

# West Berkshire Council

# Walnut Close

## Inspection report

Brownsfield Road  
Thatcham  
Newbury  
Berkshire  
RG18 3GF

Tel: 01635587810

Website:

[www.westberks.gov.uk/index.aspx?articleid=1097](http://www.westberks.gov.uk/index.aspx?articleid=1097)

Date of inspection visit:

12 April 2017

18 April 2017

Date of publication:

30 May 2017

## 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

Care service description.

Walnut Close provides support and personal care to up to 35 people in total, with needs arising from old age. Up to eleven people living with dementia are supported in a separate specialist unit. The service does not provide nursing care.

Rating at last inspection.

At the last inspection in November 2014, the service was rated Good.

Rating at this inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service had continued to develop and improve, particularly in terms of the developments in the dementia unit, which had been prioritised recently. The improvements made and planned there had significantly enhanced the experience of those living with dementia, and a range of further developments were in process.

People felt safe and well cared for and said staff were kind and attentive to their needs. Feedback from the local authority was positive and the service had worked with them to improve some records and systems. A local authority representative commented, "The staff are very person centred and from my experience during my visits are very supportive and kind to the residents." Regarding the management of the service they said, "Management are very proactive and transparent."

People were kept as safe as possible by the systems, policies, procedures and the training provided to staff. Health and safety and other risks were well managed.

People's safety and wellbeing were enhanced by the changes in staffing, including additional staff at key times, piloting qualified shift leaders on night shifts and increasing management cover at weekends. The appointment of 'champions' in key areas also helped to drive further developments in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Induction improvements and an effective ongoing training programme helped ensure staff had the up to date knowledge and skills to deliver person centred care. The registered manager had taken steps to

improve the frequency of ongoing staff support through supervision and had ensured staff development was encouraged through annual appraisals.

People continued to receive effective healthcare support and the service worked well with external healthcare providers. Where issues had been identified with the quality of food provided, the registered manager had taken steps to address these with the external caterers and had achieved improvements.

Staff delivered support calmly and in a timely way. They respected people's dignity, individuality and cultural or personal needs. There was a positive rapport between people and staff. The service continued to respond promptly to people's changing needs, feedback and complaints. Ongoing improvements had been made in the variety and individualisation of activities.

The service was well led by a competent registered manager who sought to involve people and staff in plans for future developments. The view of people, staff and external professionals had been sought and identified issues acted upon.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

# Walnut Close

## 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 was a comprehensive inspection which took place on 12 and 18 April 2017. The first day of the inspection was unannounced and the inspection was carried out by one inspector. We last inspected the service in November 2014, at which time it was rated good.

Before the inspection, the registered manager completed a Provider Information Return (PIR) which we received in March 2017. 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 looked at the information provided in the PIR and used this to help us plan the inspection. Prior to the inspection we reviewed all the current information we held about the service. This included notifications that we received. Notifications are reports of events that the provider is required by law to inform us about. We also reviewed the last inspection report and contacted a representative of the local authority for their feedback.

During the inspection we spoke with the registered manager, the administrator and four of the care staff. The registered manager of one of the provider's other services also supported the inspection on the first day when the registered manager was on leave. We received additional feedback from a further staff member following the inspection.

On the first day of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also ate lunch with people in the service on day one and spent other time in the house informally observing interactions between people and the staff supporting them. We spoke to four of the people supported about their experience in the service and to a relative.

We examined a sample of four care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including health and safety certification,

recruitment records for four recently appointed staff members and medicines recording.

# Is the service safe?

## Our findings

People continued to be supported to be as safe as possible. Where risks to individuals had been identified, steps had been taken to address them to improve safety. For example where a person had managed to leave the service unobserved, the security of exits and perimeter fencing had been improved. This enabled people to continue to have free access to appropriate areas without the need for direct supervision, unless this was required for other reasons, such as a risk of falls.

People told us they felt safe within the service and the relaxed and positive responses we saw to staff supported this view. One person told us, "The staff are kind and I feel safe here." A relative told us their family member felt safe in the service and got on with all of the staff.

Where safeguarding issues had arisen the service had cooperated with investigations and taken appropriate action to safeguard people during investigations. Staff had attended training and understood how to keep people safe and how to respond if they had safeguarding concerns.

The service continued to use the local authority's robust recruitment procedure to verify the skills and suitability of prospective staff. Where copies of evidence documents were not held at the service these were provided immediately following the inspection. However, the local authority did not have a process in place to regularly review the suitability of staff with respect to their continued absence of criminal offences which might debar them from working with vulnerable people. The registered manager told us this was currently under review by the local authority.

In the case of agency staff, copies of information sheets were obtained from the supplying agency, which confirmed their criminal records check, identity, references and training. Where agency staff needed updated information sheets the registered manager had identified this and these had been sought from agencies. Where any concerns had been raised about agency staff conduct, these were recorded and reported to the employing agency. The use of agency staff had reduced because additional funding had been provided for permanent staff. The service also had access to a group of eight in-house 'bank' care staff to cover roster shortfalls.

Recruitment had been challenging but a recruitment campaign was scheduled during May and June 2017. The budget had been agreed for the service to pilot additional care hours at key times of day. This was to help ensure people's increasing needs were catered for and to help keep them safe. Night-time leadership had been clarified by rostering a qualified shift leader nightly for a six-month pilot period. This had led to improvements in night staff supervision and a reduction in complaints regarding night staff. The registered manager said she would be recommending this be continued.

Health and safety checks and servicing continued to be carried out regularly to maintain a safe environment for people and staff. Where the documentary evidence of this was not held on site, copies were provided following the inspection. An effective emergency plan was in place to provide staff with the information needed to respond to a range of foreseeable emergencies.

People's safety was further promoted because accidents, incidents and falls were monitored and the actions taken in response were recorded. This demonstrated appropriate action was taken to minimise the risk of recurrence.

People's medicines were managed safely on their behalf by staff using a recognised monitored dosage system. This means that sealed 'blister packs' were prepared and supplied by the pharmacy for each separate dosage for most medicines. Medicines records were maintained appropriately to help ensure people received the correct medicines at the right time. Where people had more complex needs around medicines an individual support plan was in place to guide staff on how this should be done. The temperatures of medicine storage rooms and fridges were monitored to ensure they remained within the appropriate range for safe storage. Medicines 'champions' had been established to take lead responsibility for monitoring medicines practice and recording. They carried out monthly medicines audits and reported to the registered manager as well as completing medicines competency assessments of staff who administered medicines.

Where 'as required' (PRN) medicines were prescribed (currently only painkillers), the registered manager agreed to review the lack of individual protocols. This would help ensure PRN medicines were always offered to people where necessary, and identify the different ways people expressed their pain where they could not do so verbally.

## Is the service effective?

### Our findings

The service remained effective and continued to develop the quality of its dementia provision in particular. People received individualised care from staff who had the skills and knowledge they needed to carry out their roles. Care plans were clear and contained the information staff needed to provide individualised care.

People and a relative told us staff were pleasant and treated people with respect. One relative noted their family member responded very positively to staff and said, "[Name] gets on well with the staff" and "...says they are very good." The relative was pleased that a consistent staff member seemed to deal mostly with medical appointments. She felt this helped ensure consistency. People said they were happy living in the service. One said the staff were, "Pretty good." One person observed that, "Sometimes there were not enough staff," but added they were, "Kind," and "Come quickly in response to the call bell."

As well as providing care and support for people with needs arising from old age, the service had a unit catering for up to eleven people living with dementia. Higher staffing ratios were provided to meet people's additional needs there and staff had received additional dementia care training. Our observations showed staff understood how to engage with people living with dementia and demonstrated skill in doing so to enable people to remain positive, engaged and happy.

The building had recently been redecorated. New beds, bedding, furnishings, curtains, cutlery and crockery had been purchased. Secure, enclosed gardens were available to enable people to access the garden without immediate staff supervision where it was safe for them to do so. One of the people living with dementia had taken the lead on designing improvements to the gardens and chosen the plants. This had enhanced their self esteem and sense of involvement. During the inspection we saw people encouraged by staff, to access the garden. There were plans to further develop the gardens with funding and assistance from a team of volunteers from a local supermarket. The advice of 'Dementia friends' had been sought regarding the colour scheme and layout.

The dementia unit had been redecorated in a single colour but an appropriate varied colour scheme was about to be reinstated to assist people to locate particular rooms. Dementia-friendly signage was present but was to be further improved based on up-to-date advice from 'Dementia Friends', to better help people identify bathrooms and toilets. Within toilets the location of the toilet was going to be highlighted by means of a toilet seat of contrasting colour to the surroundings. Memory boxes were on order for placing outside bedrooms, to assist people to find their room.

New crockery had been ordered in a colour found to enhance the dining experience of people with dementia. New chairs had been obtained for the dementia unit and orientation boards were on order. A local school had been approached to provide suitable seasonal pictures. A 'Dementia focus' week took place following the inspection including an open day for relatives and the registered manager booked a visit by the 'dementia bus'. This is a bus which provides staff with experience of how environments can appear to people living with dementia, in order to improve their understanding of people's experience.

Staff, including those from external agencies, had received an induction to the service and recent employees had been engaged on the nationally recognised Care Certificate induction programme. The registered manager planned to assess existing staff against the same competencies to ensure all staff were at a consistent level and identify any training needs. Three care certificate 'champions' had been appointed and were attending training to support subsequent staff with working through the programme. Ongoing staff support was provided through supervision meetings and annual appraisals. Staff supervision had not been provided to all staff in line with the provider's six weekly stated frequency. However, all staff had attended supervisions at least every three months. Some group supervisions and themed staff meetings had taken place as part of addressing the shortfall. The frequency of night staff supervisions had been improved by the nightly rostering of a qualified staff member to carry these out.

The provider continued to offer a programme of regular training updates in all core areas as well as a range of more specialist courses where relevant. One qualified staff member was trained to deliver additional moving and handling training to others in the team, over and above the standard training. This meant any related training issues could be responded to in a timely way. The training record showed staff attended core training updates on a regular basis and upcoming courses were booked to maintain the cycle.

The rights of people who lacked 'mental capacity' continued to be protected by the service. 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 were encouraged to make day to day decisions about their care as much as they were able. For example, people's wishes regarding whether or not to have their welfare routinely checked at night, were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where limits were placed on people's liberty this was in their best interests and appropriate discussions had taken place and decisions recorded. For example, in one case where raised bedsides were used to safeguard on person without capacity, from night time falls, the decision making process was recorded. In four other cases people had consented to the use of raised bedsides. One person had agreed, following discussions, to carrying a GPS tracker after previously having left the service unsupported. They had also been supported by staff to have a one-to-one weekly outing to reduce their anxiety and had been referred to the 'Memory clinic' for additional support. People's DoLS authorisations were kept under review and where necessary, renewals were applied for as they became due.

One person who sometimes needed staff support to manage their behaviour did not have a detailed behaviour support plan although staff did use an agreed consistent approach when supporting them. A brief behaviour support plan was devised immediately following the inspection to document the agreed approach.

People had a choice of meals daily from a planned menu. They were asked their preference the day before, but additional meals were prepared to allow for changes of mind on the day. Menus were discussed with people in monthly resident's meetings. Feedback about the meals was mixed, with some people not happy with all of the meals. One person said the food was, "Mostly OK", another told us it was "OK". At lunch we saw people supported and encouraged to eat, although not everyone ate most or all of their meal. A relative told us their family member was, "OK with the food but [did] not eat a lot." Where there was concern about

dietary intake, records were kept of what people had eaten. Advice from external dietitians had been sought appropriately. Issues had been raised with the catering company providing the meals and improvements had been obtained. There had been an increase in planned 'food theme' days based around festivals such as Chinese New Year and in response to people's requests, a fish and chip day.

People continued to receive good support for their health needs. The service liaised effectively with external healthcare specialists to maintain peoples' health. A relative was positive about the healthcare provided and noted that one particular staff usually supported their family member's healthcare appointments, which helped maintain consistency. People felt their health needs were met and they could see the doctor when they wished. The service worked with the local authority Rapid Response and Treatment (RRAT) team to help prevent hospital admissions and identify and support people at risk of these. Issues such as mobility, falls, skin integrity and mental health were also monitored. The team supported best interest discussions and had assisted with improvements in health monitoring systems and records. The GP practice carried out weekly visits to the service and the service liaised with the district nursing service as required.

## Is the service caring?

### Our findings

People continued to be supported by a caring staff team. Where issues of morale had emerged these had been tackled positively in order to improve team spirit and effectiveness. Staff related positively to people and we saw a good rapport between people and the staff.

People said positive things about the approach of staff and management in the service. A relative told us, "Staff treat [name] with dignity." They described how one staff member in particular had gone out of their way to ensure the person could access an activity they had previously enjoyed. They described this as, "A very positive action" and said it had improved his quality of life and helped ensure the person was more settled and accepting of the care provided. One person told us they were happy in the service and others praised the efforts of staff. One said, "The staff look after my dignity." People we spoke with confirmed their spiritual needs were met by visiting clergy. A relative said that at times, agency staff were not as caring or aware of people's needs.

People were supported and encouraged to retain their interest in and enjoyment of life. We heard how staff actively used opportunities that arose to involve individuals in going out with them to obtain items for them or the service. For example one person had gone out with staff to buy a new hose for watering the garden. They had also been involved in designing the garden improvements and took part in discussions with others about these in resident's meetings. Another person had been taken out by a staff member to choose and buy their own favourite drink. Staff were adept at balancing the demands of several people, even when engaged in particular tasks or supporting individuals. They greeted people by name when they came into the room and offered a friendly smile. People responded positively to the warmth shown by staff and shared moments of humour with them.

People had been involved in the process of ordering new bedding, curtains, crockery and cutlery and their views had been taken account of. People had also been consulted about such things as the brand of teabags used in the service and bowls of fruit had been made available at their request. Additionally they were involved in day to day decisions and encouraged to make choices as much as they were able around activities or their preferences regarding refreshments and snacks.

Support continued to be provided in a personalised way and people's care plans provided staff with the information needed to do this. Staff received training on supporting dignity and privacy and we saw they worked so as to enhance people's dignity. For example asking quietly whether a person wanted to use the toilet and ensuring personal care was delivered behind closed doors.

Staff continued to interact positively with people and responded to their needs in a timely and friendly way to enhance their state of mind. For example, one person had been unsettled for an extended period. Staff tried various strategies to get them to relax, offering refreshments, snacks and a sit down. When this was only partially successful, they offered an alternative activity more than once until the person was successfully redirected to do something they enjoyed.

## Is the service responsive?

### Our findings

People and a relative told us the staff provided individualised care and responded well when people's needs changed. Staff had worked with a person and their relative to establish a smoking plan which was effective, and the person had settled better now their anxiety around this had been addressed. A relative also told us staff had responded in a timely and appropriate way when they suspected their family member had experienced a 'stroke'.

The service continued to be responsive to people's current and changing needs and provided personalised care. For example two people in the dementia unit had been provided with their own recliner chairs in which to relax and one had an overhead hoist installed to meet their increased needs. One person was actively supported with their hobby and had been taken out by a staff member in pursuit of this. Another person had been effectively supported to have a planned transfer to a more suitable service to meet their needs. This was managed over a period involving staff from both services to help ensure a smooth transition and minimise anxiety.

People's files provided sufficient detailed information about their needs and interests for staff to deliver responsive and individual support. Where people's needs changed this continued to be recognised promptly and care plans were reviewed to reflect changes.

People were provided with a range of activities and entertainment although not everyone was happy there were enough activities. A dedicated activities leader post was being trialled in the service for 12 months, in response to people's complaints about the level of activities. Feedback was positive regarding the improvements noted since their appointment. The 'pat dog' service was popular with some people. One person told us, "They provide some activities, I like the pat dog." People had formed a quiz team, which attended and took part in a local pub quiz. New initiatives included a 'gentlemen's club' to encourage male service users to interact and socialise more, as well as pampering sessions including nail care for those who enjoyed this. A newsletter, "The Walnut Times" was being produced with people's input to share information about upcoming events. One-to-one time with staff was being provided for people who tended not to join in with group activities and events in order to reduce the risk of isolation.

The service had continued to respond positively where issues or complaints had been raised. People's concerns had been investigated and addressed in a timely way. Where a complainant remained unhappy, following initial investigation, the issue had been referred appropriately for independent investigation. Issues raised about the food had been referred to the external caterers and addressed. A comments log had been established to record people's feedback going forward, to refer their comments to the caterers in regular meetings with them. Where people had complained about the inflexibility of the external chiropody provision, the service responded by changing provider to one which offered a more suitable service, whilst people could still opt to use another service of their choice. One ongoing issue raised, was the absence of internet access for people and this was being followed up to find a solution. The service had responded to other challenges. For example by introducing improved night time staff leadership through the provision of a qualified shift leader to address issues which had been identified.

A number of positive compliments about the service had been received, regarding the quality of care by staff. People had additional opportunities to raise and discuss any issues via the service user meetings which had taken place periodically.

## Is the service well-led?

### Our findings

People continued to receive good quality care from a staff team who were led by an effective registered manager. The registered manager worked closely with and met weekly with her counterpart in another service run by the local authority. This enabled positive ideas and developments to be shared and meant issues could be discussed as they arose. There were plans to enable staff to become more familiar with each other's services to enable sharing of good practice and new initiatives. 'Champions' were being appointed from within the staff team. They took a lead responsibility for key areas such as medicines, the Care certificate and moving and handling practice to focus on best practice. Management support was available out of hours, via the on-call management rota. Regular management meetings took place.

People were positive about the management of the service and found the registered manager available and approachable. A relative described the registered manager as, "Really nice."

Periodic meetings had been held with senior staff, the whole team and between night staff to discuss issues, care practice and share information. The management team had also tackled and addressed previous issues related to staff morale. Staff told us, "I think Walnut Close is very well managed. If we have any worries or concerns about our residents or other care staff our manager deals with them immediately and always lets you know the outcome." They added, "Walnut close is a great place to work, well led, well managed, friendly and everyone cares." The registered manager had attended external meetings about dementia care and about how to make a service outstanding. Work had been done, involving the staff, to develop a new 'vision statement for the service, and people in the service were involved in discussions about future developments. The views of people, relatives and external professionals had been sought by means of surveys and resident's meetings. The minutes showed people were kept informed about events and developments and involved in decisions about improvements and changes to the service.

The registered manager continued to use effective systems to monitor the operation of the service. She completed monthly audits and carried out periodic unannounced spot check visits to observe and report on practice. Any issues identified were addressed via supervision or team meeting discussion. The service had worked positively with the provider's 'Care home support team' to address some issues around record keeping and staff morale, which had led to improvements.

The service had a detailed ongoing improvement plan and some items included had already been addressed. For example a new staff rest room had been established and scheduled breaks introduced for staff on shift. A new training matrix had been devised to better enable the management team to monitor staff training and identify needs. Various steps had been taken to develop and improve the service. For example, qualified shift leaders had been rostered nightly on a trial basis to strengthen night time cover. The assistant unit manager role had been changed to improve weekend management cover and make them more accessible to the staff team and relatives. The improvement plan showed the service was developing and improving on an ongoing basis.

Two recent accidents which were reported externally as required, had not also been reported to the care

Quality Commission. The registered manager was aware of this requirement and undertook to ensure all notifications were made in future. Retrospective notifications were provided to address the recent events. We told the registered manager the previous rating, although displayed in the service was not shown on the service's website. She took action to address this immediately following the inspection.