Walsingham

Walsingham - Holly Dyke

Inspection report

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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?	Outstanding

Overall summary

This was an unannounced inspection that took place on 10th November 2014 and was carried out by one adult social care inspector.

This service is operated by Walsingham who have similar services around England. Prior to this visit the provider had made us aware that the registered manager was not at work. Her absence was due to a planned health procedure. The deputy manager was acting as the manager of the service. We had an estimated date for the registered manager's return from this planned absence. 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 and associated Regulations about how the service is run.

This service was good at keeping people safe from harm. Staff understood their responsibilities in relation to safeguarding and had received suitable training and development support. We judged that the staff team

Summary of findings

were good at managing risks. We saw evidence of this in the way they managed risks and emergencies. We saw that there were always enough well trained staff on duty to support people. We checked on medicines management and found this to be in order.

Staff were expected to attend mandatory training and we saw that service specific training was delivered. Staff understood legislation around capacity and mental health issues. We saw that staff were trained in how to manage emotions and behaviours in people that might challenge.

People in the home were given suitable nutrition. Health care was good in the service and there was a focus on healthy living. Most of the people in the service took part in some form of sport or exercise.

The staff team knew people really well and they understood their background, life history and place in their family and friendship groups. There were good assessments of need and risk. Care plans had been prepared with the individuals and were detailed and up to date.

There were wide ranging and varied activities and entertainments on offer. People were encouraged to do as much as possible for themselves. No one we spoke with had any complaints but everyone felt confident that any complaints would be responded to appropriately.

The registered manager and her deputy were suitably skilled and experienced. The systems in place for monitoring quality allowed people to have the lifestyle they needed and wanted. The organisation had a variety of ways to consult with external stakeholders as well as people who used the service, their families and friends. We judged that both the internal and external systems for measuring quality and delivering improvements were of a very high standard.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe because there were suitable systems in place to train staff in recognising and managing any allegations of harm or abuse.

We judged that people were safe and free from harm in their environment.

People were cared for by enough suitably skilled and experienced staff who had been recruited in an appropriate manner.

Medicines were managed correctly with good systems and training in place.

Is the service effective?

Good

The service was effective because the staff team understood people's rights and the duty of care they had to vulnerable people.

Staff were suitably trained and developed. They understood people's needs and could manage risk.

People had good access to health care. Staff understood the importance of nutrition and healthy living.

The manager and the team understood their responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. We met staff who understood people's needs and preferences and who responded in a patient and empathic way.

There were detailed and up to date care plans in place. Each person also had goals that they wanted to reach. Staff understood the content of these plans and worked within these boundaries.

People were treated as individuals and independence was supported and encouraged.

Is the service responsive?

Good

The service was responsive to people's needs and wishes because the staff team engaged with people and respected their views.

People in the home were supported to join in the daily life of the home and to have meaningful activities and entertainments.

No one had any complaints but everyone felt confident about making complaints. Good systems were in place so that any concerns would be dealt with appropriately.

Summary of findings

Is the service well-led?

The service was well led. The provider had good systems in place and staff were aware of the ethos and values of the organisation. There were comprehensive systems in place to manage all aspects of the care and services delivered. Where any threats to quality emerged these were dealt with and systems refined.

The home had an experienced, skilled and trained manager. Her deputy was running the service in her absence. We saw that the deputy was supported by senior officers of the organisation and that she was continuing to work within the quality monitoring systems.

People in the home were happy with the way the home ran and with the leadership of the staff team.

Outstanding 

Walsingham - Holly Dyke

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.

Prior to the inspection visit we gathered information from a number of sources. We gathered information from the local authority and from health care providers.We spoke with the local authority prior to our visit during a regular meeting about the services registered in the Allerdale area. This meeting included four social work managers, three health care professionals who commission services and a member of the local authority quality monitoring team. We spoke to one social worker who was in the home on a regular basis to support one person. No one had any concerns about the way the service was operating.

We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager.

This service also sent us a yearly business plan and updates to quality monitoring. Before we visited the service we had received a Provider Information Return (PIR) which enabled us to focus on the areas of the inspection we wished to look at in detail. A PIR is a form completed by the registered manager and/or the provider outlining details about the service and the care and support provided.

We also contacted three relatives after our inspection visit. They told us they were happy with the care and services delivered. They said that things were “absolutely fine”, “the care is excellent” and the staff “brilliant”.

On the day of the visit we spoke with the six people who used the service. We spoke with two people in depth and in the privacy of their own rooms. We observed interactions between staff and people in the home during the day.

During the visit we met the operations manager for the service who was visiting to give the deputy manager support and supervision. We spoke to the deputy manager and three support workers. We met all of the staff on duty. We read six care files in depth and we spoke with these people and observed the support they were given.

We reviewed a number of records. We looked at six case files and we also looked at three records of money kept on behalf of people. We reviewed three staff personnel and training files. We were given a copy of the record of staff training and the proposed training plan. We looked at records relating to maintenance, fire and food safety and to the policies and procedures of the service. We received a service plan for the home and were invited to participate in a survey about strategic planning for the organisation.

Good

Is the service safe?

Our findings

We asked people who lived in the home about how safe they felt. People told us that

“This is our house, it is my home and I feel quite all right here". We spoke to one person in some depth about how safe they felt within the group and in the house. They told us that everyone who lived in Holly Dyke got on really well and respected each other. They said that staff made sure that everyone was safe and well. They also said that the house was secure and well maintained.

We spoke to the three support workers on duty and they were able to talk at length about how they kept people safe from harm and abuse. They understood the risks for each individual person in the home and generalised risks for people with learning disabilities. Staff told us that they had been trained in safeguarding and in restraint. We were told that they did not use restraint in the service because they received regular training in how to help people to manage emotions and behaviours that might challenge the service.

We looked at care plans for all six people in the home and we saw that there were good risk assessments in place and that detailed care planning was in place to reduce any risks. We looked at daily notes and monthly reviews of care needs and we saw that there were no safeguarding issues in the home at the time of our inspection visit.

We also looked at records of accidents and incidents and we saw that there was nothing of note in these records. There were suitable policies and procedures in place to guide staff in emergencies. These were contained in a folder that gave staff local numbers and directions about how to manage accidents, emergencies and safeguarding matters. We judged that this folder was a simple but effective way of giving staff information and support.

We also looked at the provider's policies and procedures about safeguarding, assessing and managing risk. We judged these to be comprehensive and up-to-date. We also noted that this organisation had suitable whistleblowing arrangements in place so that staff could alert the organisation of any concerns or complaints in a safe way.

We talked to the deputy manager about the arrangements in place for ensuring that new staff were the right kind of people to work with vulnerable adults. We learned that the staff team was well established and that there had been no recent recruitment but new recruitment was underway so that there would be enough staff to cover ill health or other absences. We checked three staff files and saw that new staff were not allowed any access to the people in the home unless suitable checks and references had been completed.

We asked the deputy manager about disciplinary matters and she gave us evidence to show that she had been suitably trained in staff management and employment law. There had been no issues of a disciplinary matter in this service.

We also looked at medication management in this service because poor management of medicines can impact on people's safety and well-being. We looked at the medication stored for all six people in the service and we checked on the recording of ordering, storage, administration and disposal. We also observed people being supported to take their medicines.

We saw that in this service two members of staff completed the administration of medicines together. We saw staff confirming with each other that the medicine to be given was correct and that it was given in a timely fashion. We also heard staff explaining to people in the home what their medication was for. We saw in person centred plans that there were easy to read explanations of the medication people had been prescribed. We spoke to two people who were fully aware of the importance of their medicines and why they should take them.

We saw extremely detailed records of medicines. Medicines were checked on a daily, weekly and monthly basis. We also noted that medicines were ordered and disposed of correctly. Medicines were, from time to time, also checked by the operations manager. The pharmacist from the company that provided medicines completed an annual audit of medicines management. We saw a copy of the most recent audit and this confirmed that medicines were managed safely in the home.

We looked at medicines in relation to the needs of each individual in the home. We noted that people were not given sedative medicines unless these were prescribed by a psychiatrist and were part of a more detailed care plan. We saw that the local GP surgery was contacted if people had an adverse reaction to medicines. Every person in the home had had their medicines reviewed by their doctor and psychiatrist on a regular basis.

Good

Is the service effective?

Our findings

The registered manager of this home had made applications to the local authority in the past because she had felt concerned that, to some extent, people in the service had their liberty curtailed. All of her applications for Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 had not been accepted. We judged that this registered manager had acted appropriately because she had asked for the opinion of the local authority. When we spoke to the staff, the deputy manager and operations manager we discovered that a new application was to be made because one person had become much more dependent. We judged this to be appropriate.

We met with staff who understood their responsibilities under the Mental Capacity Act 2005. We saw that staff had received training in understanding this legislation and that they also had working knowledge of mental health legislation. They understood restrictions that might be placed on people in their care and they could talk in a balanced way about duty of care and individual rights. We saw that there had been a number of "best interest" meetings. These meetings allowed groups of professionals (and in some cases relatives) to help support people who lacked the capacity to make their own decisions. We saw records of these meetings and judged that a measured and balanced approach had been taken in relation to issues around consent and decision-making.

We looked at the arrangements in place for induction, training and ongoing development of the staff team. We saw that this followed the policies and procedures of the organisation. Staff told us that they were more than satisfied with the arrangements in place. We were given access to the training plan for staff in this home and we could see that training was planned so that staff had appropriate skills to meet people's needs. For example staff had attended training that would help them meet people's needs as they grew older. There was further training planned for supporting people living with dementia and other mental health issues. We were also given a copy of the staff training matrix that showed the training that people had completed. We looked at three staff files which included individual training records. Some of the training was by e-learning and other subjects were taught face-to-face. For example first aid, moving and handling, safeguarding, managing challenging behaviour and working with people living with dementia were all done in a practical way and within a group so people could discuss how they would apply some of the principles to their daily work. Some more theoretical training was by e-learning.

The people who lived in this home were very settled within their environment and the staff understood their needs. We saw that there was ongoing assessment of needs and risks management plans in place. Staff spoke at length about the changes they had brought about with one person whose dependency had changed. They also spoke about the continuing success of someone who had moved to more independent living.

The staff team were fully aware that at times people with learning disabilities may have difficulty managing their emotions and behaviours. Staff told us that they had annual updates to their training on understanding and managing these behaviours. Staff also said that the very last thing they would do would be to restrain someone but that they had annual updates to this training. They talked about the precise planning that went into the care plans so that people would remain as calm as possible. We saw that this team took the advice of learning disability nurses and of the specialist psychiatrist for people with a learning disability. We judged that the service used the most up to date research and were committed to best practice principles.

People in this service not only had the support of psychiatry and specialist learning disability nurses but also had good levels of support from other health professionals. We saw that people had well woman/well man check-ups, preventative treatment like flu injections and were given good support by the local GP and the community nurses. We saw one example where someone's condition had deteriorated rapidly and the staff have decided to call for an ambulance rather than wait for the GP. This proved to be an appropriate response.

People told us that they went out to the dentist, to GP appointments, the opticians and the chiropodists. We also saw that people had support from nurses who were specialists in, for example, Parkinson's disease or continence issues. We saw very detailed plans about helping people who had these difficulties. We heard support staff discussing how best to meet people's needs and we had evidence to show that staff were confident about making specialist referrals when they were concerned about people's health.

Good

Is the service effective?

There was a focus in this service on keeping people as well as possible. We spoke, in confidence, with one person who had exercise and healthy diet as some of their goals. We saw that in this person's care plan there were a number of strategies to help this person maintain their health and fitness. We saw sensitive and empathic support being given to this person while they were becoming accustomed to some natural changes that come with growing older.

People told us that they enjoyed their food. They said that they had "good dinners, we make our own cakes and we eat good healthy things". We also learnt that people understood that there was nothing wrong with having treats. They said that they had "takeout" and regularly went out for meals but the most of the time they were encouraged to "eat the best kind of food that will keep us well". We saw that no one was in need of support with nutrition but that staff kept regular checks on weights. Staff understood the principles of supporting people with nutritional needs but did not need to do this in the service at the moment.

Good

Is the service caring?

Our findings

We judged whether this service was caring by talking with people who lived in the home. We also spoke to relatives of people in the home. People and their relatives told us that the staff were "very" caring and several people told us that they had complete trust in the staff. Three of the six people had lived in the home since it opened some 18 years before. Many of the staff had also worked there since the home opened. People said that the staff were "like my family" and we could see genuine affection between staff and people who lived in the service.

The three relatives we spoke to were contacted only after the staff had sought permission from people in the home. The relatives told us that they thought the staff team were “very caring” and really understood the needs of individuals in the home. The family members were spoke to said they were made to feel “comfortable” in what was their relative’s home. We were told that families were kept fully informed. All of those we spoke with said they were impressed with the progress made by their relatives.

We observed the way staff worked with people. We noted that people were treated with dignity at all times. Staff paid attention to personal care issues so that people remained dignified. We had examples of sensitive responses to personal care needs around continence. We also saw that other personal care needs and changes brought about by age were managed in a sensitive and individualised way so that people would have their dignity and privacy maintained.

We listened to conversations between staff and people in the home. Staff acted with discretion and were able to reassure, distract and support people appropriately. Staff in this service worked in a person centred way. Each person in the home was given individualised care and support because the staff knew their needs and preferences. Staff knew where each person was within their own family and friendship group.

People in this service were at a stage in their lives where they were beginning to suffer some of the changes and losses that may happen in middle years. We saw staff supporting people through bereavement and loss in an empathic and gentle way. We also noted that staff in this home were very open. The people who lived in the home knew, for example, that staff had been away from work for compassionate reasons or for ill health. This allowed people in the home to show their own empathy and care for the staff group. We judged that this open stance allowed people in the home also to be caring but that it was managed in such a way that people in the home were not stressed or worried about the staff.

We looked at all of the care plans in the home and looked at a number of them in depth. People in the home brought us their person centred plans and talked about how they planned their goals with staff. People knew that their care plan belonged to them and that they could change things if they so wished.

We looked at the person centred planning and we noted that there was a thread of independence building throughout each plan. Staff understood that sometimes people had to rely on their support but they found things that people could do for themselves. We saw this in practice on the day.

During our inspection visit we saw people helping with shopping, table setting, dusting and cooking. We also heard people asking about outings and entertainments and we judged that people in this home were encouraged to assert themselves and to be as independent as possible. People in the home were very confident that their wishes and needs would be met. They also made their own independent choices during the day of the inspection. The daily notes showed that this focus on person centred approach had allowed people to become more independent, more confident and proud of the goals they had achieved.

People in the service had access to advocacy and we saw that an advocate had been used to support people to voice their opinions or to make decisions. A number of family members and friends were regular visitors and we had evidence to show that they were made welcome and their visits were part of regular weekly activity planning. Relatives told us that they were “more than satisfied” with the care and support provided.

Good

Is the service responsive?

Our findings

One of the people who lived in Holly Dyke brought us a pictorial version of their person centred goal planner. This showed what this person had wanted from life in the past year and they were proud to tell us that they had achieved most of their goals and had more things that they wanted to experience and achieve. Other people spoke to us about their achievements over the year. People in the home were aware of care planning and goal planning. This showed us that people who lived in the home were fully involved in planning their care. They were also aware that they had a pictorial version of their person centred plan and could access their case file if they wanted.

We read all six care plans in the home and saw that they contained very detailed guidance for staff that was based on comprehensive assessment of need, individual preferences and good practice. Care plans were regularly updated after consultation with the individuals concerned. We also looked at the individualised plans that the service call 'person centred plans'. These outlined achievements, aims and objectives and individual strengths and needs. We judged that because these plans were so detailed any new member of the team would be able to deliver the kind of care that people wanted and needed. We saw that care planning was audited and reviewed by the management in the home and by more senior managers of the organisation.

The care plans and person centred plans reflected the things that people told us. We met people who were assertive and confident in asking for the support they needed. We saw that people were encouraged and supported to be as independent as possible. We also had lots of examples of people being involved in the day-to-day life of the home. We saw people helping with meal preparation and in household tasks. One person looked after the two rabbits that lived in the garden. Every bedroom reflected people's preferences. One person enjoyed keeping fit and their bedroom had equipment so that they could continue to maintain their fitness level. Other rooms reflected people's interests in football or music. People were supported to purchase their own TVs, DVDs and other electronic equipment.

People were keen to tell us about their holidays, their sporting activities and the college courses that they attended. On the day of our inspection visit one person went out with a member of staff to shop for fresh food. Another person went out later with a staff member to start their Christmas shopping. The house had its own transport which was off the road when we visited but every person in the house also had a bus pass and plans were in place for people to go out by public transport. We learned from people that they went to the local sports centre and that the home also booked a private swimming pool and sauna so that people could continue to maintain their fitness.

We saw that one person went out weekly to church. Other people told us that they were offered this but had declined. Walsingham was an organisation based on Christian principles and we had evidence to show that different beliefs were respected within the organisation and within this service.

Several people said they went to the local cinema and, from time to time, they went to the theatre and other entertainments. Individuals went out for meals and coffee with staff. There were activities that people did in a group. There was a weekly badminton group that most people attended and sometimes everyone in the house went out for a meal together. We also learnt that individual activities were a regular feature of life in the house. Each person had a weekly activities planner and everyone was supported to tidy their rooms and share in things like washing up.

We asked people in home about how they would make a complaint. People said they would just tell the staff or the manager or deputy. People in the house also knew more senior officers employed by Walsingham and told us that they visited the home. We learned that people in the home and their relatives had the opportunity to talk to the chief executive officer of Walsingham who was to visit later that week. We saw an easy read version of the complaints procedure but no one we spoke to said they had any complaints. They were confident that any issues they had would be resolved by the management team.

Outstanding ☆

Is the service well-led?

Our findings

The service was well-led. There were a clear set of vision and values that included involvement, compassion, dignity, independence, respect, equality and safety.Quality was integral to the service's approach and staff were aware of potential risks to the quality of the service.

We spoke to the deputy manager and the operations manager on the day of our inspection visit. They told us about the quality monitoring arrangements in place for this service. We were told about Walsingham's quality assurance systems which were used throughout the country in all their services. We looked at the policies and procedures and at the quality monitoring records. We were also sent the most recent quality audits electronically after the inspection visit.

This showed us that each month an officer of this organisation completed a quality audit of the care and support systems in the home. Sometimes these were completed by the operations manager, at other times by a quality auditor. We also had evidence to show that a financial audit was completed at least annually. There was good detailed evidence recorded and we also spoke with people in the home who confirmed that these auditors had spoken to them and discussed their levels of satisfaction with them.

We were also informed by people in the service and by the staff team that later in the week the Chief Executive Officer of Walsingham was visiting West Cumbria. There were arrangements in place so that people who used services, their families and staff could make an appointment to see this person and discuss their experiences. Staff said that they often saw senior management who visited the area regularly. The staff and the people who used the services told us that they saw the operations manager and quality manager on a regular basis. Staff knew who the senior members of the management team for the organisation were and told us that they were confident that they could contact them at any time.

The staff told us that in the past there had been surveys completed with people who used the service. They told us that people were assisted in this by advocates. They said that this year the check on quality was being completed by the opportunity to have face-to-face interviews. The staff also told us that from time to time they received confidential surveys. We were sent a survey from Walsingham who wanted views and ideas on their future strategies. We learned from other professionals that they had also received a survey asking for views and ideas.

This service was managed by an experienced registered manager. The staff and the people who lived in the home told us that things were "running smoothly" under the management of the deputy. We also had evidence to show that the deputy manager was being given suitable levels of support by the operations manager.

We asked relatives about the management arrangements and they told us that the registered manager and the deputy were “very open” and they said they had good relationships with them and with the staff team. One person we spoke with said that the registered manager was “outstanding” in her understanding of individual needs. We were also told that the deputy manager was “more than capable” of deputising and that it was nice to see that no matter what the home ran efficiently. Relatives told us they were consulted appropriately but that the people in the home were always consulted first before any family member.

The registered manager and her deputy had worked for Walsingham for approximately 18 years. When we spoke to people who lived in the home and the staff team we could see that these two managers led the home in a way that matched the ethos expected by Walsingham. We could see in practice that the managers and the staff team promoted independence, the rights of the individual and that their practice was up to date. The home ran on principles of person centred thinking and we judged that the team in this home promoted the rights of people with learning disabilities in a non-judgemental and often creative way. Staff were able to talk about the policies, principles and procedures set out by Walsingham.

During our inspection we saw plenty of evidence to show that this service had a good quality monitoring internal process. We saw that there were checklists for staff that ensured the daily routines of the home were being followed. At the change of each shift the staff discussed the care of the individuals in the home and the management of the systems in place. These were routinely checked by the manager or her deputy.

We saw that all the staff in this home had lead responsibilities. For example one person was responsible

Outstanding ☆

Is the service well-led?

for ensuring the home's transport was always maintained appropriately. Another person had responsibilities for fire safety. We judged that the delegation of tasks covered all the things that allowed the home to run smoothly. This meant that everything from reviewing care plans to ordering stationery was under constant review. We saw supervision notes where lead roles were checked out and staff could confirm that their lead tasks were being completed.

We saw that the manager ensured that people were encouraged to contribute to decision making in the home. We saw examples where change had happened because people had been able to say that they wanted something different. These changes led to new ideas for the menu and for new activities and new holiday destinations. One person told us about their involvement in a recruitment day and how they were asked their opinion about potential members of the staff team.

We also received a copy of the service plan for Holly Dyke which showed that people in the home and the staff team had influenced planning. For example people told us they needed an upgrade to the home's transport and that some things in the bathrooms needed to be improved. We saw that there were proposals to replace the home's car, improve the bathrooms and develop the garden area to meet the needs of people in the home. Some initial work had already been completed with quotes sought and options being considered. We judged that all of these things meant that the principles of quality improvement worked in practice.