

Embrace Wellcare (I) Limited

# Walton Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on the 10 November 2016.

Walton Manor is a two storey care home situated in the Walton area of Liverpool, Merseyside and is registered to provide accommodation, nursing and personal care for up to 49 people. The service is fully accessible and fitted with aids and adaptations to assist people with their mobility. A passenger lift and staircase provide access to the first floor. The service is located close to a busy shopping area with good public transport links.

There was a registered manager in post at the service. 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.

We last inspected the service in August 2014 and the registered provider met all the regulations we reviewed.

We have made a recommendation about the environment. Improvements had recently been made to parts of the environment, including the redecoration of corridors and bedrooms and the replacement of flooring. However, further improvements to the environment were required to help promote the independence of people living with dementia.

Risks people faced had been identified and plans which were in place provided staff with guidance on how to reduce the risk of harm to people. However, sufficient checks were not carried out on pressure relieving equipment to minimise risk to people. During our visit the registered manager and staff took immediate action to rectify this.

Medicines were stored appropriately, managed safely and comprehensive audits completed. However, care plans for PRN (as required) medication were not in place for staff guidance. This meant that people could be administered more medication than required. The registered manager informed us that this would be reviewed immediately.

There were sufficient numbers of staff on duty to meet people's needs. Robust recruitment processes were in place and the required recruitment checks had been completed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Health and safety checks had been carried out on the environment and equipment used. The service was clean and tidy and the registered manager carried out regular checks on the cleanliness of the environment to ensure this was maintained. There was a fire risk assessment in place and checks of the fire safety equipment had been carried out. Staff had received training in fire prevention and safety.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Staff understood their role and responsibilities. Staff received training to ensure they had the skills and knowledge to support the people living in the service. Staff were supported in their roles and received regular supervision and appraisals. New members of staff received a comprehensive induction into their roles.

People could choose when, where and what they wanted to eat. Additional drinks and snacks were made available to people in between main meals and staff knew people's food preferences. People were provided with a varied and balanced diet and they were supported to make choices in relation to their food and drink.

People were assisted to access other healthcare professionals to maintain their health and well-being, when required.

Staff spoke kindly to people and respected their privacy and dignity. Staff knew people well and had a caring approach. Staff responded to people without delay and cared for people in an unrushed manner.

Records were comprehensive and kept up to date. Care plans contained detailed information on each person and how their support was to be delivered. Information was regularly reviewed with people living at the service. This meant that people received personalised care in line with their wishes and preferences.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and support. Relatives were also encouraged to give their feedback on how they viewed the service.

There was an effective complaints system in place. People and staff knew who to raise concerns with and there was clear line of accountability amongst senior staff.

The registered manager demonstrated a 'hands-on' approach and knew people well. Quality monitoring audits were effectively used to identify where actions needed to be taken and to drive future improvements in the service. Accidents and incidents were reported and analysed to identify any patterns and themes.

## 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 told us that they felt safe. There were effective systems in place to safeguard people from the risk of abuse.

People had personalised risk assessments in place and actions were taken to reduce the risk of harm to people.

There were good levels of staff on duty at all times and safe recruitment processes were followed.

People's medicines were managed safely and stored appropriately.

### Is the service effective?

Good ●

The service was effective

Improvements to the environment were required to help promote the independence of people living with dementia.

People's needs were met by a team of staff who knew them well.

People were provided with a varied, balanced diet. People were complimentary about the meals provided at the service.

People received care that met their health and well-being needs and they had access to a range of health and medical professionals.

### Is the service caring?

Good ●

The service was caring

People were supported by kind, friendly and caring staff who knew them well.

Staff supported people at their own pace and in an individualised way.

Staff understood people's decisions regarding end of life care

and they were respectful of them.

People's confidentiality was protected. Records containing personal information were appropriately stored in a secure office.

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

**Good** ●

The service was responsive

Personalised care plans reflected people's current needs and preferences.

People benefited from meaningful activities which reflected their interests.

People were encouraged and supported to establish and maintain community connections and relationships.

There was an effective system to manage complaints and people were encouraged to raise any concerns they had.

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

**Good** ●

The service was well led

The culture of the service was open, positive and friendly. The staff team cared about the quality of the care they provided.

People and staff knew who the registered manager was and felt confident in approaching him.

Systems were in place to seek the views of people who lived at the service and their feedback was used to make improvements.

Quality monitoring systems were in place and were used effectively to identify where action was needed and to drive improvements in the service.

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 10 November 2016. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

We spoke with eight people who used the service and five of their family members. We also spoke with nine members of staff and the registered manager and reviewed recruitment files of six staff members. We looked at the care records relating to six people who used the service, which included, care plans, daily records and medication administration records. We observed interaction between people who received support and staff.

Prior to the inspection we reviewed the information we held about the service including the 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 also reviewed other information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service, the local authority safeguarding team to obtain their views. No concerns were raised about the service.

## Is the service safe?

### Our findings

People told us they felt safe living at Walton Manor. Their comments included; "Very safe indeed", "I've not a worry in the world" and "Oh yes I feel safe alright". Family members told us they had no concerns about their relative's safety. They confirmed that after visiting their relatives they left feeling confident that their relative was safe and well cared for.

Risks associated with people's needs were assessed and planned for. Risk management plans which had been developed on the basis of risk assessments instructed staff on how to manage risks people faced. They took account of environmental risks and risks associated with people's individual care and support needs. For example, moving and handling, falls, skin integrity and nutrition.

People who were at risk of developing pressure ulcers had an air flow mattress on their beds to minimise the risk of developing a pressure ulcer. However, there was no information in care plans to show what the settings of the mattresses should be, how the setting was calculated and how it was checked to ensure it remained effective. Six out of twenty six pressure mattresses in use at the time of our inspection were incorrectly set. This meant that people could be at further risk of developing skin problems if the settings were incorrect. We brought this to the immediate attention of the registered manager and remedial action was taken during our visit to ensure all mattress settings were correct. Following the inspection the registered manager sent us and updated care plan which reflected the appropriate checks required to be taken by staff. This meant that the risk to people's skin integrity had been minimised.

People's care plans clearly identified if they required support with the management of their medication. Training records showed that staff had been provided with training in administering medication and staff told us they felt suitably skilled to administer medication. The registered provider had a policy and procedure for the safe handling of medicines which was accessible to staff. Records we viewed were appropriately maintained and reviewed by the nursing staff and the registered manager on a monthly basis to ensure any concerns or issues were highlighted and addressed appropriately. Some people had "as required" medication (PRN). We found that where PRN medication was prescribed not all people had a PRN care plan in place. We raised this with the registered manager who informed us that PRN care plans would be reviewed and updated.

Staff had completed safeguarding training and they had access to information and guidance about how to respond if they had any concerns. This included the registered providers and the relevant local authorities safeguarding policy and procedures. Staff described the different types of abuse and the signs which they considered may indicate that a person had been or was being abused. Staff talked us through the steps they would take if they witnessed or suspected abuse and it was in line with the procedures set out. Staff said their priority was to keep people safe from abuse and that they would not hesitate to report any such incidents. Records we looked at showed that staff had completed training about safeguarding vulnerable people and that safeguarding concerns had been addressed in partnership with the local authority.

Equipment to help people with their mobility such as wheelchairs and hoists were stored away in cupboards

when not in use minimising the risk of slips trips and falls. Walking aids which people needed to move around freely such as zimmer frames were kept in easy reach of people without being obstructive to others.

The registered provider had robust recruitment and selection procedures in place. Information contained in the files demonstrated that appropriate checks had been carried out prior to the staff starting their employment. For example, we saw that an application form had been completed, evidence of formal identification had been sought and written references had been obtained. In addition a Disclosure and Barring Service (DBS) had been carried out. These checks were carried out to ensure that only staff of suitable character were employed by the registered provider.

There were sufficient numbers of suitably qualified staff on duty to keep people safe. The registered manager completed a dependency assessment tool to continuously review the needs of people and to ensure suitable staffing numbers were maintained. Family members told us they had no concerns about the staffing levels and staff ability to keep people safe. They told us they thought there were enough staff on duty at all times to ensure people's safety.

Throughout the inspection staff were visible in all areas of the service which people occupied and there was a relaxed and unhurried atmosphere throughout. People told us that there were always staff around when they needed them. Observations showed that staff sat in the lounges when updating care records so that they were close to people. They told us they did this so they were easily available should they be needed. We observed staff meeting people's needs safely and in a timely way. For example, staff used equipment such as hoists when transferring people in and out of easy chairs and wheelchairs.

The service was clean and hygienic and good infection control practices were followed. Staff and records confirmed that they had completed infection control training and they had access to information and guidance about the prevention and control of infections. Staff practice demonstrated that they had a good awareness of how to minimise the spread of infection. For example they used personal protective equipment (PPE) when attending to people's personal care needs and handling clinical waste and soiled laundry. PPE including disposable gloves and aprons were available to staff at the point of care and appropriate bins for the disposal of clinical and non-clinical waste were in place and being used appropriately. Cleaning schedules were in place and records showed they had been followed as required. Domestic staff followed safe practices, for example they used colour coded equipment such as cloths, mops and buckets for cleaning designated areas such as bathrooms and bedrooms. They also closely supervised cleaning equipment and COSHH products when in use and locked them away after use.

Procedures were in place to protect people in the event of an emergency. Staff confirmed that they had completed training in emergency procedures. This included fire awareness and first aid and staff had access to emergency equipment such as first aid boxes and fire fighting equipment which was located around the service. Personal emergency evacuation plans (PEEPs) were in place for each person who used the service. The PEEPs were regularly reviewed to ensure they included up to date information for staff about how they needed to evacuate people in the event of an emergency such as a flood or fire. Any equipment people needed to help with their mobility and the amount of staff required to assist in an emergency were included in PEEPs.

## Is the service effective?

### Our findings

People told us that they received all the care and support they needed by staff who were good at their job. People said they liked the food and that they were given plenty to eat and drink. Their comments included; "I'm very well looked after here, they do a very good job", "I get to see my doctor, they make sure of that" and "The food is lovely, it's homemade, just the way I like it". Family members told us that they thought their relative was well cared for. One relative commented "I've no doubt [relative] is well looked after" and another commented; "The care is unbelievable, I can't fault it".

Walton Manor provides support for people living with dementia. The registered providers 'care of people living with dementia' policy states that adaptations and aids would be provided to help people to negotiate their way around the premises. During our inspection we found that improvements were required to the environment as it was not dementia friendly. There was no clear signage in place using both pictures and words to help and aid orientation of people living with dementia. We saw limited evidence of items of interaction or stimulus in the environment which could be used to support reminiscence and wayfinding such as memory boxes, pictures of the local areas and favourite pastimes of people supported. There were no items of familiarity in place to support people living with dementia to understand what a room, cupboard or space was used for. An example of this may be where pictures of food and drink in the environment are used to help people to identify the dining area. This meant that people could be at risk of increased confusion and their independence being limited as the environment did not specifically cater for their diagnosis. We spoke with the registered manager who confirmed that a review of the environment was currently being considered with the registered provider.

We recommend that the registered provider refers to their policy and procedure and best practise guidance on dementia friendly environments.

People had their nutritional and hydration needs met. Nutritional risk assessments were completed using a recognised tool and an appropriate care plan was put in place in accordance with any risks identified. Care plans described the support people needed to eat and drink including any specialist equipment people needed to promote their independence at meal times. For example, adapted crockery and cutlery. Fluid intake charts for people which identified a risk of dehydration were in place and had been regularly completed to show the amount of fluid they had received throughout the day and night. However they did not indicate the amount of fluid which people were required to consume in a 24 hr period. Jugs of juice and glasses were located around the service so that people who were able could help themselves to drinks. Staff ensured people being nursed in bed and those who chose to stay in their rooms had drinks in easy reach and they assisted people to drink as required.

A four week menu which was in place included a variety of nutritious meals available to people each day. Food stores were well stocked with tinned, dried and fresh food items in line with the menus. The menus showed a choice of meals at each sitting and other alternatives including sandwiches, soup and omelettes. The chef explained that menus were developed in line with people's preferences which were obtained on a regular basis and any special dietary needs people had. Records and discussions with people showed they

had been consulted about their food preferences, likes and dislikes. Kitchen staff held information about people's food likes and dislikes and dietary needs and were knowledgeable about them. For example the chef knew which people required a soft diet and those who had diabetes and required a low sugar diet.

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 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).

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and 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. The registered manager had submitted applications under DoLS to the local authority for a number of people who used the service. These were for people they believed could not make a decision, due to mental capacity, as to where they should reside or the use of other restrictions in place such as locked doors.

Throughout the inspection we heard staff asking people for their consent before providing care and support. Staff showed a good awareness of the basic principles of the MCA and DoLS. They were aware that any restrictions should be properly authorised and always be the least restrictive option.

People's healthcare needs were met. Care plans instructed staff on how best to meet people's healthcare needs and records showed that when required aspects of people's healthcare were monitored. For example, people living with diabetes had their blood levels monitored daily and people who required it had their skin and weight monitored. A record of the healthcare people received was maintained, including when they saw their GP, optician, dentist and any other healthcare professionals involved in their care. Appropriate referrals to external health and social care professionals were initiated for people when required. This included referrals to dieticians, continence service, speech and language therapists (SALT) and occupational therapists. We met with a visiting healthcare professional who told us that they thought the staff were very good at recognising and communicating with them any changes in people's healthcare needs. They also told us that the staff had always followed any instructions or advice they had given in relation to people's ongoing healthcare.

Records confirmed that staff had completed an induction when they first started work at the service. They told us it included being introduced to people who used the service, the staff team and to the registered providers policies and procedures. Staff said as part of their induction they had also shadowed more experienced staff for a number of shifts prior to being included on the rota. Individual records showed what training staff had completed and when they were due for refresher training. Training sessions included moving and handling, first aid, fire safety and dementia awareness. Practical assessments were completed with each staff member to confirm their understanding of what had been learnt and how this related specifically to their own role and responsibilities.

Records confirmed that staff had met with their line manager to discuss their work, training and development needs and that they attended regular departmental meetings. Staff also commented that there was good morale amongst the whole team and that they all worked well together.

## Is the service caring?

### Our findings

People told us that the staff were caring and kind. Their comments included; "They [staff] are ever so nice and very caring" and "They always say good morning and yes they are very polite". Family members told us that all the staff were caring towards their relative. When describing the staff family members used terms such as 'compassionate', 'Very caring', 'Spot on' and 'Brilliant'.

There was a welcoming and relaxed atmosphere at the service and family members and other visitors were made to feel welcome. Relationships amongst people and staff were positive and friendly. There was a lot of laughter and banter between staff, people who used the service and their family members. Family members told us that the staff were always friendly and joking with them and people who used the service. Staff greeted family members and offered them with refreshments and we were told that this was usual. Family members told us there were no restrictions placed upon when visiting their relative. One relative told us they visited most days and had always been made to feel welcome. Family members had the option of spending time with their relatives in the privacy of their relative's bedroom or in communal lounges amongst others.

People or where appropriate family members were invited to complete a document titled 'This is me'. This gave people the opportunity to share information about their background such as where they were born and grew up, their family, important relationships and hobbies and interests. Staff told us that this information gave them a good insight into people's lives prior to them living at the service. Staff said the information helped them to generate conversations of interest with people and encourage relationships which were important to people.

Staff showed kindness and compassion when supporting people. We saw an example of staff using diversion and calming techniques to settle a person who was anxious, with positive outcomes for the person. A staff member approached the person and gently guided them into a room and offered them an activity which helped to settle the person.

Care plans included information about people's wishes, choices and preferences. Care plans were written in a person centred way so that people were given choice and control over their lives where ever possible. For example terms used included, 'Prefers', 'Encourage', 'Likes to choose' and 'Prompt'. Signs and symptoms which indicate when a person is in pain, anxious or stressed was recorded in care plans along with instructions for staff about how they can help the person overcome how they are feeling.

We saw examples of how staff treated people with dignity and respect and promoted people's privacy. Staff closed doors when they provided people with personal care and they knocked on doors prior to entering bathrooms toilets and bedrooms. Staff knelt down or pulled up a chair next to people so that they had eye contact when speaking with people sat in chairs. Staff spoke exclusively to the person and avoided any interruptions from others.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These are put in place where people have chosen not to be resuscitated in the event of their

death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. Staff knew which people had a DNACPR in place therefore knew how to respond in the event of a person's death.

People's personal records were kept confidential. Personal records were stored in locked cabinets when not in use. Staff knew the importance of this and of their responsibility to share information only on a need to know basis.

## Is the service responsive?

### Our findings

The registered provider had a clear process in place for the management and review of complaints. One person told us, "I know who to speak to and I know my concerns will be looked into too". Family members confirmed that they were aware of how to make a complaint if needed.

We reviewed the registered provider's complaints procedure and saw that the process outlined only guided people to raise complaints directly to the registered provider or to CQC. Following our inspection the registered manager confirmed that he would request an update to be completed to ensure that the contact details for the local ombudsman would be made accessible to people. We saw records relating to five complaints that had been received at the service and these had been dealt with appropriately within the registered providers own timescales. We also saw records of compliments from people and family members thanking staff for the work they had undertaken to support them or their relatives. Comment such as "Thank you for the care you have given to [my relative]. The staff are wonderful" and "Thank you so much. The staff team have been like a family to us" were received.

People's needs were assessed prior to their admission to make sure they could be met at the service. Care plans were developed following the assessments and contained good descriptions of people's needs. Care plans covered people needs such as mobility, personal hygiene, communication and eating and drinking. Care plans incorporated any known risks and how they were to be managed. Each care plan detailed the support the person needed, the intended outcome for the person and the person's abilities and skills.

Records showed that there were a number of people living at the service for whom their religious beliefs were of significant importance. Staff told us that the service had regular support from the local churches and people were encouraged to continue with their faith and community connections. Through discussions with staff, information recorded in care plans and training records we saw it was clear that the service promoted equality and diversity in all aspects of care and support. Staff confirmed that people's emotional well-being was important and they respected people for who they are.

Staff had easy access to people's care plans and they told us that they read them regularly to keep up to date with people's needs. Staff said care plans provided them with a good level of information to enable them to provide people with the right care and support. Care plans were reviewed regularly with the involvement of the person it was for or where appropriate their representative and they were updated as people's needs and wishes changed.

Daily records were maintained for each person. They detailed specific care needs which staff had attended to and they showed that people's preferred routines were followed. Daily records also reported on people's progress and aspects of their care which required observation such as their diet, weight and mood and behaviour.

An activities coordinator was employed at the service to organise and facilitate activities both at the service and in the community. Information about people's preferred hobbies and interests were recorded in their

care plans. During the inspection we saw the activities co coordinator engaged in group and one to one activities with people. This included engaging people in exercises which promoted movement and coordination, reading and bingo. People had access to books and board games in the lounge areas and discussions showed that people had enjoyed recent trips out to Blackpool and the local shops and other trips out had been arranged. Where people chose not to join in activities and preferred to remain in their room or just observe others, this was respected by staff.

## Is the service well-led?

### Our findings

The service has a registered manager in post and he has been registered to manage the service since February 2016.

All of the people we spoke with, family members and visiting health professionals knew who the registered manager was and how to contact him if needed. During our visit it was clear that the registered manager had worked hard to promote a culture of openness, honesty and transparency at the service. Family members told us, "He's brilliant. The changes he has made are unbelievable" and "It's like a big family here, it's as perfect as you can get". They said they had no concerns or worries about approaching the management team should they need to for advice or support.

The registered manager told us they were "Well supported" by the provider. The registered manager worked alongside the staff team, mentoring, coaching and providing advice and guidance. Handovers between shifts made sure that staff were kept up to date with any changes in people's needs. Staff told us that they discussed what care and support had been given, how the person was, if they had eaten and drunk well and if they had declined any care. Staff were well supported by the registered manager and other senior staff. They described the manager as a good listener, approachable and supportive and confirmed he was always visible and 'gets things done'. We spoke with the registered manager during our visit about the need to review some furnishings and access to call bells and this was undertaken immediately.

Regular quality audits were completed at the service. These covered areas such as care plans, health and safety, accidents and incidents, environmental issues and fire systems. The management of medication was also subject to regular audits. Any concerns relating to the effective management of the service were quickly identified and appropriate actions taken to resolve them. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to maintain confidentiality.

We viewed accident and incident reports and these were recorded appropriately and reported through the registered provider's quality assurance system. Each accident or incident that occurred was reviewed by the management team and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the registered provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

The registered provider had systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. People, their relatives and health professionals had taken part in questionnaires about the quality of the service. These were analysed by the registered manager to see if any actions were needed. Comments such as, "Excellent in all aspects" and "Small home with friendly staff. Would benefit from some more colourful pictures on the walls" were recorded. The registered manager and administrator confirmed that the 2016 annual survey was due to be issued, however the service always operated an open door policy. This demonstrated that the registered provider valued people's opinions and

feedback.

The registered provider had a comprehensive set of policies and procedures for the service. The registered manager informed us that policies were reviewed and updated as required. Records confirmed this. Policies and procedures in place gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed.

The registered manager had a good awareness of his responsibility in line with the Health and Social care Act 2008. Registered providers are required to inform the Care Quality Commission (CQC) of important events that happened within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.