

# Hamilton House Medical Limited

# Walton Heath Manor

## Inspection report

Hurst Drive  
Walton-on-the-Hill  
Surrey  
KT20 7QT

Tel: 01737814010  
Website: [www.whmanor.co.uk](http://www.whmanor.co.uk)

Date of inspection visit:  
13 September 2016

Date of publication:  
17 October 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

Walton Heath Manor provides personal care and support for a maximum of 46 older people, most of whom are independent. Accommodation is set over three floors all of which have access via stairs or a lift. On the day of our inspection 44 people were living in the home.

This was an unannounced inspection that took place on 13 September 2016.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

There was a kind, caring and relaxed atmosphere in the home where people and staff interacted together well. People and relatives were extremely happy with the care provided and they were made to feel welcome when they visited. People had a choice in the activities they wished to do. Staff supported people to take part in various activities and staff were attentive to people to help ensure that activities were individualised and meaningful to people.

People had care responsive to their needs and staff knew people extremely well. People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff followed the guidance of healthcare professionals where appropriate and involved healthcare professionals to help ensure people remained healthy.

Staff provided care in line with the Mental Capacity Act (2005). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions. The registered manager was aware of when people may be restricted and it was appropriate to submit applications to the supervisory body in relation to this.

Staff followed correct and appropriate procedures in administering medicines and medicines were stored safely. Care was provided to people by staff who were trained and received relevant support from their manager. This included regular supervisions and appraisals. Staff told us they felt valued by the registered manager and really enjoyed working in the home.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse of potential harm. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence.

In the event of an emergency where the home would have to close, there was a contingency plan in place to help ensure people's care would continue uninterrupted.

There were sufficient staff in the home to help ensure people received the care and support they required when they required it. Robust recruitment processes were in place to ensure that those staff who were providing the care were suitable to be working in such a setting.

Care plans contained detailed information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food and personal care needs. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans.

Quality assurance checks were carried out to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held and they were encouraged to give their feedback. People and relatives were given the opportunity to provide feedback on the care they received through residents meetings and surveys.

People knew how to make a complaint if they felt the need to. They told us any concerns they raised were dealt with immediately by the registered manager. Suggestions raised by people were responded to by management.

There was an open positive culture within the home and it was evident the registered manager had good management oversight and was respected by staff. The registered manager was keen to improve the quality of care provided and continually looking for different ways to improve staff knowledge and best practice.

## 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's risks were assessed and recorded and staff were able to describe people's risks to us.

The provider ensured there were enough staff on duty to meet the people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

People received the medicines they required.

There was a plan in place should the home have to be evacuated.

### Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Deprivation of Liberty Safeguards and followed the legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices. Staff were supported by management and encouraged to progress.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and attentive care, respect and dignity.

Staff respected people's own decisions and encouraged them to be independent.

Relatives were made to feel welcome in the home.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to take part in daily activities appropriate to their needs and choices.

Care plans contained relevant and detailed information about the care people required.

People knew how to make a complaint and they felt any suggestions they had were listened and responded to.

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

**Good** ●

The service was well-led.

The registered manager was responsive and continually looking for ways to improve the service.

Quality assurance audits were carried out to help ensure a high quality of care and safe home.

Staff felt supported and valued by the registered manager and relatives felt the home was well managed.

Everyone was involved in the running of the home and feedback obtained was used to improve the service.

# Walton Heath Manor

## 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 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 unannounced inspection took place on 13 September 2016. The inspection team consisted of three inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also received feedback from three health and social care professionals prior to the inspection.

We had asked the provider to complete 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 reviewed the PIR following our inspection.

As part of our inspection we spoke with seven people, the registered manager, eight staff, a volunteer, two relatives and two health care professionals. We observed staff carrying out their duties, such as assisting people when they required it and helping people with food and drink.

We reviewed a variety of documents which included four people's care plans, five staff files, training information, medicines records, quality assurance records and policies and procedures in relation to the running of the home.

We last inspected Walton Heath Manor in 2013 where we had no concerns.

## Is the service safe?

### Our findings

People felt safe living in the home. One person told us, "I take the security of the home as a matter of course." A relative said, "I feel she is secure and that makes us happy." Another relative told us, "Oh yes, I trust the staff completely; no complaints there." A health care professional told us, "Yes I believe that people are safe living at Walton Heath Manor. I have had first-hand experience of the security measures in place when gaining access to the home. I have also been present during fire drills. Staff are well drilled and trained."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff knew of the procedures they should follow if they suspected any abuse was taking place. They were also able to tell us who they could contact in the event they wished to report concerns outside of the home, such as the local authority or CQC. A staff member told us, "Matron is the safeguarding lead, I would go to her." Another staff member said, "I know matron wouldn't tolerate abuse. Neither would I." A third member of staff told us, "I would call the local authority safeguarding (if the manager didn't act) but I know they would though."

People were helped to stay safe and free from risk as staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or near misses these were recorded and monitored. Each incident was recorded in a detailed way and each month the deputy manager analysed the incidents to look for developing trends. Appropriate action was taken in the event that people had recurrent accidents, such as providing people with mobility aids or in the case of one person, removing the cushion from their wheelchair which was causing them to slide off the chair.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. This was in line with the provider's PIR where the registered manager had told us, 'risk assessments for every individual, including falls, moving and handling and malnutrition. Action taken as needed'. One person had a severe allergy which was clearly recorded in this person's care plan. A separate risk assessment and care plan had been developed to address this risk. Another person was at heightened risk of falling. Thorough risk assessments had been undertaken, which were divided into 'preventative' and 'reactive' sections. These outlined measures that could be taken to prevent falls, for example, ensuring call bells were within easy reach. The reactive section included information about measures to be taken after a fall, such as assessment of potential injuries and possible notification to CQC.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. The registered manager told us in their PIR 'focus is on what can be achieved and identifying any support needed to continue to lead a fulfilling life'. We saw this on the day as several people used mobility aids to assist them in walking around the home unsupported so they could remain as independent as possible. During periods when several people were in the same room together staff moved mobility aids to ensure that walkways were kept free of clutter and potential trip hazards. People went unaccompanied to the local village or for walks. A member of staff said, "We would never stop someone doing something for themselves if they can."

People were kept safe from the risk of emergencies in the home. There was a contingency plan in place and regular fire drills were carried out. Each person had their own personal evacuation plan which informed staff of the support the person required should the home have to be evacuated. The registered manager had a reciprocal arrangement with a local home should Walton Heath Manor have to close for a period of time due to a fire or flood. Staff had undergone fire training and the registered manager completed regular competencies assessments with staff in relation to their knowledge on what they should do in the event of a fire. One person told us, "The fire alarm went off the other month. It was a false alarm, but staff came and reassured us and told us what was going on."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us they used a dependency tool to determine the number of staff on duty each day. They said there were currently seven or eight care staff on duty each morning and four in the afternoon and on the day staffing levels were in line with what we had been told. People told us there were sufficient staff to meet their needs. One person said, "They (staff) always respond to the call bell." Another person told us, "I have requested my breakfast at a certain time in the morning and staff usually come at that time to ensure I am up and ready for my breakfast."

Staff said they felt there were enough staff. They told us they had time to carry out all of their tasks but also spend time with people. We did not see staff rushing around and we observed that when people needed assistance or support moving around the home staff were available for them. One staff member said, "We have time to talk to the residents." Another told us, "There are enough staff for the numbers (of residents) I think. We're a good team." A relative told us, "Well, I've never noticed a problem. There seem to be plenty of staff." A healthcare professional told us that when they visited the home there was always a staff member around to discuss things through. Another said, "Staff are always available and willing to help me when I visit the home." A third told us, "There are always staff on hand who are aware of their responsibilities and observing the residents."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK. We noted that almost half of the staff working in the home had been employed for at least five years which meant the workforce was stable and experienced.

Peoples' medicines were managed and administered safely. Each person had a medicines administration record (MAR). Staff did not sign people's MAR charts until medicines had been taken by the person. We noted MAR charts contained relevant information about the administration of certain drugs, for example in the management of anti-coagulant drugs. There were no individual protocols for people taking medicines on an 'as needed' (PRN) basis. However the required information was available on MAR charts. This described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. Staff were knowledgeable about the medicines they were giving. The registered manager told us in their PIR, 'staff complete competency and theory based training to ensure safety before administering medication'. This was confirmed by staff who told us there was regular training provided in medicines management and they underwent a process of regular competency assessments conducted by the registered manager.

Several people at the home self-medicated, that is managed their medicines independently. However, the medicines involved were mainly mild pain killers and all concerned had the mental capacity to manage them.



The provider undertook audits to ensure the safe and effective management of medicines which included ensuring stock levels were sufficient and all medicines were MARs were signed by staff after the administration of medicines.

## Is the service effective?

### Our findings

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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. Mental capacity assessments were carried out for specific decisions, such as whether or not someone was safe to leave the home unaccompanied. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. A staff member told us, "Most of the residents here make their own decisions. If they couldn't we'd work with their families to make sure things were done in their best interests."

We heard staff obtain consent from people in advance of carrying out a task or personal care. One staff member said, "I will always give people choice. Sometimes people can give their consent to something even if they can't always communicate it verbally." A staff member said to one person, "I am just putting you upright (in their wheelchair), is that alright?" People's care plans showed that they had signed to give their consent to receiving personal care, having their photograph taken or allowing staff to hand over their medical records to appropriate professionals. Staff had a good understanding of the implications of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A staff member told us, "The Mental Capacity Act is about whether people have capacity to make a decision or not."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager recognised when they believed people were being deprived of their liberty and as such had not made DoLS applications to the supervisory body. This was because people were not being deprived and had the freedom to come and go from the building as they wished and no one had bed rails or any other form of restriction. Staff also had a good understanding. We read in one person's care plan that a relative had requested that their family member's telephone was changed to incoming calls only, and the staff member had recorded, 'discuss with (the person) and matron as would not want to deprive (the person) of their liberty'. Other staff were able to tell us that DoLS was a part of the MCA and its purpose was, "To ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way."

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "The food is good." Another person said, "The food is fabulous." A catering forum had been convened and met every two months. This was an opportunity for people to contribute to the menu and make suggested changes. One person told us they used to be on the catering committee.

People were offered a choice of meal each day and menus showed a good range of home cooked nutritious food was provided to people. The chef explained that if people did not wish to have either choice on the

menu they could have anything else of their choosing. The chef told us, "We try to accommodate people with whatever they want." People who required support to eat were given this in an attentive, patient way by staff. Food was nicely presented and looked appetising and people appeared to really enjoy their meal. Should people require a snack in the evening or during the night, staff had access to the kitchen to enable them to make something for them.

People's dietary requirements and likes and dislikes were known by staff. Some people were on a soft diet because of a risk of choking. The chef was able to show us which people required a soft diet as well as those who were diabetic or had a particular food dislike. One person had a food allergy and their cutlery was washed separately to prevent the risk of cross contamination. Staff were able to tell us about this person's allergy and the steps taken to reduce the risk of an allergic reaction. People were weighed monthly so staff could monitor if a person was suffering from weight loss. The registered manager told us in their PIR that, 'menus are checked by an external nutritionist who reports, 'WHM is an excellent example of good quality nutritious food taking into account preferences and needs of residents'. This was confirmed by the chef.

People received effective care from staff. We heard from one staff member about a person who had moved into the home initially for a short period only. However, due to the care received this person had shown a vast improvement becoming more alert. As a result the family decided they would like them to live at Walton Heath Manor permanently.

People's changing needs were monitored to make sure their health needs were responded to promptly and people had access to health and social care professionals. Health professionals were visiting the home during our inspection and we read in people's care plans that they had received health care from professionals such as the GP, optician, dentist and district nurse. One health care professional said, "If I leave guidance for staff they always follow it to the letter." They told us that staff referred people to them appropriately and if they (the health professional) did not follow up on something staff were quick to chase them. Another healthcare professional told us, "I receive referrals via telephone or in person when attending the home. Referrals are prompt and appropriate and staff inform residents and their relatives that my service is available. If I make recommendations regarding exercises, equipment or manual handling issues these are immediately added to the resident's care plan and actioned."

People were supported by staff who had supervisions (one to one meeting) with their line manager. The registered manager told us that supervisions were held every eight weeks with staff. The format was a general discussion, a discussion on a specific topic and competency discussions in relation to medicines, safeguarding, the MCA and training. This was confirmed by records we viewed and staff we spoke with. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member said, "I have monthly supervisions with the deputy matron." Another said, "The manager is brilliant. They find the time to listen." A third staff member told us, "I can say what I want to matron (the manager) and I know they will listen to me." Staff supervisions had been completed in line with the provider's policy and yearly appraisals were up to date.

New staff were supported to complete an induction programme before working on their own. The registered manager told us that staff had a basic introduction to the home followed by completion of the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. They then expected all care staff to take formal qualifications. Staff confirmed this. One staff member said, "I had an induction when I started which included shadowing more experienced staff. I was told I would need to take the NVQ Level 2 but I was really pleased about that. I've now completed it and just waiting for my certificates."

People received individualised care from staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. We were told in the PIR that the home proactively sought best guidance from external health and social care organisations in order for staff to be able access a wide range of training and experiences which would assist them to become competent in the role. Staff confirmed the training was good. One staff member said, "The training is unsurpassed." Another staff member said, "It's amazing. There are 13 different types of training and all staff do it." A health professional told us, "Staff appear to have a good amount of training - which can only be good for their competence."

Staff were encouraged to progress within their role. The registered manager had introduced a series of competencies for staff to undertake, for example for those who wished to become a senior care assistant. The registered manager told us in their PIR, 'staff are encouraged to believe they can achieve and reach their potential. Career progression available to all'. Staff were working with the local hospice towards accreditation for the Gold Standards Framework which provides training for staff in end of life care.

## Is the service caring?

### Our findings

We asked people if they were happy living at Walton Heath Manor. One person told us, "The home is pretty good. There is an excellent hairdresser, a visiting chiropodist and beautician. It's like a hotel." Another person said, "Staff are wonderful." A third person told us, "I couldn't be in a better place. It's excellent."

Relatives were very impressed with the home. One told us, "The staff are delightful. The place is worth every penny."

Professionals gave us positive feedback. One told us, "This is a nice home to come in to and people always seem happy." Another said, "There is an air of calmness & tranquillity. All residents are available to freely move around."

The service was caring as a whole as we observed and heard numerous occasions of good care and people were treated with kindness and attention from staff. One person was discussing with staff how they liked their bed made and the staff member was listening closely and responding by following the person's instructions. Another person was slightly restless and staff supported them to decide where they wished to sit and what they would like to do. The person said they would like to read a magazine and listen to music which staff arranged for them. A volunteer told us, "I immediately feel welcomed when I come in to the home. I get a lot of love back from people. I love being here."

There was excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose which meant that the care given was of a consistently high standard. We observed staff interacting with people in the dining room. There was a convivial and inclusive atmosphere. People who required assistance were helped in a discreet and respectful manner. Throughout the exercise session in the morning the member of staff was supportive to people, encouraging and praising them throughout, joking that people would be able to join the next Olympics if they kept up the exercise.

People were treated with respect and dignity. One person said, "I am looked after beautifully. Staff treat me with respect." During the activities session in the morning a staff member discreetly asked each person in turn if they would like a drink. They did this in a way so as not to disrupt people's enjoyment of the class. A relative said, "(Family member) has been here eight months and in all that time I've never found a single thing to complain about. I've noticed that if a person feels down, matron gets a staff member to be with them until they feel better. The staff are wonderful." A healthcare professional told us, "The attitude of the staff towards residents, their families and visitors such as myself is courteous and respectful. There is always a relaxed and happy atmosphere." Another said, "Person centred care appears to be embedded within the ethos of the home." We saw staff always knocked on people's doors before entering their room and heard them calling out a welcome as they went in. We also heard staff calling people by their preferred name in line with the person's care plan.

People were cared for by staff who knew them well. Staff knew people's individual preferences well. Staff were able to describe to us people's individual characteristics and tell us about people's backgrounds, such as their favourite pastime or what foods they preferred.

People were made to feel as though they mattered and have privacy when they wished it. One person told us she had said to staff they were bored and the staff member had suggested they go to the main lounge and read the paper. They supported them to do this. Another person expressed a wish to go out for a walk in the afternoon and staff discussed this with them and arranged a time when they would accompany them around the garden. There was a separate dining area which people could use if they wished to have a private lunch with family or friends. During the afternoon we saw people return to their room for some quiet time and staff respected their wish to do this. Others preferred to spend most of their time in their room and staff provided them with their meals and refreshments in order that they could do this.

People's bedrooms were personalised and decorated to their taste. People's rooms contained photographs, ornaments and furniture of their choice. One person told us, "I have brought my own furniture in for my room."

People were able to make their own decisions and be involved in their care plans. Care plans and risk assessments were reviewed monthly and signed by people and staff. There was evidence that people or their representative had regular and formal involvement in on-going care planning. We observed a review meeting, held in the presence of the person, their family member and a member of staff. The person was fully engaged in the process; each aspect of care was reviewed and staff ensured the person and family member were satisfied. There were opportunities to alter the care plan along the way if they did not feel it reflected their care needs accurately. A staff member said, "Most of the residents make their own decisions. We're here to help."

People were supported to maintain relationships with people close to them. We saw visitors arrive during the day. We read in the feedback from relatives one had written, 'staff greet and receive me as a friend!'. A professional told us, "Everybody appears to be treated with respect & dignity, including visitors to the home – always a warm welcome!" The registered manager gave us some examples of compliments they had received from family in relation to the care provided by staff at Walton Heath Manor. This included, 'we cannot fault the care and attention our mother received', 'WHM was brilliant they could not have done more, so caring' and, 'every member of staff made my mother's life as happy and caring as possible'.

## Is the service responsive?

### Our findings

One person told us, "The activities are fantastic. I went to a picnic the other day." Another person confirmed this. They said, "I went on the picnic. It wasn't just any picnic with sandwiches. The food was great and there was even nicely chilled white wine."

Activities for people varied and were adapted depending on how people felt on the day or what they fancied doing. There was a team of three who offered activities to people six days a week. These were in the form of one to one or group activities. In addition the home benefited from several volunteers. Their role was to assist the activities and care staff and spend time with people who preferred to remain in their rooms. Other services offered to people were the facility for staff to take their clothes to the dry cleaners in the local village or a dressmaking facility with one of the volunteers. There were strong links with local churches, supporting attendance and clergy visiting. Feedback in relation to activities had been listened to. For example, people wanted a designated activity centre and a dog. We found the activity centre had been built and a dog had been introduced to the home.

Activities were personalised and meaningful to people. Various clubs had been established which focused on people's past work or lives. Clubs such as whist, bowls, mini golf and poetry. People had published their own poetry book. One person said, "I go to the book club with my daughter monthly." Another person moved into the home with a laptop. This had resulted in an IT class being established to encourage people to use electronic equipment. The outcome was that six people now had laptops and one person who had difficulty in communicating was now able to send emails to people. A third person was an accomplished artist and they were supported to have own art exhibition on their 100th birthday.

People had the opportunity to take trips out of the home. A trip to Littlehampton was organised for the following day and people told us how they had been to public gardens and other outings. Activities staff told us that although some activities were held routinely each week they tried to arrange activities on a random basis to keep the variety flowing. They said they looked at people's care plans and held meetings each month to discuss ideas for new activities and where possible they engaged people who lived in the home. During the afternoon there was a meeting for the Christmas bazaar. We saw a notice advertising this had been left on tables during the lunch period encouraging people to get involved. From the feedback of the residents survey we read one person had commented, 'the activities programme is very good. It is varied and enjoyable. I especially like the outings, the visiting children and the musicians'.

People's care needs were assessed before they moved in to the home. This was to ensure that staff could meet the needs of that individual. Pre-assessments were detailed and included all relevant information about the care a person needed. Upon moving into Walton Heath Manor staff developed a short stay care plan which gave staff initial guidance and information in order to commence care. We were told this was expanded into a long stay care plan within the first month of someone moving in. We found this to be the case.

Care plans for people were detailed, comprehensive and written in a person-centred way. They included

information about a person's mobility, personal care, nutrition, skin integrity and communication. Care plans contained information about a person's background which included their previous job, family and where they used to live. It was impossible not to 'see' the person in the care plans and for staff to access information that would help build meaningful relationships. Staff could read what people felt they were able to do themselves and what they needed staff to support them in. One staff member said, "The care plans are a good way of getting to know someone's history and they give you something to start talking about." Regular reviews of care plans took place to help ensure staff had the most up to date information about people. Handovers were carried out between shifts which was an opportunity to ensure that any staff coming on duty were made fully aware of how each person was.

People received care responsive to their needs and guidance was in place for staff in relation to people's specific health needs. One person's eyesight had deteriorated and as a result following discussion with them they were enabled to be moved to a ground floor room. Another person had a severe allergy and their care plan contained detailed information of action staff should take should they have a reaction to a specific food.

People and their relatives were aware of how to make a complaint. One person told us, "I could go and speak to matron. You can knock on her door." The complaints policy was displayed in a way that it was accessible to people. This gave details on how to make a complaint, what they should expect in response to their complaint and who they could go to if they were unhappy with the response they received. The registered manager told us they had received no formal complaints in the last 12 months.



## Is the service well-led?

### Our findings

We asked people if they felt the home was well managed. One person said, "You see the manager around and she knows us all by name." One staff member told us, "Matron is really good and is fair too". Another staff member said, "Matron is the best manager I've ever had. I've learned so much". A visiting relative told us, "The staff are highly competent across the various roles of senior management, administration, catering, care, housekeeping and estate management." A health care professional said, "The manager and deputy manager are both approachable, with an 'open door' office. They are very pleasant and appear to know everyone (staff and residents) very well. They often attend training sessions, which indicates they are interested and very aware of what the staff are doing."

The registered manager had good management oversight of the home and was keen to keep improving the quality of the service provided. They had robust quality assurance processes in place and made changes where issues or concerns were identified. The registered manager explained they monitored staff response times to people's call bells. As a result of this monitoring they had increased staffing levels in the morning to help ensure people received the help they required in a timely manner.

Other audits carried out included checking the validity of relative's power of attorney, night duty spot checks, monthly checklists for the premises, clinical waste, hoist safety and policies and procedures. A first aid kit check was completed monthly together with a monthly care plan audit.

Records held about people were accurate and up to date. They were stored securely but easily accessible for staff. Staff were able to assist us in finding documentation swiftly throughout the inspection.

The registered manager told us in their PIR, 'additional audits are used to ensure compliance with legislation and ensure best practice guidelines are followed'. We found the home use a quality compliance system which was in line with the Regulations. This provided policies and procedures which the registered manager customised for their own use. The mock inspection tool enabled them to audit each CQC key line of enquiry (KLOE) in detail and benchmark their own practice. This brought about improvements in practice for example, evaluation and improvement of accident forms, asking residents if they would like to reconsider the involvement of family and friends at meetings and looking at updating our staff, resident and stakeholder questionnaires to more accurately gain feedback across the KLOE's.

External audits were also carried out to help ensure a good quality of care was being provided at Walton Heath Manor. These included a pharmacy audit, legionella testing and water survey. We read no actions had been identified in any recent audits.

The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of accidents and incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements.

The registered manager looked for ways in which to learn from external projects to help with staff training,

experience and involvement to support them to deliver high quality care. They told us that seven staff had been involved in a Surrey University 'rights' project. This focused on the delivery of ethics within a residential care setting. Following evaluation of the project the university planned to roll this out across Surrey. The registered manager said that through staff involvement it had promoted discussion and encouraged staff to transfer their experience of being involved in the project into delivering good practice .

People were involved in the running of the home. Residents meetings were held and we were told at the last meeting it was agreed in future to invite relatives and friends to these meetings as a way of involving everyone. A relative said, "The manager is very flexible. I suggested that we find a way of involving relatives in residents' meetings. The residents didn't like that much so we worked out a way round it between us all."

Relatives, people and professionals were sent a feedback survey to complete. Each year the registered manager sent out a questionnaire to people. The results of the responses were collated and developed into an action plan. We read from the responses people had written, 'I congratulate you on achieving a consistently high standard of staff motivation, sense of loving care within quality surroundings', 'I tell everyone how fantastically well run the home is and have no hesitation in recommending it to others. I only have praise for the matron and her caring staff' and, 'WHM is a caring, supportive and stimulating environment – we are very happy that mum is being looked after so well'.

Staff were also given the opportunity to give feedback. Staff questionnaire feedback showed they felt supported and that management promoted high standards. Feedback included, 'we give excellent person centred care' and, 'matron very flexible and accommodating and excellent training opportunities'.

Staff felt valued and supported and there was a positive culture within the staff team. The registered manager told us one of their main focusses was on staff. They said, "If staff are well looked after their morale is higher which in turn means they provide good care to people." This was evident on the day. One staff member said, "She is the most fantastic boss ever. She is very caring and you can turn to her for anything." A second staff member said, "She's great. She has an open door policy and you can speak to her at any time. I feel valued because she tells me, 'well done'. She's good as a leader as well." A volunteer told us, "I feel valued. I was given a certificate to thank me for all the work I do. They (staff) treat me as a member of staff." We heard from staff how positive the work culture was and how they worked well together as a team. Staff told us how much they liked working at the home. One staff member said, "The carers really care." Another told us, "I love working here. I wouldn't have met all the amazing people that I've met if I hadn't worked here."

We asked staff about the vision and values of the home. One staff member said, "It's about providing a home from home I think". Another staff member told us, "It's giving people a good quality of life and to make sure they're involved in their care as much as possible".

We were told that four staff had been nominated for a Surrey Care Association award and that all four reached the final in the categories, 'Team of the Year', 'Unsung Hero' and 'Beyond the Call of Duty'. The chefs had won the final of 'Team of the Year'.