

Walsingham

Walsingham - 6 Greenford Walk

Inspection report

Walsingham 6 Greenford Walk
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Date of inspection visit: 6 November 2014
Date of publication: 23/01/2015

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 

Overall summary

We inspected Walsingham 6 Greenford Walk on 6 November 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service provides care and support for up to six adults with a learning disability. It is a detached house situated on a housing estate in Middlesbrough and is close to local amenities.

The service had a registered manager in place. 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.

Summary of findings

People told us they felt safe in the service and we saw there were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We found that people were encouraged and supported to take responsible risks. Those people who were able were encouraged and supported to go out independently.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People and staff told us that there were enough staff on duty to meet people's needs. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. People told us that they were able to make their own choices and decisions and that staff respected these.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Support plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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?

The service was safe.

Good



There was a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management of medicines so that people received them safely.

Is the service effective?

The service was effective.

Good



Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. They told us their views and opinions had been sought when planning menus. People were involved in preparing and cooking the food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

This service was caring.

Good



People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

The people we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

Staff were supported by their manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Good



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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.

We inspected Walsingham 6 Greenford Walk on 6 November 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The provider completed a provider information return (PIR) which we received prior to the inspection. This 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. After the inspection we contacted the local authority and a dietician who has visited to find out their views of the service.

During the inspection we spoke with four people who used the service. We also spoke with a senior support worker and two support workers. The registered manager was at a meeting on the day of the inspection; however we spoke with the registered manager via telephone after the inspection.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time and during activities. We looked at two people's care records, three recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms (with their permission), bathrooms, communal areas and the garden.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, “Yes I do. Another person said, “Everyone is kind.”

During the inspection we spoke with three members of staff. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw staff had received safeguarding training in March 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in November 2013. One staff member we spoke with said, “I would never be scared to shout up if there was something I wasn’t happy about. There is a poster on whistleblowing on the office wall.” There has not been any safeguarding concerns raised in the last 12 months.

The support worker told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw that some water temperature recordings were too cool. The registered manager told us that a plumber had been called and was to visit the service to address the problem of the water temperatures. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises

Risks to people’s safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, going out, crossing roads and financial risks. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We were given the example of a person who liked to go out independently. Before the person went out a discussion would take place about the time they would return. This person also carried a mobile phone so that if needed they could contact the home for support. This person and staff had discussed and agreed regular spending so that the person could take with them just the amount of money that was needed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The three staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service. The registered manager told us that two people who used the service were also on the interview panel when new staff were recruited. The registered manager said that people who used the service and who interviewed staff had developed their own questions to ensure that staff employed also met the criteria of people who used the service.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. One person we spoke with said, “They are always there for you when you need them.” Another person said, “I get to go out all the time which makes me happy.” Support workers told us that during the day there were three staff on duty, one an evening two staff and one staff member on night shift. The night shift staff member went to sleep when people who used the service had gone to bed but could be called upon if needed.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the service. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

Is the service safe?

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines who said that they got their medicines when they needed them.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide good care. One person said, "Everyone is so helpful, whatever I need help with they are there for me."

We saw that people held suitable qualifications and experience to enable them to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and working with challenging behaviour. We viewed the staff training records and saw the majority of staff were up to date with their training. The registered manager told us that staff were to undertake training in health and safety and infection control in January 2015.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. The registered manager told us that they carried out supervision with all staff on a monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision had taken place. One staff member we spoke with said, "The manager is supportive and very knowledgeable as well. I have never worked in a job where the boss is so supportive."

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions,

particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

A support worker told us that menus and food choices for the week ahead were discussed with all people who used the service on a Sunday. There was a file containing pictures of many meals that people could choose from. The pictures helped people to express their choices. We saw that people were provided with a varied selection of meals. People who used the service told us that they helped staff with the preparing and cooking of all meals. There was a rota and each person spent a day in the kitchen preparing and cooking. We saw that people were offered choice. For one person with limited communication staff brought in a packet of ham and cheese to enable them to point at what they wanted to go in their sandwich.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Both people who used the service sat down for lunch and chatted.

We saw that people were encouraged and supported to go into the kitchen to make their own drinks. We saw that people were supported to make plentiful supply of tea and coffee during the day.

The support worker informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case, however not all parts of the nutritional screening had been calculated. This was pointed out to the support worker at the time of the inspection who said that they would take action to ensure that this was rectified.

There was a bowl of fruit in the dining room. We saw one person who used the service helped themselves to a banana.

Is the service effective?

After the inspection we spoke with a dietician who has visited the service and supported people who used the service. They said, “The staff are very on board with what our aims were for a healthier lifestyle. Nutrition has improved and I am very pleased.”

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “I had my ears done and I can hear now.” They also said, “They take me to

the dentist every year and the dentist looks at my teeth.” People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after. One person said, "It's good here." Another person said, "I go to the market and shopping. I come and go as I please."

At the time of the inspection there were five people who used the service. People were involved in making the decision to use the service. Prior to people coming to stay, they were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. At the time of the inspection there was one person who was staying two nights. The visit also enabled staff to determine if they could meet the person's needs and make sure that other people who used the service were happy for the person to live with them.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about their care and support and developing their support plans. The support plans we saw had been signed by the person who used the service indicating they were in agreement with it. People told us they were able to set their own goals about what they wanted to achieve.

During the inspection we sat in the communal lounge area and dining room so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. When one person who used the service became anxious about the time as they had an appointment to go to, staff reassured the person and answered their questions. This helped to ensure wellbeing.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from

discussion that all staff knew people well, including their personal history preferences, likes and dislikes. This helped to ensure that people received care and support in the way that they wanted to.

People told us their privacy was respected and staff didn't disturb them if they didn't want to be. They said staff knocked on their bedroom door and waited to be invited in before opening the door.

On numerous occasions during the day staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

We saw that staff encouraged and supported people to be independent. When people asked for drinks staff supported all people to make the tea and coffee themselves rather than doing it for them.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised. One person was keen to show me their newly decorated bedroom and matching bedding. They told us how they had chosen the wallpaper themselves.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff told us how they ensured privacy when supporting people with personal hygiene. We were told that male staff supported people who used the service who were male and female staff supported people who used the service who were female. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

We were told by people and staff that they were encouraged and able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice.

Is the service responsive?

Our findings

People told us that they were involved in a plentiful supply of activities and outings. People said, “I go out all of the time. I’ve been to ladies group today.” Another person said, “I went to see Take That.” People told us that they were going Christmas shopping to Manchester and Newcastle.

Staff told us they encouraged and supported people in the daily routine of the home, activities and outings. They told us how everyone was involved in the cleaning, washing up and cooking. There was a rota which highlighted what tasks needed to be undertaken and who was to carry them out for each day. One person said, “I like to help.” We were told that one person who used the service didn’t like to wash up so they did the hovering instead. People who used the service and their families had enjoyed a summer barbeque. Staff told us that they were busy planning the Christmas party. People told us that they had enjoyed their holiday in Scarborough. We saw that people took part in different activities during the day and evening. People liked to go line dancing, to the bingo, to a knitting group and shopping. One person told us how they had enjoyed making the Christmas cake with another person and staff.

People’s needs were assessed upon referral to establish if Walsingham, 6 Greenford Walk was a suitable placement and able to meet the person’s needs. Information was provided by the referring agency on the person’s care and support needs. Before moving in people visited the service during the day and stayed overnight. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

A full care and support plan was then written with people describing how they wished to be supported and what goals they wished to achieve. We found that care plans were reviewed and updated on a regular basis.

Risk assessments had also been completed for a number of areas including health, going out, crossing roads and financial risks falls. Risk assessments provided information on specific measures to reduce or prevent the highlighted risk from occurring.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care. The people we spoke with told us they were encouraged by the staff to keep in touch with people who were important to them and to build up social relationships.

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this was this training was up to date. A staff member we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Staff told us people who used the service were given a copy of the easy read complaints procedure when they moved into the home. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, “I tell them if I’m unhappy.” Another person said, “I can tell them anything and they help.”

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service and staff we spoke with during the inspection spoke very highly of the registered manager. They told us that they thought the home was well led. One person said, “She is very kind.” A staff member we spoke with said, “I’ve never had a problem. Even if she is busy she talks to you. She is at the end of the phone even if she isn’t in.” Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The service had a clear management structure in place led by a registered manager who was very familiar with the service. The registered manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care.

The registered manager told us about their values which were clearly communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. The registered manager told us, “My strength is looking at culture and values and interpreting them. This is a partnership. We are all one big team. I might direct staff but everyone is needed.” They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

We asked the local authority for their views on the service they wrote and told us ‘Staff, residents and stakeholder surveys were undertaken in July '14, 4 staff surveys were

completed, 4 residents surveys were completed and 3 stakeholder surveys were completed. Feedback from the staff surveys was positive about the service. It was evident from the resident’s surveys that people feel safe and are happy living at Greenford Walk. Stakeholder feedback was extremely positive about the service. The feedback demonstrated this is clearly a well run service.

We found that the registered manager had a good understanding of the principles of good quality assurance. The registered manager recognised best practice and developed the service to improve outcomes for people.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views.

Any accidents and incidents were monitored by staff to ensure any trends were identified. Staff confirmed there were no identifiable trends or patterns in the last 12 months. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety and infection control. We saw records of audits undertaken. Records were audited as were events. This helped to ensure that the service was run in the best interest of people who used the service.

The Registered manager told us the quality monitoring officer carried out visits to the home on a monthly basis to monitor the quality of the service provided and to make sure the home were up to date with best practice. Records were available to confirm that this was the case.