

Qualia Care Limited

Walton Manor Residential and Nursing Home

Inspection report

23 Luton Grove
Liverpool
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Walton Manor is a purpose built two storey building situated in Liverpool. The service supports older people, some of whom are living with dementia and people with nursing needs. The service can accommodate up to 49 people. At the time of the inspection, there were 44 people living at the home.

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

Most care plans contained a good level of information. We discussed with the registered manager at the time of inspection that some of the care plans varied in their level of personalised information and consistency and were not always detailed. Complaints were well documented and responded to, and end of life care was treated sensitively.

There were not always effective systems in place to check the quality and safety of the service. Although checks were in place that covered a range of key aspects they had not identified the issues we found with the environment and care plans. The registered manager was responsive to this and had implemented actions to address this. Positive feedback had been received regarding the registered manager and their ability to run the service.

Everyone told us they felt safe living at the home. Medication was well managed stored and administered in line with the legislative requirements. Risk assessments were in place and risks were assessed and reviewed. The environment was subject to regular checks, however we did see on the first day of our inspection that some fire doors were not closing correctly, this was rectified straight away. There were enough staff on shift to provide safe care.

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; the policies and systems in the service supported this practice. People's eating and drinking needs were assessed and where additional support was needed this was in place. The service contacted the GP and made referrals to ensure people's healthcare needs were taken care of. Staff were trained and engaged in supervision.

We received positive comments regarding the caring nature of the staff. People told us they were given choice and treated with dignity and respect. People's confidentiality was respected, and we saw numerous caring interactions between staff and people who lived at the home. It was clear people knew the staff well, there was good relationships between people and the staff.

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

The last rating for this service was good. (published 15 December 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating of good to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walton Manor Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Walton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people who lived at the home and six relatives who were visiting on the day of our inspection. In addition, we spoke with six staff, the registered manager, the activities coordinator, and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at updated quality assurance action plans.

Is the service safe?

Our findings

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

This is the first inspection since the service underwent a change of legal entity. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home. Comments included, "Yes I know their faces, [staff] they are lovely I get them morning and night." Also "I feel safe." Someone else said, "I love it here."
- The home environment was clear and free from obstructions. However, a few of the fire doors required adjusting to ensure they closed correctly. We raised this with the registered manager on the first day of our inspection and before we left this was rectified.
- Other health and safety checks had been completed and the dates of these checks were recorded in the maintenance file.
- Risks to people's health and well-being were routinely assessed and evaluated. Areas of higher risk, such as falls, pressure areas and malnutrition had separate risk assessments and concise instruction for staff to follow to keep people safe from harm.
- Personal Emergency Evacuation Plans (PEEP)s were in place and were personalised depending on the person's level of need and evacuation requirements.

Systems and processes to safeguard people from the risk of abuse

- Staff knew the correct action to take if they felt people were at risk of harm or abuse. This included contacting the police, safeguarding authority or whistleblowing to the Care Quality Commission.
- There was a safeguarding adults policy and procedure available for staff, people who lived at the home and their relatives.

Staffing and recruitment

- There was enough staff employed at the home to support people safely.
- People told us staff came quickly when they pressed their call bells, one person said, "I press my buzzer and they come in about five minutes."
- Rotas showed staffing numbers were consistent and there was no need to call on agency staff.
- Staff we spoke with said they never felt rushed or stressed, and they liked the fact they had time to spend with people.
- Staff were recruited safely and any offered positions in the home once all satisfactory checks had been completed.

Using medicines safely

- Medicines, including controlled drugs, were stored and administered safely by suitably trained staff.
- Records such as medicine administration records (MARs) and those relating to room and fridge temperatures had been completed accurately.

- People who required slow release patches for pain relief, had them applied on alternating parts of their body, there was a record of this.

Preventing and controlling infection

- Staff had received training around good infection prevention and control and had access to relevant guidance.
- Staff had access to personal protective equipment (PPE) and hand sanitizer and were seen to use this appropriately.
- Hazardous waste was disposed of correctly.

Learning lessons when things go wrong

- Following a recent safeguarding incident the registered manager had implemented some additional learning as part of the recommendations from the safeguarding investigation.
- The registered manager had implemented additional checks on the environment following the first day of our inspection findings with regards to the fire doors.
- Incidents and accidents were recorded and reviewed to look for any emerging patterns or trends.

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.

This is the first inspection since the service underwent a change of legal entity. This key question has been rated 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

- Each person had pre-assessment information in place which had been gathered with them and their families before they came to live at the home. This was used to the form the basis of their care plans.
- Assessments that were completed reflected people's needs, choice and preferences for routines.

Staff support: induction, training, skills and experience

- Staff were trained in subjects deemed mandatory by the registered provider.
- There was a system in place to record and monitor which training staff had completed, so any refreshers due would automatically be re-booked.
- Staff told us they were supervised and had engaged in annual appraisals with the registered manager. There was a supervision matrix in place which recorded this.

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

- Where people required specific support with eating and drinking, or if they had an alternative regime for eating, such as a PEG there was information recorded in the care plan with regards to how they were supported with this.
- For people requiring specialist diets, these were also recorded in their plan of care and staff recorded what people ate and drank on their fluid balance charts and food diaries.
- People told us they enjoyed the food. Comments included, "The food is lovely I have sandwiches at lunch, and cake then a hot dinner, we can choose, what we want though" and "The food is lovely I have a fry up sometimes in the morning."

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

- Each person was registered with a doctor and dentist surgery.
- Care plans viewed held records of professional's visits.
- Information within care plans evidenced that referrals had been made appropriately to various health professionals.

Adapting service, design, decoration to meet people's needs

- The environment was clean, clutter free and decorated nicely in accordance with people's needs and choices.
- There was plenty of space for people to mobilise around the home, and bathrooms and bedrooms were

bright, spacious and adapted were needed to support people's mobility needs.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection:

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 had the appropriate legal authority and were being met.

- Capacity assessments took place which were decision specific.
- Best interest meetings were arranged for people if they lacked the capacity to make certain decisions and DoLS applications were made where needed.
- For more simple day to day decisions there was a process recorded in the care plan which determined how the person made the decision and any support they required. For example, we saw one person could choose what they wore as long as staff held up a choice of items.

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.

This is the first inspection since the service underwent a change of legal entity. This key question has been rated 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

- We asked people if they felt staff were caring and treated them kindly and with respect, we received the following comments, "They are so kind they really look after us," "I like my carer she's nice, they are brilliant." Someone also said, "They [staff] are so nice, they are lovely to me."
- We asked some visiting relatives for their feedback with regards to the caring nature of the staff, some of the comments we received included, "They look after [family member] well they are so lovely." Also "[Relative] is getting such a good level of care they are so nice and know their jobs."
- We observed staff continuously chatting and socialising with people and their relatives throughout the day. There was a real sense of good and caring relationships between people and the staff.

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

- We saw examples in some of the care plans where relatives had been involved in reviews and had signed some care plans in agreement.
- The registered manager discussed some ongoing ideas they had come up with to try and involve people even more in their care plans to demonstrate their choice and views.
- People we spoke with said staff always discussed their care with them and asked for consent.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on doors throughout the day, and addressing people with respect and courtesy.
- Some of the care plans we viewed had specific emphasis on tasks that people could do for themselves, for example, one person needed help with personal care, however they could wash some parts of their body themselves.
- Staff we spoke with were able to talk about respect and dignity and gave us examples of how they promoted this whilst providing care and support.
- People's confidential information was stored securely in a locked office when not being used.
- People's personal items, such as jewellery and clothing were looked after carefully and accounted for on each person's inventory.

Is the service responsive?

Our findings

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

This is the first inspection since the service underwent a change of legal entity. This key question has been rated 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

- Most information within people's care plans was personalised. There was information recorded in relation to people's history, backgrounds, hobbies and interests. We discussed with the registered manager that some care plans would benefit from being reviewed to ensure they were completed to the same standard. We raised some minor inconsistencies which were corrected at the time of our inspection.
- However, most of the care plans evidenced that people were in receipt of person-centred care based on their needs. For example, staff were documenting, where needed, how much food and fluid one person was consuming during the day, to ensure they were not at risk of malnutrition. Another person had information around their medical condition, and how this affected them in their day to lives and what they needed staff to do to support them.
- Care plans were evaluated every month to ensure staff were kept informed of people's changing needs.

Improving care quality in response to complaints or concerns

- There was a process for documenting and recording complaints; only one had been recorded in the last 12 months. This had been investigated and responded to in line with the provider's complaints process.
- The complaints procedure was displayed in the communal areas for people to access and was available in different formats to support people's understanding.

End of life care and support

- People were treated with respect and dignity and received compassionate care from trained staff.
- Documented was in place which evidenced that end of life arrangements had been sensitively discussed with people and their families in accordance with their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information available for people to access in formats such as easy read and large print.
- We discussed with the registered manager how this could be further developed to include other types of communication needs. The menu, for example, was only available in print, which did not support some people's communication needs. The registered manager said this was something they were working towards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a full and varied programme of activities organised within the home.
- People were encouraged to partake in the 'daily chat' which was a newspaper circulated by the activities coordinator including poems from people, puzzles and history about Liverpool.
- People told us they accessed the community, went on day trips and had regular entertainment, barbeques and 'get togethers' in the home with their families.

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.

This is the first inspection since the service underwent a change of legal entity. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits took place in areas such as medication, staff recruitment and the environment. Care plan audits were in place however they had not always highlighted some areas of improvement in relation to recording issues, and information needing to be more thorough and consistent in some areas.
- We also saw that the maintenance audits had not been effective and had not highlighted the issues we found on the first day of our inspection with regards to the fire doors. We highlighted this to registered manager who informed us the audit would be changed with immediate effect and there would be more robust oversight of this.
- The registered manager has been responsive since our inspection and has sent us an update between day one and day two of our inspection to assure us our feedback after the inspection has already been actioned.
- The registered manager had notified CQC of specific events they had to tell us about by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with said they felt the home was well managed and were positive about the registered manager.
- People we spoke with and their relatives were complimentary about the registered manager, who demonstrated a vast knowledge about everyone in the home.
- Everyone we spoke with, without exception said they would recommend the home to others.

Continuous learning and improving care

- We discussed a recent complaint we had received with the registered manager and they described how the staff had learned from this, and what they would do going forward.
- The service had adhered to their action plan from a recent local authority compliance visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was sent out to people, families and staff to ask for their input into the service. We saw that no concerns had been raised.
- People were invited to 'residents' meetings' and we saw examples of some minutes of these. People told

us they felt they could approach the staff and the registered manager and there were no concerns raised around this.

- Staff attended team meetings every other month, and we saw agenda items were shared and staff were encouraged to discuss any feedback or issues. Minutes of meetings were then circulated around the staff team.

- The service had relationships with the Local Authority and the GP surgeries to ensure good communication.