

# Capstone Care Limited

# Walshaw Hall

## Inspection report

Bradshaw Road  
Tottington  
Bury  
Lancashire  
BL8 3PJ

Tel: 01204884005  
Website: [www.walshawhall.co.uk](http://www.walshawhall.co.uk)

Date of inspection visit:  
28 March 2023  
04 April 2023

Date of publication:  
11 May 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Walshaw Hall is registered to provide personal care and accommodation for up to 56 people. Accommodation is provided over three floors, each of which has separate adapted facilities. The ground and first floor provide care to people living with dementia. The top floor is designated for those people requiring residential care. At the time of the inspection there were 48 people living at the home.

### People's experience of using this service and what we found

People and their relatives told us they were well cared for, and staff treated them with dignity and respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to help keep people safe. People's prescribed medicines were managed and administered safely. Good healthcare support was provided so people's changing needs were responded to in a timely manner.

Relevant recruitment checks were carried out prior to new staff commencing employment. Ongoing recruitment was taking place. The provider has looked at incentives to encourage recruitment and retention.

Internal and external safety checks were carried out to ensure the premises and equipment were safe. The premises were clean and well maintained.

Managers carried out audits and checks, reviewing standards across the home. Where action was identified, plans were in place to make any improvements needed. People we spoke with were confident in the management and leadership at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 December 2019).

### Why we inspected.

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Walshaw Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Walshaw Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walshaw Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 March 2023 and ended on the 4 April 2023. We visited the service on 28 March 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service, 6 relatives and 9 members of staff. These included the registered manager, deputy manager, care staff, housekeeping, and kitchen staff.

We reviewed a range of records. This included care records, medication management, staff recruitment as well as health and safety checks. Additional evidence, sent to us electronically, was reviewed remotely. These included, staffing arrangements, policies, and procedures as well as information to evidence management and oversight of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Policies and procedures as well as staff training were provided to guide staff in safeguarding procedures.
- The registered manager advised us of any concerns and the actions taken to ensure people were kept safe and where necessary improve practice.
- Accidents and incidents, such as falls were monitored. This helped to identify any themes or patterns so that appropriate action could be taken to help reduce reoccurrence.
- People we spoke with said they were happy and felt safe at Walshaw Hall. Their comments included, "I feel safe here because people look after me well. I came to live here last May. There's always someone around for me" and "The staff are always here and always they ask if I'm okay. I can ask them for anything, and I'm not frightened of saying anything."
- This too was echoed by people's relative. One person said, "I feel that this home is very safe, and I was so relieved and also pleasantly surprised that my [relative] settled in as quickly as they did."

Assessing risk, safety monitoring and management

- Areas of identified risk were assessed and planned for. Where necessary, referrals were made so that additional advice and support could be provided.
- A new electronic record system was being introduced. Some records provided good information to guide staff; others need to be reviewed and updated. This was addressed by the registered manager, during the inspection.
- Aids and adaptations were provided throughout the home, where required. Additional 'dementia friendly' signage was to be displayed to help orientate people as well as promote independence.
- Internal and external safety checks were carried out to ensure the safety of the premises and equipment.
- Prior to the inspection a new fire risk assessment and legionella assessment had been carried out. Copies of the reports are to be forwarded to CQC.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People and their relatives told us they were involved and consulted about their care and felt happy to speak with staff about what they wanted and needed. One person told us, "Staff listen to me in terms of how I want them to deliver care."

#### Staffing and recruitment

- Staffing arrangements were kept under review. We were aware staff recruitment and retention had been difficult. The provider had introduced a range of 'incentives' to encourage applicants. New appointments had been made and regular agency staff were used to cover outstanding vacancies.
- People told us, "I must admit that at times it has seemed short staffed" and "The staff are good, and we couldn't do without them. They can be short staffed at times but usually the agency staff employed on this floor are familiar to us."
- The relative of one person also said, "The regular staff are excellent. I feel my [relative] condition is supported appropriately here."
- Safe recruitment procedures were followed. Relevant information and checks were completed prior to new staff commencing work. This included a Disclosure and Barring Service (DBS) check. A DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A programme of training and development was in place covering a wide range of training relevant to the needs of people living at Walshaw Hall. This was confirmed by those staff spoke with.

#### Using medicines safely

- People's prescribed medicines were managed and administered safely.
- We found stocks, including controlled drugs were kept secure and well managed. Protocols were in place to guide staff in the application of topical creams, use of thickeners to food and drinks and PRN (when required) medicines.
- The service had good support from the GP, who visited weekly. This helped to respond to people's changing needs in a timely manner.
- Managers completed regular audits and checks to make sure people received their medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People received regular visits from friends and family. Appropriate arrangements were made in the event of an outbreak. One visitor said they visited daily and were able to spend time with their relative in their room.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public, and staff, fully considering their equality characteristics.

- The culture within the home was described as good with people feeling their needs and wishes were met and respected. From our observations staff had a polite and friendly approach. Support was delivered with a smile and friendly chat. People told us, "I feel that the staff know me and there is a good group of people living here" and "I like it here it's home from home."
- We saw lots of visitors throughout the day. The registered manager made herself available to those wishing to speak with her.
- Surveys had been distributed to people's relatives, staff and visiting professionals. Feedback received was positive about the attitude of staff and responsiveness of the service.
- Records were maintained in relation to complaints and compliments. We saw comments received included, "The standard of care received was of the highest standard" and "A massive heartfelt thank you for caring for [relative]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The registered manager has worked at the home for many years, taking on the responsibility of manager in April 2021. A new deputy manager had recently been appointed. From our discussion both understood their role and responsibilities and had delegated roles to support each other.
- The registered manager ensured all events affecting the well-being and safety of people were notified to the CQC, as required by law.
- People and their relative spoke positively about the running of the home. We were told, "As homes go, this really is a good place", "There are no complaints about the management here!", and "It's all very pleasant here, whether it's the people, or the way the home is looked after and decorated. It's a happy place. I would recommend it to anyone."

Continuous learning and improving care

- Systems were in place to monitor and review the service. An action plan was in place to address areas of improvement.
- The provider was introducing a new electronic care planning system. This had yet to be implemented and staff training was to be provided so that accurate and complete records were maintained.

### Working in partnership with others

- We saw the service worked with other agencies to ensure the health and wellbeing of people were met. This included weekly visits from the GP and advanced nurse practitioner.
- One staff member told us, 'The home arranges appropriate referrals for residents to health agencies, including the SALT team, dentist, and audiology.' This was confirmed by one relative who told us, 'I'm aware that a chiropodist and optician visit the home and I know there are also referrals to hospital audiologists.'