which were followed in practice.

The service worked well with other healthcare services, to try to ensure people's health and wellbeing was

maintained and in response to people's needs.

People who received support from the service to eat and drink confirmed they were encouraged to eat and drink healthily. Staff offered to prepare snacks and drinks for people who they did not support with meals and recorded people's dietary intake. When there were concerns about someone's dietary intake, this was raised with the manager who sought professional guidance and support.

Staff knew people well and respected their preferences. The service gathered lots of information about people, their like and dislikes so that care and support was planned to meet their needs in the way they wanted. People told us they were involved in reviewing their plans of care.

The service respected people's cultural and religious needs. People told us that staff always respected their privacy and maintained their dignity.

The service undertook comprehensive assessments of people's needs and ensured they had the right staff in place before they took on any new clients. This helped to ensure that people's needs could be met consistently.

People's risk assessments and written plans of care were regularly reviewed and update in line with people's circumstances, which helped to ensure the service met people's changing needs.

People we spoke with knew how to make a complaint or raise concerns with the service and had confidence in the management team to resolve any issues.

Everyone we spoke with told us they felt the service was well-led. People told us that communication from the provider was good and that they were kept up to date with any changes in the service.

Every person we spoke with told us they would, and did, recommend the service to people who were in similar circumstances.

The provider took a hands on approach to the service and had developed good working relationships with all the agencies involved in people`s care.

A range of quality assurance systems had been implemented and were operated effectively. This helped to ensure that people received a high quality service which met their needs and protected their rights.

## 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.

Sufficient numbers of staff were deployed by the service to ensure people received their visits when they should and were supported by a consistent staff team who knew them well.

Staff were knowledgeable about the risks to people's health and wellbeing and knew how to manage these risks to keep people safe.

People were supported to manage their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had received appropriate training to give them the knowledge and skills to meet people's needs.

The service sought people's consent before care and support was provided to them.

People were supported to drink sufficient amounts and where required staff supported them with their meals.

People were supported to access health care services when required.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them well.

People and, where appropriate, their relatives were involved in making decisions about the care and support they received.

People's dignity, privacy, equality and diversity was respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was responsive to their individual needs and circumstances.

People were involved in planning and reviewing the care and support that was provided to them.

People knew how to make a complaint or raise concerns with the service and were confident they would be taken seriously and any problems resolved.

### Is the service well-led?

Good ●

The service was well-led.

People spoke positively about how the service was managed and had confidence in the staff and management team.

The provider and new manager were passionate about the service they provided and promoted an open and supportive culture.

Staff were clear about their roles and responsibilities and put people at the centre of the care and support they provided.

The provider effectively operated systems that were designed to monitor and improve the quality of the service.

# Walton Homecare

## **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 27 April 2016, when we visited the service's office. We also spoke with people who used the service and staff following our visit to the office. The inspection was unannounced, which meant the provider did not know we would be visiting to inspect.

The inspection was carried out by the lead Adult Social Care inspector for the service.

Prior to our inspection, we reviewed all the information available to us about the service. This included notifications the provider had sent us about significant events and information that was available on social media and the internet.

We received 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.

We sent questionnaires to 47 people who used the service and received 17 responses. Of the 14 questionnaires we sent to staff, we received eight responses. Community professionals were also sent a total of 16 questionnaires, to which we received two responses. We reviewed all the responses we received as part of our planning for this inspection. During our inspection we spoke with seven people who used the service, three people's relatives and seven staff members, including the manager and the provider.

During the inspection we reviewed four people's care documentation, which included risk assessments and written plans of care. We also reviewed six staff personnel files. In addition we looked at a variety of records relating to the management of the service, which included policies, procedures and records of staff training.

# Is the service safe?

## Our findings

We asked whether people felt safe when receiving care from the service. All the people and relatives we spoke with confirmed they felt safe when receiving care or support from the service. People told us this was because of a number of reasons, including staff turning up when they should and assisting people with everything they required. Comments we received from people included; "All the staff are really helpful"; "They come when they say they will and stay for as long as they can"; "Some really do go the extra mile, there's one team in particular that are fabulous! And the rest are very good" And; "They come four times each day and are a big help. They help make sure I'm safe and have everything I need". Relatives we spoke with told us; "Parents are very precious and it's hard to give over care to strangers, but as far as I'm concerned I can't speak highly enough of them" And; "They're very good. Good at timekeeping and Mum is well taken care of by a consistent team of carers".

We looked at personnel and recruitment files for six staff. We found the provider had implemented a suitable policy, procedure and comprehensive guidance for the manager regarding recruitment of staff. This included checks on the candidate's identity, criminal record and conduct in previous employment. This helped to ensure that only suitable staff, of good character, were employed to work with people whom the service supported.

People felt safe because they knew staff would attend for their visits and would only be late if it could not be avoided. Everyone we spoke with told us they received their visits as planned and carers were very rarely late. People told us there had been some issues recently due to the service undergoing a period of transition between the registered manager, who had left the service, and the new manager. They explained that visit times had sometimes changed, as had the staff that were allocated to visit them to provide care. However, people told us they had received good communication from the provider about this and knew they could contact the office at any time if there was a problem. No one we spoke with told us staff had missed any visits. The provider monitored staff attendance by way of an electronic logging system, where staff called a telephone number from people's houses to 'log in' and 'log out' of visits. This helped the provider to monitor staff attendance at care visits and to identify any trends or themes regarding staff attendance or late arrivals to visits.

The provider had implemented a comprehensive plan in case of emergencies such as staff absence or extreme weather and utility loss. This helped to ensure the needs of people who used the service could continue to be met if such events occurred.

The service ensured sufficient numbers of staff were deployed at all times to ensure people's needs could be met safely. People told us they received a rota in advance of visits and knew which staff would be attending to them. People told us consistency of care staff was important to them. Senior staff we spoke with explained that the service tried to ensure people were supported by a consistent staff team in order to build up trusting relationships which helped people to feel safe and comfortable when receiving care and support from the service. People told us, and staff confirmed, people's individual needs were met safely by a sufficient number of staff, for example where two carers were required to deliver specific care tasks, such as

helping people to move using a hoist.

The provider had taken steps to ensure that people were protected against the risk of harm or abuse. Staff told us, and records confirmed, they had received training in relation to safeguarding people who may be vulnerable by virtue of their circumstances. Staff were able to identify potential types of abuse and were familiar with reporting procedures. Records showed that the service took all concerns seriously and raised concerns with the appropriate agencies, including the CQC and Local Authority.

The service ensured people were supported by staff who had the knowledge and skill to keep them safe. The service undertook a range of comprehensive risk assessments in relation to people's care, which was used to implement written plans of care. Staff told us this provided them with a good level of guidance with regards to how to support people safely. Staff had also undertaken training in health and safety. This helped staff to ensure that people's environment was safe for them, for example, by reducing or removing trip hazards in their homes.

Accidents and incidents were reported by staff in people's daily records and to the office by way of an accident and incident form. Staff called the office immediately if an accident or incident occurred to ensure the appropriate action was taken, for example, summoning emergency services or referring people to external agencies for review. The service undertook an investigation in response to accidents and incidents. This was to make sure that people's risk assessments and plans of care could be updated as necessary, in order to provide up to date guidance for staff to support people safely.

We were told, and we saw from records we reviewed, that some people chose to self-administer their medication, whilst others received support from the service. We saw records which confirmed the service had undertaken an assessment of people's ability to manage their own medicines safely. Signed agreements were in place in people's care documentation which detailed what support staff would provide in each case. Staff received training in the safe management of medicines and had their competence with regards to medicines administration checked during observations by senior staff. Staff recorded what support they had provided people with and what medicines people had taken during their visits. These measures, along with regular reviews of people's medicines with their GP, helped to ensure that people received their medicines safely.



# Is the service effective?

## Our findings

People told us they felt staff had the right skills and experience to meet their needs. Comments we received included; "The staff are all very good, they know what they're doing"; "The staff are really good, I've never had any problems with what I need them to do"; And "The staff are excellent at what they do, they're very competent".

Relatives we spoke with confirmed what people had told us. One said "The carers are great, they know how to look after [Family member]" whilst another told us; "One team are absolutely fabulous, and the other staff are very good. They are competent and know what [Family member] needs them to do".

Staff we spoke with felt supported by the service and told us they enjoyed their job. One told us; "I love my job! I get good support from colleagues and staff in the office" another commented; "I really enjoy it. I enjoy looking after people and I enjoy the training we do".

Staff we spoke with were able to confidently explain peoples' needs and how they provided support to them. Staff explained that they were able to support people effectively because of the training they had been provided with and the information that was available in written plans of care in people's homes. We reviewed the provider's training records which showed staff had undertaken training in a range of topics which included moving and handling, safeguarding, infection control and health and safety, to name but a few. Staff were also provided with training in subjects which helped them to meet specific needs of people who they supported. Training included diabetes awareness, continence and catheter care, end of life care and how to deal with behaviour which may challenge the service.

Newly appointed staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. Training was delivered to staff by way of online learning and face to face training sessions. Spot checks were carried out by senior staff to observe staff practice and competencies to help ensure they had the knowledge and skills to perform their duties effectively.

We saw records which showed, and staff we spoke with confirmed, they received regular supervision and appraisal sessions which supported them in their role. The sessions were used to discuss the needs of people the staff supported and to discuss training and development, in order to help staff improve the quality of service delivered to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The service had implemented policies and procedure with regard to the MCA and gaining consent to care and treatment. Staff we spoke with told us, and training records confirmed that staff had received training on the MCA. Staff demonstrated a good understanding of the MCA and how to apply it to their role. Staff explained that they supported people to be as independent as possible when it came to making decisions. Staff were also clear about what action they should take if they thought someone lacked capacity to make particular decisions for themselves. This included reporting this to the manager so they could arrange for an assessment of the person's capacity to be undertaken. We saw records of meetings that had taken place with the people, their family members, staff and other health and social care professionals. These meetings took place to try to ensure that where people lacked capacity to make a decision, any decision taken was in their best interests.

At the time of our inspection, no one was being deprived of their liberty. The manager and provider understood their responsibility to ensure any applications to deprive a person of their liberty must be made through the Court of Protection.

The service worked well with external healthcare services, to try to ensure people's health and wellbeing was maintained and in response to people's needs. For example, we saw the service had involved district nurses when there had been concerns about a person's skin integrity. We also saw that the service had involved a variety of professionals with regard to another person's care, including occupational therapists, a social worker and GP. People we spoke with also gave us examples of times when care staff had called their GP to arrange a home visit when they had been unwell.

Some of the people we spoke with received help from staff with preparing their meals and drinks. People told us staff tried to encourage them to eat healthily and always offered to make them snacks and drinks if they were not tasked to prepare a meal. People's food and fluid intake was recorded in their care plans so that it could be monitored. Staff told us if they were concerned about someone's dietary intake, they would alert the office for assessments to be carried out and, where appropriate, referrals to be made to external professionals, such as dieticians or speech and language therapists for support and guidance.

# Is the service caring?

## Our findings

People we spoke with, and relatives we spoke with, were complimentary about the service. They explained that recently there had been some small issues with regard to consistency of carers and visit times, but that the provider had kept them informed about changes that were on-going with the management of the service and the situation had improved. Everyone we spoke with told us they would recommend the service to others who needed support in their own home.

Comments we received from people included; "I'm more than satisfied. I get on well with all the carers that come to me. I'm very happy with everything"; "The service is excellent. My carers go over and above"; "There has been some inconsistency with carers that come to me, but that was all explained in a letter from [The provider] and has all been sorted out now. I'm happy with the carers and happy with the whole service"; and "The staff are good. They are very friendly and make me feel comfortable".

Relatives we spoke with confirmed what people had told us. One explained; "There has been an improvement over the last few weeks and we were informed by [The provider] that there were changes happening. They are doing their best to make sure things are right. The staff are fantastic and know [family member] really well." Another relative told us; "They have been really good, working with social services to make sure everything was right. As far as I'm concerned, I can't speak highly enough of them. We're very satisfied."

People told us staff knew them well and respected their preferences. One person told us "I decide what I want them to do" another said; "They do everything I need them to do and how I want them to". People's written records contained information about their preferences in relation to the care that was delivered to them. This included how they wanted to be addressed, whether they preferred a male or female carer and what they preferred to do themselves, as far as they were able. The service assessed how independent people were, along with how independent they wanted to be, and used this information when planning care. This helped staff to encourage people's independence with everyday living.

The service undertook a wide ranging and in-depth pre-assessment with people and their families, where appropriate, before they took on a package of care. The information gathered included people's life histories, their needs, likes and dislikes, preferences, who and what was important to them and a wide range of other details. People told us the assessment process had helped the service to better understand them and what support they required. This approach helped to ensure that care and support was provided which met people's needs and reflected their preferences.

People told us staff respected their privacy and always treated them in a dignified way. Comments from people included; "Yes, they're very respectful in their approach"; "They always treat me with respect"; and "They help me shower and it's always as dignified as it can be". Relatives commented that they thought the staff were very good at treating people with dignity and respect. One relative told us; "They're very good in that respect. The personal care is excellent". Staff described to us how they ensured people were comfortable and covered, and closed doors and curtains when undertaking personal care tasks to ensure

peoples' modesty was protected.

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were identified at their initial assessment and this information was clearly recorded in their written plans of care.

## Is the service responsive?

### Our findings

People told us the service responded well to their needs and that they and their family members, where appropriate, were involved in planning the care and support they received. One person told us "We have a review meeting every so often where we sit down and talk about whether everything is still ok for me" another person said; "I've been involved from the very start. If something isn't working I can just ring the office or tell the carers when they come". Relatives we spoke with confirmed they had been involved in the assessment and planning process and that the service had paid attention to their loved ones' individual needs.

We reviewed documentation which showed the service undertook a comprehensive assessment of people's needs before they took on any package of care. This helped to ensure the service could meet people's needs and had available staff, with the right skills and knowledge, before the service commenced. People confirmed the service discussed with them how they wanted their care to be delivered. They told us their preferences, likes and dislikes and wishes had been taken into account and that their views were listened to.

The service completed risk assessments, for example in relation to nutrition, falls and skin integrity, which, along with information gathered from people during the initial assessment, provided information on which to base written plans of care and support. People's care plans identified their needs and provided guidance for staff on how best to meet them. People told us their care plans had been explained to them and, where possible, people signed to say they agreed with the care plan. Staff told us that care plans provided a good level of information in order to guide them and that they were reviewed regularly and updated according to changes in people's needs. Records we reviewed showed people's plans of care and support were reviewed on a regular basis. However, since the registered manager had left the service, reviews had fallen behind. We discussed this with the manager and provider who showed us they had put together a plan to ensure every person's assessments and plans of care were reviewed within the next few weeks following our inspection. This gave us assurances that people's care would be reviewed and updated if necessary.

Following our inspection, we received information from the provider which showed people's assessments and care plans had been reviewed as planned. The manager had implemented a review system which was aligned to people's individual needs to ensure risk assessments and care plans were reviewed in line with people's support needs. For example, people with lower support needs would have reviews undertaken less frequently than those who depended highly upon the service.

People received their care visits at the time they wanted and needed them. People told us they had agreed the times of their visits with the registered manager and they received their care at the times agreed. The service was flexible and adjusted people's care times when requested. People told us that, apart from a few recent occasions, they received care from a consistent team of carers and at consistent times. People explained they received a rota in advance which told them what staff would be coming and when. They told us that staff always came when they should and stayed for as long as they should. People told us they felt carers had enough time to complete the care tasks required and that they never felt rushed by carers. Staff

we spoke with confirmed they had enough time to deliver care to people in line with their care plans during visits.

People and their relatives knew how to make a complaint. They told us they would call the office or email the provider if they had concerns to raise and felt they would be listened to. With the exception of one person we spoke with and one relative, everyone we spoke with told us they had never had cause to make a complaint about the service. The concerns that had been raised were in regards to recent events where staff and visit times had been inconsistent. The person and relative who commented on this explained that the registered manager had recently left the service at short notice, as had several of the office staff who coordinated visits. They explained they had received a letter from the provider explaining the circumstances and were happy with the response they had received. They also told us that things had improved over the last few weeks and that they had confidence in the provider to resolve the situation fully.

## Is the service well-led?

### Our findings

People we spoke with were positive about how the service was managed. Comments we received from people included; "I think it's very well managed. If there's any slight problem, I can just email [Provider] and the problem is solved"; "I think the manager is very good. I can call the office to change times and they're always very accommodating"; "The staff are excellent and so are the people in charge. They keep me updated with any changes and I can always speak with someone if I need to" And; "They do surveys every so often and they're always checking with me to make sure everything is right for me". Relatives we spoke with were also complimentary about the service and told us that consistency had improved in the weeks leading up to our inspection, following a difficult period after the registered manager had left the service.

People and their relatives told us the service was very reliable and they never had missed visits or late visits. They also told us that when they started using the service they were given a phone number which they could use day and night if they needed to contact someone. Every person we spoke with told us they would, and did, recommend the service to other people who needed care and support in their own home.

The culture of the service was to provide excellent care to people and it was clear the management team had a clear vision for the development of the service. Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There were regular staff meetings where everyone had an opportunity to contribute. These meetings provided staff with opportunities to discuss current service users, any changes or concerns as well as training and development.

Staff we spoke with were clear about their roles and responsibilities and told us they enjoyed working for the service. They spoke positively about the Provider and the new manager, told us they felt valued by the organisation and were motivated to provide a quality service which met each person's individual needs. Staff we spoke with told us they worked well as a team and supported each other. The manager and the Provider were all very positive about the staff team and it was clear they valued the work staff undertook.

The provider took a hands on approach to the service and had developed good working relationships with all the agencies involved in people's care. They participated in regular best interest meetings and care reviews with health and social care professionals, people and their families to ensure the care people received was consistent and met their needs. The new manager was beginning to develop relationships with professionals and was being supported by the Provider to do so.

There were several quality assurance systems in place. These included audits and obtaining regular feedback from people who used the service and staff. Spot checks were carried out in people's homes to check that staff arrived on time, followed the care plan and treated people with dignity and respect. The manager used the spot checks to observe staff practice and mentor and guide staff to follow best practice when delivering care and support.

We saw results of the latest satisfaction survey that had been carried out. The results were positive and demonstrated that people were satisfied with the care and support they received. People said they would

recommend the service and that staff consistently went 'over and above' with the care and support they delivered to people.