MCCH

61 Walton Road

Inspection report

61 Walton Road
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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

61 Walton Road is a residential care home that provides accommodation and care for up to three people with autism. At the time of the inspection the home was providing care and support to three people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection of this service on 5 January 2016 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. There was enough staff on duty to meet people's assessed needs. Appropriate recruitment checks were carried out before staff started working at the home. Action was taken to assess any risks to people. People were receiving support with medicines when they were required.

Staff had the knowledge and skills required to meet people needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were encouraged to eat healthy meals and to cook for themselves. Staff monitored people's health and welfare and where there were concerns people were referred to appropriate health professionals.

People's needs were assessed and care plans included detailed information and guidance for staff about how their needs should be met. People's care records included individual communication profiles that recorded their methods of communicating with staff. The home had a complaints procedure in place in a format that people could understand.

The provider recognised the importance of regularly monitoring the quality of the service they provided to people. Regular health and safety, medicines, fire safety and incidents and accidents audits were carried out at the home. The home took into account people's and their relatives views of the service through regular satisfaction surveys. Staff said they liked working at the home and they received good support from the registered manager.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

61 Walton Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on the 5 April 2018. The inspection was unannounced and carried out by one inspector. We looked at records, including two people's care records, staff recruitment and training records and records relating to the management of the service. One person was at home when we visited. This person had communication difficulties and was not able to verbally communicate some of their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with another person's relative and asked them for their views about the home. We also spoke with one member of staff, the registered manager and a member of the provider's human resources team.

Before the inspection we looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority that commissions services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

Good

Is the service safe?

Our findings

The provider had procedures in place to protect people from abuse. A relative told us they felt their son was safe at the home. A member of staff showed us safeguarding guidelines located in the office with the details of who they needed to contact within and outside of the organisation. They said they would report any safeguarding concerns to the registered manager, the on-call manager or to the local authority if they needed to. They also told us they would use the provider's whistle-blowing procedure to report poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people's needs. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. A member of staff told us there was always enough staff on duty to meet people's needs. The busiest time was in the morning when there was always two staff on duty. They said the staffing roster was flexible and changed regularly depending on what people were doing that day. The registered manager told us staffing levels were arranged according to people's needs and activities. If extra support was needed for people to attend social activities additional staff cover was arranged.

Appropriate recruitment checks were carried out before staff started work. Staff recruitment records were held at the provider's head office. We saw staff information sheets held at the home that included a recent photograph and recorded that all other required pre-employment checks had been obtained by the provider. A member of the provider's human resources team confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment discussed at interviews. They also obtained criminal record checks, two employment references, health declarations and proof of identification.

Action was taken to assess any risks to people. Care files included risk assessments for example on cooking, eating and drinking, personal finances and communication. Risk assessments included information for staff about action to be taken to minimise the chance of any accidents or incidents occurring. For example people had individual emergency evacuation plans which indicated the level of support they required to evacuate the building safely. We saw that the fire alarm system was checked by staff on a weekly basis and the gas safety system and portable appliances had been checked at regular intervals by external engineers. Training records confirmed that staff had received training in fire safety.

The home had an infection control procedure in place that had been reviewed in November 2017. We saw hand wash and paper towels in the bathrooms and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them. Training records confirmed that staff had completed training on infection control and food hygiene.

The registered manager showed us the provider's system for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example they had increased staff numbers at the home when people went to a day centre on public transport with a

member of staff. This action was taken because one person sometimes presented a behaviour that impacted on others so there was always a staff member available to collect the person and bring them home or to the day centre.

None of people who used the service required any regularly prescribed medicines at the time of the inspection. However the registered manager showed us individual homely remedies list agreed with people's GP. There were guidelines in place for each person indicating the circumstances they should be administered the homely remedies. The homely remedies were stored in a locked cabinet and stocks and balances of the medicines were recorded on a daily basis. Training records showed that staff had undertaken medicines training to ensure that if the need arose medicines would be administered to people safely and correctly.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet people's needs. The registered manager told us that any staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Training records confirmed that staff had completed training that was relevant to people's needs. This included understanding autism, positive behaviours, safeguarding adults, emergency first aid, infection control, fire prevention, food hygiene, health and safety, manual handling, medicines administration and the Mental Capacity Act 2005 (MCA). A member of staff told us they had completed an induction, they were up to date with training and they received regular supervision.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home 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 demonstrated a good understanding of the MCA and DoLS. We found that the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection. We saw the authorisation paperwork was in place and kept under review.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff said, "We need to get consent from people before we do anything. I always ask people what they want and give them choices. For example I ask them if they would like to have a bath or a shower and do what they want to do. I wouldn't make someone do something they didn't want to do."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to develop care plans and risk assessments. Care plans included assessments of people's dietary needs and the support they required with cooking and eating and drinking. One person's care records included the support they required when using the cooker. We observed another person making breakfast for themselves supported by a member of staff. A relative told us, "I think the food provided at the home is good. My son enjoys it." The registered manager showed us a file that staff used to support people to plan and prepare weekly menus and a shopping list. The file included picture cards that helped people to choose what they wanted to eat through the week.

People told us the home was comfortable and met their needs. One person told us, "I like it here. I have a nice bedroom and I like the living room and kitchen." A relative said, "The home is clean and it's comfortable. My son has everything he needs there." We found that the home was warm, clean and tidy and free from any unpleasant odour.

People had access to a range of health care professionals such as a GP, dentists and opticians and they were supported to attend appointments when required. Each person had a health action plan and a hospital passport which outlined their health and communication needs for professionals for when they attended hospital. We saw that any advice people received from healthcare professionals was recorded in their care records and passed onto all staff.

Good

Is the service caring?

Our findings

One person told us they liked the staff and they liked living at the home. Another person's relative commented, "My son is very happy at the home and that's the main thing." A member of staff told us, "I like working here. Everyone has a good sense of humour and we get things done. It's rewarding and it's a pleasant place with good interactions between the residents and the staff."

People's care records included communication profiles that recorded their specific methods of communicating with staff. People were consulted about their care and support needs. They had key workers to co-ordinate their care. Care records were person centred and included people's views about how they wished to be supported. It was evident that staff knew people very well and communicated with them effectively. We observed staff providing support to one person at breakfast time, they gave them choices and allowed them time to make decisions about what they wanted to eat and drink. They also offered them choices on what they would like to do for the rest of the day. We saw that minutes from keyworker meetings were kept in care records we looked at and staff told us key working was regularly discussed at team meetings.

People's privacy and dignity was respected. A member of staff told us they knocked on people's doors and asked for their permission before entering their rooms. They said most people could do most things for themselves; however they sometimes encouraged people to change the clothes they wore or prompted them with personal care tasks such as washing and brushing their teeth. They made sure people closed their doors and drew their curtains when getting dressed or undressed. They also said they made sure information about people was not left lying around and was kept confidential at all times.

People and their relatives were provided with appropriate information about the home in the form of a 'Service User's Guide' when they started using the service. The guide included the complaints procedure and the services the home provided and ensured people were aware of the standard of care they should expect. A relative told us the guide was very useful as it gave them a good overview of the home.

Good

Is the service responsive?

Our findings

A relative told us they had been involved in planning for their sons care and support needs. They said, "I attend all of my sons review meetings. I am able to put my views about his care forward and I feel that I am listened to." It was evident during the inspection that staff knew people well and understood their needs. A member of staff was able to describe people's care and support needs in detail.

People's care files included care plans that described their health care and support needs and provided guidelines for staff on how to best support them. For example one person had guidelines in place to help staff recognise specific signs of when they were not feeling well and the actions they needed to take. There were also guidelines in place for supporting this person when the homes fire alarm system was being tested. Care files included personal profiles, people's communication methods, the activities they liked to partake in, their development including literacy skills and employment, medical health needs and the things that were important to them. They also included a section that referred to their diverse needs such as their friendships, sexuality and lifestyles. Training records confirmed that all staff had received training on equality and diversity.

People were supported to partake in activities that met their needs. People had individual activity plans. Activities included cooking, domestic tasks and visiting and staying with family members. The registered manager told us that two people used public transport supported by staff to attend a local day centre. They chose and took part in various activities including bowling, golf, football, shopping, cooking and eating out. Another person did not attend a day centre but were supported daily on a one to one basis by staff. They liked to choose the activities they wanted, for example visiting family members and regular trips out to the local community. During the inspection we observed staff discussing different options with this person about what they wanted to do. They later went for a trip into town.

The home had a complaints procedure in place. The procedure was available in an easy read picture format that people could understand and was displayed in communal areas at the home. A relative told us they would complain to the registered manager if they needed to and they were sure their complaint would be listened to and dealt with appropriately. The home had a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when a concern had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

The registered manager told us that none of the people living at the home required support with end of life care, however people's care records included a section relating to their funeral wishes. They said they would follow the provider's procedures and liaise with the GP and community learning disability team in order to provide people with end of life care and support if and when it was required.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. A relative told us, "The home is well run. My son is very happy there. We have good communication with the registered manager."

The provider recognised the importance of regularly monitoring the quality of the service. Regular health and safety, food hygiene, infection control, fire safety, incidents and accidents, finance, medicines and care file checks were carried out at the home. We saw a six monthly service quality return report completed by the registered manager and sent to the provider. This report confirmed that the home was complying with the CQC's key questions of safe, effective, caring, responsive and well led. We also saw a report from an audit carried out at the home by the provider's operations manager in February 2018. The report recorded a number of recommendations for improving the service. We saw that the registered manager had taken action to meet the recommendations. For example the homes policy and procedure file was reviewed and updated, a new member of staff was recruited in order to reduce the need to use agency staff and fresh food was date marked when it was frozen.

A member of staff told us that sometimes they worked at the home alone. They said they had received training on lone working, there was good team work, they were well supported by the registered manager and there was an on call system in operation that ensured management support was available when they needed it. They said about team meetings, "The meetings are a safe place to talk about any concerns we have. We feedback about our keyworker meetings and if the people we key work with need any further support. If there are any recent accidents or incidents we talk about what we can learn from them and what we can do to stop them happening again."

The provider sought the views of people and their relatives through satisfaction surveys. We saw completed relatives forms from the January 2018 survey. The majority of comments from relatives were very positive. However relatives had raised areas where improvements could be made in relation to regular staffing at the home and physical activities. We saw that action had been taken by the registered manager to address them. For example two new members of staff had been recruited to work at the home, both of whom had been regular bank staff and a person was encouraged to partake in more sporting activities.

The provider worked with external organisations to ensure people received good quality care. We contacted the local authority contract monitoring team for their views on the service. They told us they had carried out visits to the home in February and March 2018. These visits had been very positive. They saw staff supporting people to prepare and cook their own meals and encouraging them to be independent. The registered manager told us they had regular contact with the local authority and they welcomed their views on service delivery. They said they were currently working with them to access suitable activities for a person using the service. They also attended provider forums run by the local authority where they learned about good practice carried on at other care homes. They said they had used some of what they had learned at the

forums to make improvements at the home. For example they had reviewed the staff supervision process and had recently learned that the local authority had a team of learning disability nurses available to support people if they needed them.