

Walton Manor Ltd

# Walton Manor

## Inspection report

187 Shay Lane  
Walton  
Wakefield  
West Yorkshire  
WF2 6NW

Tel: 01924249777

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Our inspection took place on 11 May 2017 and was unannounced. At our last inspection on 22 and 27 October 2015 we rated the service 'requires improvement' and identified four breaches of regulations. These related to the assessment of risks associated with people's care and treatment, understanding of the Mental Capacity Act (MCA), lack of systems to ensure accidents and incidents were robustly investigated and people living with dementia not being offered the same choices as other people using the service. We asked the provider to submit an action plan to show how improvements in these areas would be made. At this inspection we found they had followed their action plan and were now meeting the requirements of these regulations.

Walton Manor is on the outskirts of Wakefield and is situated in well-kept, private grounds. The home provides personal care and support for up to 47 older people, some of whom are living with dementia. There were 32 people using the service when we inspected.

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

People told us they felt safe living at Walton Manor. We found there were sufficient staff to provide safe care and support, and the provider ensured staff had guidance to follow to minimise any risks associated with people's care and support needs.

Staff recruitment was safe, and staff we spoke with understood how to recognise potential abuse and their responsibility to report it.

We found the premises were well maintained, and regular servicing of equipment was up to date.

People received safe support with their medicines. Medicines were stored safely and securely, and we found record keeping was accurate.

Staff were provided with the training and on-going support required to remain effective in their roles. People told us they were confident in the staff's ability to provide effective care and support, and we saw people had access to other health and social care professionals when this was needed.

People received appropriate support with decisions they could not make for themselves. 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

We received very good feedback about the caring nature of the staff and registered manager. We observed good practice throughout our inspection. For example, we saw people's privacy and dignity was respected and found the home had a relaxed and sociable atmosphere.

People and their families were encouraged to participate in the writing of their care plans, and we saw these contained meaningful information staff could use to help build caring relationships with people.

Care needs were assessed before people started to use the service, and we saw care plans were regularly reviewed to ensure they reflected people's up to date needs. There were plans in place to involve people and their families in this process.

People had access to a wide range of activities which they said they enjoyed. People who lived at Walton Manor were able to make suggestions for activities they wished to undertake. Several community and educational groups were also involved in providing activities for people.

There were policies and procedures in place to ensure complaints were responded to appropriately. People told us they knew how to make a complaint, and they and their relatives said they found the registered manager approachable.

We received good feedback about the registered manager. We saw they were a familiar presence in the home. There were robust systems in place to measure, monitor and improve quality in the service. People and staff were regularly consulted, and told us they felt their ideas were listened to.

## 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 lived in a well maintained, homely environment with sufficient staff on duty to provide safe care and support. People told us they felt Walton Manor was a safe home.

The provider followed safer recruitment practices which ensured people who were barred from working with vulnerable people were not employed in the home.

People's medicines were well managed. Records were well kept, storage was well managed and secure, and people received pain relief when they needed it.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with regular training and support which helped them remain effective in their roles. People who used the service were supported to access other health and social care professionals as they needed.

People were supported to make decisions appropriately. Where people were not able to make the decision to live at Walton Manor, the registered manager had ensured the appropriate safeguards were in place.

People enjoyed the food at Walton Manor, and were all given choices at each mealtimes.

### Is the service caring?

Good ●

The service was caring.

We observed caring practice from the staff, and saw people's privacy and dignity was respected.

People and their relatives gave positive feedback about the caring nature of the staff and registered manager.

People and their relatives were actively involved with writing their care plans, which contained detailed information about their lives, preferences and interests.

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

**Good** ●

The service was responsive

The provider assessed people's needs before they started to use the service, and used this information to produce care plans for each person. We saw these were reviewed regularly to ensure they were kept up to date.

People were able to take part in a wide range of activities, and they told us they enjoyed what was on offer. The residents committee helped plan the activity programme.

There were responsive procedures and systems in place to ensure complaints were resolved. The provider ensured people knew how to raise complaints and concerns.

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

**Good** ●

The service was well-led

There was a registered manager in post when we inspected. They were not the registered manager when we last inspected. We received positive feedback about their management style from people, their relatives and staff. We found the provider and registered manager had acted to address the breaches of regulation identified at our last inspection.

There were effective quality monitoring systems in place. Action plans were written and followed to ensure required improvements were made.

People who used the service and staff were consulted in the running of the home, and told us they were listened to by the registered manager.

# Walton 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.

Our inspection took place on 11 May 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert-by-experience with a background in caring for an older person. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including past inspection reports, action plans and notifications which the provider has to send us. We also contacted commissioning bodies, safeguarding teams, the Clinical Commissioning Groups (CCG) and Healthwatch to ask if they had any information to share with us. They did not alert us to any information of concern. Healthwatch is a consumer champion which gathers and represents the views of people using healthcare services in England.

We sent a Provider Information Return (PIR) which the provider returned to us on 10 January 2017. The PIR 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.

During the inspection we spoke with the registered manager, representatives of the provider, eight members of staff, the cook, the activities coordinator, nine people who used the service and nine visiting relatives or friends. We looked at four people's care plans, four staff files and other records relating to the running of the service including audits, surveys, maintenance records and servicing certificates.

# Is the service safe?

## Our findings

At our last inspection in October 2015 we rated this key question as requires improvement. We found a safeguarding incident had not been reported to the CQC, and identified this as a breach of regulations relating to safeguarding. We asked the provider to take action to make improvements in this area. At this inspection we found the registered manager had made improvements, and was now meeting the requirements of this regulation.

People told us they felt safe using the service. One person said, "I could not be in a safer place." Another person told us, "I now feel safe than when I was at home." A visiting relative said, "One benefit of [name of person] being here is the safety and security the staff provide."

We saw evidence the provider followed robust practices when employing new staff. Background checks were made, including taking references from former employers and contacting the Disclosure and Barring Service (DBS) before new staff commenced working in the home. The DBS is a national agency which holds information about individuals who may be barred from working with vulnerable people. Making these checks helps providers make safer recruitment decisions.

People got care and support when they needed it because there were sufficient staff on duty to meet those needs safely. We based our conclusion on observations made during the inspection, speaking with people and staff, and reviewing rotas. We saw staff had time to provide patient care and support, and often stopped to chat with people who used the service as they worked. We observed calls bells receiving prompt attention during our inspection.

Care plans contained assessments of risks associated with people's care and support, and we saw these were comprehensive and personalised to each individual. In addition to the assessment there was clear guidance to staff to show how those risks could be minimised.

We looked at the management of accidents and incidents in the home. We saw reports were made, and action taken as appropriate, including making reports to the CQC and referring concerns to local safeguarding teams when needed. This meant people were protected from repeat incidents and any potential abuse.

People were further protected because staff had received training in safeguarding, and had a clear understanding of how to identify potential abuse and their responsibility to report any concerns. One staff member told us, "I have done my Safeguarding training - I now have more confidence about adult protection and safeguarding." Staff we spoke with were confident any reports they made would be acted on appropriately. One staff member said, "I can go to any of the management and discuss anything I am worried about."

People told us they received good support with their medicines. Comments included, "I have to take tablets. The staff make sure I get them on time," "They [staff] are very good at making sure I get my medication," and

"I take regular pain killers, they will get me extra if I need them." A visiting relative said, "We are so happy that [name of person] is getting [their] medication regularly – [they] ask the staff if [they] need extra painkillers."

Medicines were stored securely and at an appropriate temperature. Some medicines contain drugs which require additional secure storage. These are also known as 'controlled drugs'. There were no controlled drugs in use at the time of our inspection. We also observed a medicines round. We found the staff administering medicines were knowledgeable about each person's needs, for example the ways in which they preferred to take their medicines. Staff were patient with people and waited until the person had taken their medicine before updating medicines administration records (MARs). We reviewed the MARs and saw they were correctly completed with no gaps. Where people needed creams and lotions to be applied, and we saw there were separate MARs kept which clearly identified the parts of the person's body the cream should be applied to.

When people needed as-and-when medicines, such as those for pain relief, we saw written records which staff could refer to in order to understand what medicines may be needed and when. We observed staff asking people if they had any pain, and administering pain relief as required.

We saw people lived in a homely environment which was well maintained. One person's relative told us, "The maintenance staff make sure everything is safe." The provider undertook checks including those related to electrical and gas installations, fire safety systems, lifts and call bells to ensure people were safe living at Walton Manor.



## Is the service effective?

### Our findings

At our last inspection in October 2015 we rated this key question as requires improvement. We found some training was not up to date, and the registered manager did not have a robust understanding of their responsibilities to support people who could not make certain decisions. We identified two breaches of regulations in respect of consent and training. We asked the provider to take action to make improvements in these areas. At this inspection we found the registered manager had made improvements and was now meeting the requirements of these regulations.

People we spoke with raised no concerns about the staff's ability to provide effective care and support. They told us they were looked after well. We checked records relating to staff training and saw there was a rolling programme in place which covered areas including moving and handling, safeguarding, medication, first aid, and dementia awareness. We saw there was a plan in place to ensure staff received updates to their training in a timely way. In addition we saw the provider had introduced the Care Certificate for new staff. This is a nationally recognised standard training which aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

Staff received further support through regular supervision and appraisal meetings. We looked at records of these which showed they were meaningful discussions including matters related to individual performance and training needs. One member of staff told us their supervisions included, "Discussion about areas to be worked on, timekeeping and other concerns."

We saw records in people's care plans which showed people were supported to access other health and social care professionals when required. These included GPs, opticians, dieticians, speech and language therapists and social workers. One person told us, "I have our own optician - the staff or my family make me an appointment when the time comes around."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the provider assumed people had capacity to make decisions, unless there was evidence to suggest otherwise. A member of staff we spoke with said, "We have to assume that people have capacity." We saw people had signed consents to various aspects of their care and support, for example to have medicines

administered by staff or for potential restrictions on their freedoms such as pressure mats. These are put in place to protect people at risk of falls, but restrict freedom as staff are alerted whenever the person is out of bed.

Where people lacked capacity for a specific decision, we saw this was appropriately tested and documented. Best interests decisions were then made on the persons' behalf, and we saw these discussions involved both relatives and health or social care professionals.

There were four people living at Walton Manor with authorised DoLS in place. The registered manager had applied for a further two DoLS which were awaiting authorisation. We saw one authorised DoLS had conditions which the provider had been asked to meet. We saw evidence this had been done.

We saw staff received regular training in MCA and DoLS, and we found they had a good knowledge of these subjects. They were able to tell us in detail how this impacted on the ways in which they supported people. Staff were aware of how capacity was recorded in care plans, and told us they understood how to provide care and support in the least restrictive manner. One member of staff said, "I would try to suggest alternatives, rather than just preventing someone doing what they want."

People we spoke with gave positive feedback about the meals served at Walton Manor. One person said, "The menu and choices are very good. There is no way that I would have improved without the good food." Another person told us, "The food is just right - and they support me being a diabetic." A third person said, "The catering team work so hard to make things special."

We saw the chef was given detailed information about people's dietary preferences and requirements and we found they were knowledgeable about this when we spoke with them. We saw they had a range of fresh ingredients available to make meals from, and they told us they took suggestions from people when making changes or additions to the menu. They said, "One of the residents asked to have a steak night, the manager has arranged it for next week. We also had had a pizza night, and a fish and chips night."

Care plans contained evidence nutritional risks were appropriately managed. People were weighed regularly, and where there was evidence people were losing weight we saw the frequency of this was increased. We saw evidence people were referred to health professionals such as GPs and dieticians when additional support was needed.

We saw people had access to drinks and snacks throughout the day. Staff brought these to people, and we also saw snack items such as chocolate, crisps and fruit which people could take for themselves if they wished.

We made observations during the lunch service at Walton Manor. Each of the dining areas was presented attractively with flowers, matching linen tablecloths and place settings, and we observed there was a relaxed and friendly atmosphere. We saw people in each of the dining areas were offered choice and were served with a variety of different meals. We saw staff provide alternatives for people who changed their minds about choices when their meals were served. People were offered choices of a variety of drinks to accompany their meals including a selection of fruit juices, wine, tea and coffee. We saw people were also able to eat in their rooms if they wanted to. In the morning we observed breakfast trays being taken to rooms, and one person told us, "I am having my meal in my room today - the staff won't mind."

We saw consideration had been given to making the environment suitable for people, including people living with dementia. There was clear signage on doors, including pictures people had chosen themselves to

help them find their rooms when this was necessary. In addition we saw red crockery in the dining room used by people who were living with more advanced dementia. Academic research has indicated using red plates reduces the nutritional risks experienced by people living with dementia, as this helps people to recognise food.

## Is the service caring?

### Our findings

At our last inspection we rated this key question as 'requires improvement'. We found care plans contained evidence people and their relatives were involved in identifying care needs, but the plans were not always person-centred. We found one person was receiving end of life care, but no specific plan had been written to ensure staff could understand the support the person needed. We did not identify any breaches of regulation. At this inspection we saw evidence people were involved in planning their care, and looked at plans written to show what support people may prefer at the end of their lives. There was no one receiving end of life care at the time of this inspection.

Care plans contained information about people's likes and dislikes, together with information such as previous careers, important relationships and friendships, hobbies and treasured memories. Information such as this helps staff form meaningful relationships with the people they supported. We saw people were provided with 'life story books' to complete with their families and other loved ones. One person's relative told us they found the document useful for prompting conversation and reminiscence when they visited. They said, "It has made communicating with [name of person] so much more productive. I have learnt new things about [them]." Another relative told us, "[Name of person] has such complex care needs - we as a family have been fully involved in putting the plan together."

There was information relating to people's wishes for their end of life care in their care plans. The amount of information varied according to people's preferences, and we saw there was a clear record made when people declined to discuss this area of their care. We saw evidence issues of equality and diversity had been considered in people's care plans. There were prompts to remind staff people may need time or additional assistance to understand information given to them, for example the complaints process and resident's guide.

We received very positive feedback about staff from people who lived at Walton Manor. Comments included, "The staff are always friendly and courteous," "I have received nothing but the best of care and kindness," "The night staff are smashing," and "The staff care so much – and so does the manager." We observed staff chatted to people in a relaxed and friendly way, and the content of these conversations showed they knew people well. People and staff were often observed to be chatting and laughing together. People clearly enjoyed the interactions. One person said, "The staff know me so well they can second guess what I need."

Relatives also gave unanimously positive feedback. One relative told us, "Every member of staff puts residents and family first." Another relative said, "The staff work so hard to make [name of person]'s life special." Additional comments included, "Every member of staff is so caring and kind," "Fantastic staff," and "The staff are always friendly and demonstrate a great deal of care and fondness towards [name of person]," and "This home and its staff have offered my relative a new family."

We found staff were very committed to working at Walton Manor. One member of staff told us, "I definitely made the right decision to come and work here." Another member of staff said, "I love my job." We concluded staff's enjoyment of their work made a positive contribution to the relaxed and happy

atmosphere in the home.

People and their relatives told us the staff paid attention to privacy and dignity, and our observations on the day of our inspection confirmed this. One person said, "I could not get better care anywhere." Another person told us, "I am definitely treated with dignity at all times."

During our inspection we saw staff knocked on doors before entering people's rooms, and we observed a portable screen being used to give people additional privacy when a hoist was used to transfer them from their wheelchair to seating in the lounge. We concluded people were given appropriate support with their personal care; people looked well presented with hair styled, clean well-cared for clothes and gentlemen were clean shaven. Staff we spoke with understood the importance of maintaining people's privacy and dignity. They gave examples such as ensuring doors were closed and keeping people covered as much as possible when delivering personal care.

We observed staff providing caring support to people living with dementia. For example, we saw one person in a public room wearing one slipper and one shoe. A member of staff approached the person discretely and asked, "Which do you want to wear today?" The member of staff gave the person time to consider their answer, and asked the person if they would like them to get the appropriate matching footwear.

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as 'requires improvement'. We found risk assessments lacked personalisation and detail relating to how staff could minimise the risks, reviews were not always dated, and there was not always clear information in place to show how and when people's needs had changed. We identified a breach of regulations relating to safe care and treatment, and asked the provider to take action. At this inspection we found the registered manager had taken action and was now meeting the requirements of the regulation.

We saw care plans were based on an assessment of people's needs. The provider carried out this assessment before people started to use the service to ensure these needs could be met. Care plans were reviewed monthly to ensure they were responsive to changes in people's needs. The review clearly indicated if any changes had been made to any documentation. We saw there were dates in people's files which showed when the care plan would be reviewed with people and their families. This had been recently introduced by the registered manager before our inspection, and as no reviews had yet taken place we were not able to review the records of these.

There were a wide range of activities for people to join in with, and we received good feedback from people and their relatives about this aspect of life at Walton Manor. One person told us, "There is so much to get involved in." Another person said, "The activity worker puts a lot of effort into making things just right for us." A third person told us, "I take part in anything that's going - they help me keep busy." We saw the residents' committee was active in making suggestions for the activity programme. On the day of our visit we saw people engaged in a variety of activities including a quiz which took place in the garden to take advantage of warm weather, art, watching a film and chatting with staff.

We saw the provider kept detailed records relating to activities, and these were specific to each person. People's preferred activities were recorded, and we saw the records were reviewed to ensure people had been able to take part in things which they enjoyed. Where outings were arranged we saw these were often repeated more than once to enable smaller groups of people to attend. The activities co-ordinator told us this made the trips feel less institutional.

The registered manager had built links with community organisations to enhance the activity programme. One person said, "I have just done a cake decorating course with the local education department." Another person told us, "I just feel so content when the church or chapel come in." People also told us special events such as birthdays or wedding anniversaries were celebrated. One person said, "They arranged us a wonderful 69th wedding anniversary party - all our family came."

People told us they knew how to make complaints or raise concerns, and we saw the complaints policy was on display in the home. One person's relative told us, "The manager has made it clear that if we have any concerns we must tell her." A person who used the service said, "I just speak my mind and would say if anything was wrong."

There were robust policies and procedures in place to ensure concerns and complaints were fully resolved, and we saw evidence these had been followed. We saw evidence complaints were discussed with staff at their regular meetings.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as 'requires improvement.' We found the registered manager had not made a required notification to the CQC about a person's pressure sore, and we identified breaches of regulations during the inspection. At this inspection we found the registered manager had driven improvements which had ensured the home was now meeting the requirements of all regulations.

There had been a change in registered manager since our last inspection. People who used the service and their relatives described the manager as approachable and a visible presence in the home. Comments included, "I am very pleased with the support we get from the manager," "The manager is so approachable, she is a good listener," and "This home has a good manager." A relative of someone living at Walton Manor told us, "My [relative] has come on in leaps and bounds since [they] came to live here - it's down to the management."

Staff also gave good feedback about leadership in the home. One member of staff told us, "She is a good listener, helps in any way possible, she is really good that way, she has made a lot of positive changes." Another member of staff said, "She is a good listener. She helps in any way possible, and she has made a lot of positive changes." Staff told us they were proud to work at Walton Manor and felt people received a high standard of care.

We reviewed the notifications sent to the CQC and the records of accidents and incidents. We found the registered manager was alerting both CQC and safeguarding teams as required. In addition we saw the provider was displaying their CQC rating in the home and on their website. This is a regulatory requirement.

People who used the service were able to contribute to the running of the home. There were regular meetings open to all residents, their relatives and friends, and there was also an active residents' committee which met with the registered manager on a regular basis. We reviewed minutes of the meetings and saw evidence people's suggestions were acted on. One person told us, "The manager makes it clear - the meetings are our way of influencing the running of the home." Another person said, "I can see that I have made changes here - how much more respect do you need?" Three people who used the service attended the feedback meeting with the registered manager and provider at the end of the inspection. This meant they were able to discuss our findings with the inspection team, and confirm their views had been accurately represented.

Staff also had opportunities to attend meetings with the registered manager, and told us they were able to speak openly and felt they were listened to. One member of staff said, "We've got the trust and respect of the management." Another member of staff told us, "It's like a family; we all work together like a team." We looked at minutes of staff meetings and saw evidence meaningful discussions took place. Recent agenda items included training, dining experience for residents, complaints, compliments and ways in which staff could support each other. Staff attendance at meetings was monitored, and where staff had not been able to attend they signed to confirm they had received a copy of the minutes. The registered manager ensured staff did not miss consecutive meetings. This meant all staff had an opportunity to participate regularly.



There were robust systems and processes in place to measure, monitor and improve quality in the service. We saw the registered manager undertook a series of regular audits including medication, infection control, fire safety, staff support and care plans. We saw the frequency each audit should be carried out was clearly defined and had been followed. We saw audits were thorough and action plans produced to make required improvements were followed. In addition to this activity, we also saw evidence the provider also reviewed and monitored the service during regular meetings with the registered manager.