

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Walton Manor

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Walton Manor Ltd
Registered Manager	Mrs. Janet Sanderson
Overview of the service	Walton Manor is a privately owned care home for older people situated in Walton village on the outskirts of Wakefield. Set back from the road in large grounds, it had ample parking and well-maintained gardens to the front and rear. The home offers accommodation for 47 older people in single and double bedrooms and in self-contained living areas. The accommodation is based on two floors accessible by two shaft lifts.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they could make decisions about their care and were treated with respect. One person said "I like my own space and they respect that." and "I get help when I ask for it"

People told us that their dignity and privacy was respected when staff assisted them with personal care tasks. One person who used the service said, "The staff are very good." Several people who used the service told us many of the staff had worked at the home for a long time. They said staff knew them well and thought this contributed to the good standard of care. One person said, "I am very happy here" another said "there are not a lot of rules here" and "I don't have to worry, I can come and go as I please."

People told us they would feel comfortable talking to their relative, staff or the manager if they wanted to discuss any issues or problems.

We spoke with a visiting professional who told us they had no concerns about the home. They described having a good working relationship with staff.

We spoke with one visitor. They praised the staff and were complimentary about the service people received.

Staff we spoke with said people were treated with respect and their privacy and dignity was upheld. One member of staff said, "People are treated as we would want to be treated."

We saw staff received training on a range of topics. We were shown information that indicated the service were audited on a regular basis to make sure people's needs were met and they remained safe.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People who used services have their privacy, dignity and independence respected.

And

People expressed their views and were involved in making decisions about their care and treatment

Reasons for our judgement

During our visit we spoke with eight people who lived in or stayed at Walton Manor, We spoke with one relative, and three staff members to gain a view of the service. They told us they were generally very happy with the care. One person said, "Staff are marvellous." We observed staff knocked on people's bedroom doors before entering their rooms. We noted an unpleasant odour in one room we visited. The registered manager immediately brought this to the attention of the cleaning supervisor and the issue was addressed before the person who used the service was returned to their room.

People told us they could make decisions about their care and were treated with respect.

One person said. "I like my own routine and they respect that. I tell them when I want to go out, I can come and go as I please"

We observed staff supporting and interacting with people who used the service and saw good standards of care being provided. Staff spoke with people in a polite manner and gave them time to respond. We saw people appeared happy and comfortable with staff in their interaction with them. We saw that protective tabards were available for people who were being offered support with eating and drinking.

Some people who used the service were able to self medicate and this practice was encouraged by staff in order to maintain personal independence

We spoke with one visitor. They praised the staff and were complimentary about the service people received. This visitor told us they felt involved in decisions being made about the care their relative received.

Staff we spoke with said people were treated with respect and their privacy and dignity was upheld. One staff member said, "People are treated as we would want to be treated." People told us how they were able to express their views through resident's meetings, and satisfaction surveys.

We saw evidence that people who used the service had a choice around the food and meals they were offered. We saw information in the care plans and on menu cards to indicate people's preferences and choices were being met.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

We used a number of different methods to help us understand the experience of people who used the service, we looked at the care and treatment records of three people who used the service, we observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spent three hours observing daily life within the home and we spoke with eight people who used the service and one relative. We spoke to staff, the registered manager and the registered provider about the care and well being of people who used the service.

We found that care and treatment was delivered in a way that ensured people's safety and welfare.

People we spoke with were generally satisfied with the care they received. Several people told us many of the staff had worked at the home for a long time so knew them well, and they thought this contributed to the good standard of care. One person said "all the staff are nice" I know them and they know me, I don't need much help." and another said "staff know what to do if I need anything."

People told us the care they received met their individual needs and wishes. One person who spent most of their time in their room said "I like to stay in my room, I join the meetings occasionally" and "They give me the amount of support I need which helps me keep independent" and "They encourage me to join in but respect it if I choose not to."

The service cared for and supported people with a wide range of needs. Some people had the ability to make decisions, others had dementia and needed more support. The care records showed a comprehensive assessment of the care needs including emotional and physical well being.

During our visit, we observed people who used the service interacting and spending time together in communal areas. There was positive interaction with staff and a range of communal activities taking place. We saw evidence of entertainment and activities in the home and of visits to the local community. We noticed posters were displayed in public areas which showed dates of the forthcoming events taking place.

Wherever possible the staff supported and encouraged people to be as independent as they were able. The care records highlighted what people could do on their own and when they needed assistance. We saw staff provided assistance to people who required additional support during mealtimes. We saw friendly and supportive care practices being used to assist people with their daily lives.

The registered manager told us and we saw evidence that appropriate systems were in place to make sure people's healthcare needs were being met. Records showed that healthcare professionals visited the service on a regular basis. We met a local general practitioner (GP) who held a surgery on site each week. This GP told us he had no concerns about the care being delivered at the home.

We looked at the care records of three people who used the service and found that they contained a range of assessments and appropriate care documentation. The care plans contained lots of information for staff to follow.

We noticed some information in one care record was inaccurate because the person's needs had changed and this had not been documented. We spoke with the registered manager who told us this information was recorded in a daily hand over book, which was shared with staff on a daily basis. We were told that important information was transferred from the daily handover and additional information was added to the care records on a regular basis. The manager agreed to remind staff that care records must be kept up to date and arranged to check the records and update them as appropriate. This assured us that the care and support needs of people who used the service were being met.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Walton Manor had a written medicine policy and procedure in place. The policy included information about care workers responsibilities with regard to administration, levels of assistance, records and errors.

Some people who used the service were able to self medicate and this practice was encouraged by staff in order to maintain personal independence. We saw risk assessments where in place for those people using a self-medication regime.

Checks of the medication showed that the home was using a pharmacy in Featherstone as their medication supplier. The medication system being used was a monitored dosage system where tablets were stored in a sealed tray containing individual 'pop out' pots. These pots effectively held a number of drugs supplied by the pharmacy each month. Some drugs could not be placed in the pot system and remained in their boxes.

We looked at the storage of medicines and found that some people had personal medicines stored in lockable cupboards, within their bedroom. We were told this was mainly morning and afternoon medication and medication for those who managed their own medicines. We observed some medication being given out during the day by a member of care staff from a mobile medicine trolley. We saw this member of staff check and record medication given as stated in the policy.

We talked to two staff members and the registered manager about the administration of medicines at the home. They were able to describe in detail the administration of medicine procedure. This assured us that the people were protected against the risks associated with medicines.

We were told that the pharmacist carried out a medication audit on a 6 monthly basis. We saw that recommendations from a recent audit about the storage of creams and lotions had been implemented within the home.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

Staff received appropriate professional development.

As part of this inspection we looked at staff records and spoke to two members of staff, the registered manager and the registered provider.

We saw that people who used the service and the staff who cared for them were supported by a range of healthcare professionals including General Practitioners, district nurses and physiotherapists.

We saw and we were told that all staff received regular supervision and twelve monthly appraisals were in place. We saw supervision notes which indicated that supervision was planned and took place every eight weeks. We saw a supervision grid which identified when staff supervision was due to take place. We saw some supervision notes from supervision sessions that had not been recorded on this grid. We spoke with the registered manager who told us she was in the process of updating the grid.

Staff told us they attended staff meetings and indicated these took place on a regular basis. We were told the meetings kept staff up to date with service issues. We did not see minutes of these meetings during our visit.

We looked at two staff files and saw that staff training records were in place. Training certificates seen indicated most staff held National Vocational Qualifications at level two or three. Staff had attended specialist courses on a range of topics including on how to care for older people, the Mental Health Act 1983 and Deprivation of Liberty assessment training, diabetes awareness, dementia awareness and continence training. One staff member told us "there was a lot of opportunity to attend training."

We saw a training matrix that demonstrated that staff had completed mandatory training included moving and handling, infection control, fire safety, medication management, health and safety and safeguarding of vulnerable adults. We saw that staff had attended in house training sessions delivered by senior members of staff we were told that training on equality and diversity was planned later in the year. This ensured staff had been trained to offer appropriate support to the people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The quality of services provided continues to be assessed and monitored.

Reasons for our judgement

One person told us "it was an excellent place to live."

People who used the service, their representatives and staff were asked for their views about their care and treatment on a regular basis.

People spoken with said they had no concerns or complaints about the home at the time of our visit. People told us that they felt able to speak out if they needed anything and believed the staff or the manager would act on their concerns.

Our observations of the service found that the environment was clean and tidy. The décor and furnishing we saw were in keeping with the style of the home and offered people a choice of seating in a wide range of warm and comfortable environments. Discussion with people who used the service indicated they were satisfied with their rooms, and were able to talk to staff if they wanted or needed any changes to their care and comfort.

Staff and the registered manager said the care provider visited on a regular basis, and they could discuss any concerns with them. We met the registered provider during our visit, but could not identify where her visits were being recorded. We discussed this with the registered provider pointing out good practice from a fire safety, security and audit point of view.

The registered manager and staff confirmed that systems were in place to monitor the service. We looked at some health and safety records which showed checks were carried out on a regular basis. We established and saw documents that demonstrated the relevant check and reporting practice was in place to ensure safety of hoists and other medical devices.

Risk assessments for the environment, fire prevention and individual people were looked at during our visit. The registered manager had reviewed these and updated them as needed.

We were shown information that indicated that the provider and manager audited various sectors of the service on a regular basis to make sure people's needs were met and to make sure people remained safe. We were told that action had been taken in areas that required improvement. The provider should note that it would have been helpful to see documented evidence, in the form of an action plan, to show us how and when these improvements had been met.

People told us how they were able to express their views through residents meetings, and satisfaction surveys.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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