

# Walton House Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 May 2024

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000132

## About the service

Walton House Care Home is situated in Leven, close to local amenities and public transport links. The Holmes Care Group Scotland Ltd was registered on 17 May 2023 to provide residential and nursing care at Walton House, for up to 40 people. Accommodation is provided across two floors of a converted building. Bedrooms are ensuite.

## About the inspection

This was an unannounced inspection which took place on 21 and 22 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with seven people using the service and five of their family and friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Care and support was delivered in a polite and professional way.  
 The new manager was making noticeable, positive change.  
 Staffing levels were adequate but further attention to training was required.  
 Infection prevention and control required more attention.  
 Care plans were good and generally included a good level of personal detail.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as 'Good', where there are important strengths and some areas for improvement.

It is important that people experience warm, nurturing relationships with the staff who support them. We observed numerous examples of kind, compassionate and warm interactions which meant people were treated with care and respect. However, activities remained an area for improvement in order for people to experience a meaningful day. A previous area for improvement is not met. See 'What the service has done to meet previous areas for improvement'.

There was good oversight of people's health needs. Prompt referrals were made to health professionals meaning that people had the most appropriate health care, at the correct time. We found good records and systems in place to support communication between staff and healthcare professionals. This meant that the information being shared was current and decisions around care and treatment could be taken with confidence.

We found care records contained sufficient detail to guide permanent and regular staff in delivering day to day care. There were clearly efforts to ensure records were completed consistently and that person-centred care was being delivered. This meant records could guide staff in delivering and recording care and support that met people's wishes and assessed needs.

People's health and wellbeing should benefit from their care and support and medication management systems should be robust. Medication was generally well managed. We observed safe administration and proper storage of medication. Although the service had good audit and guidance for staff in place, the provider was aware of an ongoing issue with the electronic medication administration records. An area for improvement is made. See Area for Improvement 1.

We found people were supported to maintain contact with family and friends. Visiting was unrestricted and staff understood the benefits associated with maintaining relationships. People held staff in high regard and were aware of efforts being made to address vacancies and provide continuity for people. Relatives said they were always made to feel welcome and that well established staff knew their loved ones well. This meant important connections with family, and their involvement in decisions around care and support, could be maintained.

It was evident from our observations and discussions with residents, visitors and staff, that regular and permanent staff know the people in their care well. This helped mitigate the risk of isolation and distress while supporting care and effective communication. The manager was alert to the risks associated with relying on agency staff. Relatives described some inconsistencies with staff skill and familiarity with their loved ones needs. Discussion with staff reflected their flexible approach to the daily routine. Staff were working in a needs-based way rather than simply carrying out tasks. This meant that people could be confident in that they would be treated as a unique individual.

People should expect to be given help with eating and drinking in a dignified way and have their personal preferences respected. Although there were inconsistencies around the way mealtimes were supported, we found choice was available at each mealtime and alternatives were provided for those who requested them.

People were encouraged and enabled to eat their meals independently, with the just the right level of support from staff, where needed. Providing room service for people who chose to remain in their own rooms was generally well organised. We found good oversight and management of people's food and nutrition, and people enjoyed the food and drinks provided.

### Areas for improvement

1. To support people's health and wellbeing and ensure medication management can provide assurance, the service should identify the reason why current systems do not consistently provide an accurate account of medication administered.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

### How good is our leadership?

**4 - Good**

We evaluated this key question as 'good', where there are important strengths which outweigh areas for improvement.

Quality assurance and improvement should be well led. It is important that leaders have systems in place to identify risks and plan actions.

The home had a new manager who had been in post for three months. Both staff and relatives reported positive changes over the early period of new management. One person said, 'she is a breath of fresh air'. Leaders within the home were considered to be approachable and were well respected. This created a positive atmosphere where people were optimistic about the changes taking place.

Some engagement with people had begun in order to gather meaningful feedback from staff, relatives and those living in the home. This was in the early stages, but it was clear that good communication was important to the leadership team. Although the manager encouraged informal feedback on a daily basis, it will be important to formalise feedback and ensure that everyone has an opportunity to contribute. The needs and wishes of those living in the service should be the key drivers for change.

A number of quality assurance processes were in place in order to assess the service. These had been undertaken by both the home manager and the organisation's senior management team. Various aspects of care and the environment required actions to be taken in order to support improvement. The manager was aware of a range of issues and was in the process of prioritising tasks and organising actions. The service was able to share a service improvement plan which gave assurance that key areas had been clearly identified.

### How good is our staff team?

**3 - Adequate**

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Improvements must be made by building on strengths in order to promote positive experiences for people.

Staffing arrangements should be right and staff should work well together.

We observed good team working over the course of the inspection. Staff were confident in their roles, and this contributed to a positive atmosphere within the home. One relative said 'I'm blown away by how caring they are'. Staff were flexible and willing to adapt and change throughout the day in order to meet people's needs. When agency staff or new staff were part of the team, they were well supported by the permanent staff.

Nursing care within the home is currently entirely provided by agency nurses. Although the home made efforts to book the same nurses, this was not always possible. This created a risk that there may be a lack of continuity in people's clinical care. Clinical review meetings had begun, in order to mitigate against this risk, but these were in their early stages. The service would benefit from considering further measures in order to clearly monitor and communicate people's changing needs.

Staffing numbers in the service had increased. This was positively affecting the quality of care and staff's ability to respond promptly to people's needs. Levels were now adequate and took more consideration of the environment and dependency needs of those living in the home. Further work was required to ensure a fully staffed catering team and reduce the impact of low kitchen staffing on the other staff within the service.

Staff training had been negatively impacted by issues with the online learning platform. This meant that not all staff were fully up to date with training. The provider was addressing these issues at the time of the inspection and anticipated that everyone's online learning could re-commence in the near future. Staff should be well supported in their role. Staff have recently begun receiving supervision sessions which could identify strengths and also training needs. Although a schedule of supervision was in place it was not yet complete. A previous area for improvement had not been met. See 'What the service has done to meet previous areas for improvement'.

## How good is our setting?

### 3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Improvements must be made by building on strengths to ensure positive outcomes for people.

The home had a quiet, relaxed atmosphere. People had a choice of where they wanted to spend their time. People enjoyed company in the sitting room areas if they were able, whilst others were nursed in bed, or preferred to be in their own rooms.

The home needed some redecoration but the provider had a comprehensive improvement plan and we found the home to be clean, odour free and well maintained. Bedrooms were spacious and personalised. We noted that there was some good signage around the home and at a height that residents could easily read if able.

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment such as hoists and shower chairs were cleaned regularly and following current best practice guidance. We did however find some checks were not evidenced and some aspects of waste disposal required improvement. See Requirement 1 and Area for Improvement 1.

Equipment was maintained well, with safety checks being carried at planned intervals. We found efficient systems for people to raise any day-to-day maintenance issues. This helped to ensure people were safe and enjoyed a pleasant home environment.

## Requirements

1. By 1 August 2024 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular the provider must ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.2).

## Areas for improvement

1. In order that people experience good outcomes the provider should evidence that pressure relieving mattresses are checked and effective infection control maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as 'good', where there are a number of important strengths which outweigh areas for improvement. Improvements are required to maximise wellbeing.

People's personal plans should reflect their wishes and provide enough information to guide care and support. We found that care plans contained a good level of detail. Information was personalised and reflected people's needs. Recognised assessment tools were being used and plans were generally comprehensive and well completed. People could be confident that staff could support them effectively.

Plans were updated regularly, and people's changing health needs were clearly reflected. Occasionally there were some missing elements to updates and information, but these had been identified through audit and were being addressed. Care plan audits were regular and comprehensive. Actions were underway to address the errors and omissions which these had identified.

Stress and distress care plans were not always in place when they were required. Although records were kept regarding distressed episodes, the information gathered from these records had not been formulated into a plan. This meant that care and support could be inconsistent across staff and shifts.

Anticipatory and end of life care plans were not always in place and, at times, contained limited detail. This meant that opportunities to provide care according to people's specific wishes could be missed. We brought this to the attention of the manager.

The order and organisation of care plans made finding key essential information difficult. We advised the service to consider the presentation of plans and indicating more clearly where personal and contact details were stored. This would ensure that there was no delay in accessing information during time sensitive situations.





## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider peoples use of outdoor space in a way that promote independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

**This area for improvement was made on 30 June 2023.**

#### Action taken since then

The service had recently upgraded their outdoor space, creating a pleasant environment where people could spend time. Use of the space was limited at times by staff availability and routine. The service would benefit from increasing the use of the outdoor space when the weather allowed. Further work would increase the chances of people being able to have a meaningful day. Some activities and entertainments were available but these were not yet fully established. This area for improvement is not met.

#### Previous area for improvement 2

To ensure service users experience a service with well trained staff, the provider should:

Ensure staff receive regular supervision and appraisals. Evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should include formal observations of practice and reflect any period of induction and probation. Ensure the training plan addresses slippage in mandatory, and refresher training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 30 June 2023.**

#### Action taken since then

The service had re-established staff supervision sessions and a schedule of sessions was in place. This was in it's early stages. Staff appraisals had yet to be completed. Informal observations of practice were being conducted but formal observation and competency checks were not yet underway. Staff training had been affected with issues with the online training platform, however this was in the process of being addressed. This are for improvement is not met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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