

Walton Out Care Services Limited

Walton Out Care

Inspection report

The Old Courthouse
18-20 St. Peters Churchyard
Derby
DE1 1NN

Tel: 01332986485
Website: www.waltonoutcare.co.uk

Date of inspection visit:
15 August 2022
16 August 2022
17 August 2022
18 August 2022

Date of publication:
14 October 2022

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

About the service

Walton Out Care is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 7 people who received personal care at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. They were systems in place to minimise the risk of infection. There were safe medicine procedures for staff to follow.

Safe recruitment practices were in place to ensure suitable staff worked at the service. The current staffing levels were adequate to meet people's needs. Systems and processes were in place to help people receive safe care and be protected from harm and abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People and their representatives were involved in their care to enable them to receive support in their preferred way.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. Where staff supported people with their meals and drinks, their dietary preferences and choices were known.

Staff treated people with respect and their dignity and privacy was respected. People were supported by staff to maintain their independence.

The provider's complaints policy and procedure were accessible to people who used the service and their relatives. People and relatives knew how to make a complaint.

The registered manager and staff understood their roles and responsibilities and ensured people's assessed care was delivered. People were cared for and supported by staff who had received appropriate training and supervision.

Effective quality assurance and governance measures were in place to monitor and drive improvements when needed. The provider worked in partnership with others to help ensure good care outcomes for people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 April 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Walton Out Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection This was because we completed this inspection using technology including sharing electronic files and needed to give the provider time to send us the required information.

Inspection activity started on 15 August 2022 and ended on 18 August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager by video call and telephone on 15 and 16 August 2022.

On 16 and 17 August 2022 we made phone calls to two people, three relatives of people using the service and two staff to gather feedback about the care provided. We viewed a range of records, this included the care records for three people using the service, and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included quality assurance information and they sent information to us within the required timeframe.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found gaps in employment had not always been followed up. At this inspection staff files we looked at showed full employment histories were in place. The provider followed safer recruitment processes carrying out pre-employment checks to make informed decisions as to the suitability of staff to work in the community.
- Disclosure and Barring Service (DBS) checks had been completed which provide information including details about convictions and cautions held on the Police National Computer.
- Staffing levels were sufficient to ensure people's needs were met.
- People and relatives were positive about the care and told us care calls took place within the agreed timeframe. A relative said, "Never had an issue with missed call or lateness, occasionally staff will stay longer."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, as safeguarding systems were in place. Staff were aware of their responsibility to keep people safe.
- People and relatives told us staff followed safe working practices. One person said, "Yes I feel safe with the staff there is no problem. They [staff] don't rush me and take their time to complete tasks." A relative told us, "The staff provide safe care and always tell [my family member] who is coming, and my family member has never said they are not safe."
- Staff had a good understanding of what to do to ensure people were safe. Policies on safeguarding and whistleblowing were in place.

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks, which included assessing people's health and care needs.
- Risk assessments had been completed to provide staff with guidance on how to support people. Staff told us risk assessments were in place to support people safely. This ensured care was provided in a way that reduced risks to people and staff.

Using medicines safely

- Where people were supported with their medicines, this was done in a safe way. People who required support with their medicines told us they had no concerns. One Person said, "The staff give me my medication and it's given at the right time."
- To support the safe administration of people's prescribed medicine, staff told us they had received

medicines management training and had their competencies assessed. Training records we looked at confirmed this.

- Staff recorded when they had administered medicines prescribed to people on medicines administration record (MAR) charts. These were audited by the registered manager to ensure they had been completed correctly.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Personal protective equipment (PPE) was made available to staff, to ensure people were protected from the risk of infection. People and relatives told us staff used PPE when supporting people. A relative said, "Staff wear PPE all the time and are efficient with wearing PPE."
- Staff had been trained in infection prevention and control which training records confirmed. Staff competency observations were completed to ensure staff complied with good practice guidance.
- Policies and procedures were in place covering infection control and COVID 19 management, reflecting current guidance.

Learning lessons when things go wrong.

- Systems were in place to learn from lessons following incident and accidents, which would be analysed by the registered manager to identify any themes and trends. This meant that lessons could be learnt, and the risk of reoccurrence minimised.
- Staff knew how to report an accident, incident or near miss.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed. The registered manager stated the assessment process provided assurance they could meet the person's needs and that they had the right skill mix of staff to support the person.
- Assessments were used to develop people's care plans and risk assessments. These were regularly reviewed and updated as changes occurred reflecting people's support needs.
- Staff told us they had access to people's care plans and risk assessments before providing care, so that they were aware of how to meet people's needs. Staff had access to these records via an app on their mobile phones.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to undertake their duties. Staff told us they received training they needed to meet people's needs.
- New staff completed an induction period, which included working with experienced staff to understand and gain knowledge about their job role. The registered manager and training records confirmed all staff completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff felt well supported in their role and received regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their dietary needs and requirements, this was recorded in their care records providing staff with guidance on how to support people with this.
- A relative said, "[My family member] has a specialist diet, which staff are aware of and I get all the meals. Staff always encourage my [family member] to eat, even when they are having an off day making sure they eat something."
- Staff had undertaken training to support people with their nutritional needs. This included food hygiene, nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. The registered manager and staff team understood their responsibility to seek advice from health care professionals where they felt people's needs changed.
- One person told us, "On one occasion they [staff] contacted the GP for me when I wasn't feeling well."

- Staff worked alongside other agencies to ensure people received the care they needed. For example, input from community nurse making sure the person had the right pressure care management.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff were aware of the importance of supporting people to make their own decisions about their care. Staff told us they always sought permission before supporting anyone, ensuring the person consented to the care and support to be received. A staff member told us, "I ask the person for their permission and ask them how they want to be supported."
- People told us they were asked for their consent. One person said, "Yes, staff ask for my consent before providing care."
- At the time of this inspection the registered manager confirmed no one they supported lacked capacity. They were knowledgeable of the requirements of the MCA and stated they would ensure best interests decision making process were followed where a person lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with dignity and that their privacy and independence was promoted.
- People were looked after by kind, caring staff and were treated with respect. One person said, "I am happy with the care, the staff are respectful and kind." Another person's relative stated, "Staff will ask my family member how they are and are very approachable."
- People were encouraged and supported to remain as independent as possible. Care plans provided guidance to staff on what people could do for themselves independently. One person told us they required support with some tasks and could manage other tasks independently such as preparing their meals. A relative told us, 'My family member is supported to maintain their independence, staff have won them over and it's going well. Staff support my family member with what they cannot do.'
- Staff were mindful of treating people equally and recognised their individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care and support. One person said, "I am involved in decisions about my care."
- People and their relatives told us they were involved in care planning. A relative stated, "Yes we were involved, the manager came around, and asked about the support needed. As well how they wanted the support." Relatives told us they had access to 'Nurse Buddy' enabling them to leave messages for the registered manager and care plans. This was an app on their phones, which gave them access to care records and communicate directly with the office staff.
- Staff understood the importance of involving people in decisions about their care. A staff member said, "People have the freedom to make a choice. If a person is supported with having a bath. I would ask if they wanted to have a bath or shower, because they may not always want to have a bath."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed, prior to care being introduced, this involved people, their relative and professionals involved in their care. A relative stated, "I was asked about the care needs of my family member and the care has been reviewed. This supported staff to be able to provide personalised care.
- People's care plans were personalised and kept under review. This allowed staff to meet people's individual needs. Staff told us they had access to people's care records. A staff member said, "I always ask how they [person] want the support."
- People and their relatives confirmed they had a copy of their care records which they were also able to access via an app on their phones.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments identified if people had any communication needs and any aids used to help with communication. The registered manager told us in the past they supported a person whose first language was not English. A pictorial chart was set up with support from the family, which was used when supporting the person, to ensure effective communication.

Improving care quality in response to complaints or concerns

- Systems were in place for receiving and responding to concerns or complaints. People and relatives told us they knew how to raise concerns and would contact the registered manager. A relative said, "The manager is good at receiving feedback both positive and negative and have handled things discreetly."
- Two complaints had been received by the manager in the past 12 months. Records reviewed and discussion with the registered manager showed these had been resolved.

End of life care and support

- The service did support people requiring end of life care, however at the time of our inspection no one was receiving end of life care.
- The registered manager said, "We don't only care for the person but it's also about supporting the family as well and working with palliative care nurses and hospices."
- Staff told us they had undertaken training to support people with end of life care, records we looked at

confirmed this. This supported staff on how to care for people towards the end of their life.

- When staff had any concerns about a person's health deteriorating this was escalated immediately to healthcare professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their role and the needs of their staff team. Staff were clear about their responsibilities, and who to report to if they had concerns.
- The provider had quality assurance systems and processes in place to maintain ongoing oversight and continued monitor of the service to drive improvements as required.
- The registered manager completed a range of audits to make sure the service was meeting people's care needs. This included care records and whether medicines had been administered.
- The registered manager undertook spot check visits to observe if staff were carrying out their tasks in accordance with people's needs and in line with the provider's policies and procedures.
- Supervision's were completed, ensuring staff had the required support and training to carry out their roles effectively

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their role and understood their legal responsibilities. They were aware of duty of candour and understood their legal duty to report and to be transparent when things went wrong with care and treatment.
- The registered manager notified CQC of any relevant events and incidents, to ensure they had taken appropriate action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were happy with the way the service was managed. A relative said, "The registered manager is a good manager, training staff and steps up if there is a gap. I would definitely recommend the service as the registered manager is very reassuring and calm."
- Feedback about the service was sought from people which was via satisfactions surveys as well as when the registered manager completed care calls. Comments included, "The phone app is a reassurance for me" and "My family member was content with the carer workers and had a good rapport with them."
- Staff meetings were used by the registered manager to share important information and discuss any issues.
- Staff felt able to raise concerns with the registered manager and were positive they would be listened to

and supported. The registered manager told us they were planning to roll out staff surveys at the end of August 2022, gathering staff views on the service.

Working in partnership with others

- The registered manager had developed links with health and social care professionals who were involved in people's care. To ensure people had the support they needed. For example, the registered manager told us they worked alongside community nurses to support people with pressure care management.
- Staff confirmed they worked with other agencies to support joined up care for people. One staff member said, 'I supported a person who had a catheter, if there were any concerns with catheter care this was reported to the district nurse team.'