

Walsingham Support

Walsingham Support - Brent & Harrow Supported Living

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?

Good ●

Summary of findings

Overall summary

About the service

Walsingham Support- Brent & Harrow is registered to provide personal care. At the time of this inspection, the service was providing personal care for eight people living in a supported living scheme. People who used the service had autism and learning disabilities. The scheme consisted of three separate four bedded flats.

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

People were protected from the risk of harm and abuse. However, the provider was an appointee for financial matters relating to some people receiving care. Although there was no evidence of financial misappropriation, we were not satisfied this arrangement was safe and transparent. Following the inspection, we received evidence the provider was acting to ensure sound financial management was practised so that relevant policies and procedures were followed.

There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. Care workers knew how to identify and report concerns. They had been recruited safely and showed good knowledge and skills in relevant areas including medicines administration and infection control. They demonstrated dignity, respect and compassion in interactions.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to develop skills in order to do things as independently as possible. There was a structure to support a values-led culture. Notably, there was a strong emphasis on inclusion and creating opportunities for people to participate in ordinary activities and improving their personal dignity.

Whilst people were supported to develop skills, we judged more could be done by creating opportunities for people to have more control of their medicines and money within the limits of the provider's own positive risk-taking policy. The service was receptive to this feedback stating assessments will be carried out in line with relevant policies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service used positive behaviour support approach, which was opposed to restrictive practices.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager and her deputy ensured policies and procedures met current legislation and were up to date. Relatives told us they were asked of their views about the quality of the service.

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

Rating at last inspection (and update)

This service was registered with us on 13 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our timelines for inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Walsingham Support - Brent & Harrow Supported Living

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Walsingham Support- Brent & Harrow Supported Living provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff, including the registered manager and her deputy.

We reviewed a range of records. This included six people's care records and medicines records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Whilst we found no financial misappropriation, we established from records and speaking with the registered manager that the provider was the appointee for financial matters relating to some people receiving care. This arrangement was a source of concern to us because providers should not act as financial appointees, unless there is no other practical alternative. Following the inspection, the provider wrote to us stating they were revising current arrangements, so they were clear, safe and accountable.
- A relative told us, "The organisation [Walsingham] consults with the family so that when money needs spent, we are kept in the loop."
- People felt safe in the care they received from care workers. A relative told us, "They maintain good standards of safety. There is always a staff member to support my relative." This was a view shared by other relatives spoken with.
- Care workers had access to information on what to do to protect the welfare and safety of people. Relevant policies were in place, including safeguarding and whistleblowing policies.
- Training records showed all care workers had completed safeguarding training. They were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management had taken no action.

Assessing risk, safety monitoring and management

- There were effective systems and processes in place to minimise risks to people. Risks to people had been identified, assessed and reviewed.
- The care plans provided information about how to support people to ensure risks were reduced. This included risks arising from medical conditions and environmental hazards. The environment was free from visible trip hazards.
- Each person's support plan was personalised to them. Care workers were aware of the triggers to specific behaviours that may challenge the service and the least restrictive way to make sure people were safe.

Staffing and recruitment

- Care workers had been recruited safely. Pre-employment checks had been carried out, including at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.
- There were sufficient numbers of care workers on shift at the time of inspection. We observed people were receiving the support they were assessed as needing.
- There was a pool of bank care workers who could be used for additional support when needed. An on-call system was also in place to make sure care workers were supported outside the office hours.

Using medicines safely

- People received their medicines safely. There were systems in place to ensure proper and safe use of medicines. There were policies and procedures in place including the guidance from the National Institute for Clinical Excellence (NICE).
- People's relatives told us their loved ones received medicines on time. We evidenced medicine administration records were completed appropriately and regularly audited.
- We discussed medicines with the deputy manager in the context of rights, to empower people with appropriate literacy to self-administer their medicines. The deputy manager told us reasonable adjustments had been made to support one person. He agreed formal assessments would need to be carried out with others to weigh up potential benefits and harms, as outlined in the provider's risk-taking policy.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons.
- The service understood people's relationship with their relatives was a human rights issue, and essential to their wellbeing. Hence, even though Covid-19 restrictions were in place to prevent visitors from catching and spreading infections, mainly during the peak of the pandemic, the service enabled on-going contacts with family members. A relative told us, "The management were fantastic during Covid-19. People using the service were safe in their bubbles. They restricted visits but kept in touch during the bad times."

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by a quality governance board for any emerging themes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were systems and processes to keep staff up to date with current evidence-based practice. Up to date policies in relation to a range of medical and mental health conditions were in place. Policies and procedures met current legislation and were up to date and fed into the service's philosophy. For example, key points from relevant legislation and standards, including Mental Capacity Act and Human Rights Act, were applied to implement a person-centred approach to support positive risk taking.
- The managers understood challenging behaviour is less likely when people engaged in activities they had chosen to do. People's care records included details of their needs and choices, and showed their religious, cultural, dietary, sensory, and other specific needs had been considered. There was evidence the service supported meaningful choice.
- The service used positive behaviour support (PBS) as an approach to support people. PBS is founded on the concept that behaviours that challenge serve important functions for those who display them. There were assessments that included clear descriptions of people's behaviours and their suggested functions, from which proactive and reactive strategies were formulated. A relative told us, "The structure of the model they use is different to what we had in the past. There seems to be a continuity of experienced staff who actively engage with us. It's all positive."

Staff support: induction, training, skills and experience

- Staff received regular and frequent individual supervision. Care workers who had been at the service for longer than 12 months also received appraisals, to monitor performance, identify and meeting training needs. A care worker told us, "I receive supervision every four to six weeks and appraisal is once a year. I have a good relationship with my service manager and the deputy. I can speak my mind and put my point across at any time. I do feel supported."
- Care workers were knowledgeable about people's needs. They had completed essential training and we saw from records they were up to date. New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were trained appropriately with opportunity to practice procedures through practice and feedback.

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

- People's nutritional needs were met. There was a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people.

- Care workers supported people to prepare and eat their meals. In some examples, care workers, also helped people with shopping and food supplies. A relative told us, "The key worker is lovely. We have got to know her, and we can contact her easily. She goes shopping and helps with the cooking."

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

- People's health needs were met. The management and staff were knowledgeable of people's physical and mental health needs. They knew when to seek specialist input and how to obtain it. People's support plans identified their needs and input from a range of professionals, including GP, speech and language therapists and occupational therapists.
- Each person was registered with a GP and had an annual health check. An annual health check provides an important means for routinely checking the general health status of adults with learning disabilities.
- Each person had a health action plan (HAP) that was reviewed regularly. Each HAP included as a minimum a health checklist, including COVID 19 vaccination, health professional contacts and details of medication and other treatments.
- Therefore, apart from meeting people's needs, the service also showed an understanding of a conceivable link between unmet physical or mental health needs and behaviours that challenge.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. This confirmed that decisions had been made in their best interests and by whom.
- Care workers obtained consent from people before they could proceed with any task at hand. One person told us, "I am involved in decisions. Staff take me shopping and I am supported to cook my own food. I go for walks with staff and they take me for appointments."
- As addressed in relation to self-administration of medicines, the deputy manager was receptive to our feedback that where risks cannot be safely managed, MCA guidelines must be followed and best interests meetings used in the risk assessment process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person told us, "Staff are kind. They are always there if I need help."
- People's relatives told us people were well treated, stating they were kept well informed about any changes to their agreed plan of care and support. A relative said, "We are happy and content. There is good communication with the manager, who keeps us informed about issues and any changes."
- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.
- There were practical provisions for people's differences to be observed. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, interests, culture and language. This information enabled staff to involve people as they wished to be.
- There was an activity coordinator in place who planned activities for people. Even though none of the people practiced any religion, the service celebrated major religious days, including Christmas, Easter, Diwali and Eid.
- A care worker told us, "We have a few dignity champions within the units. This brings awareness and promote privacy, dignity and diversity. The activity co-ordinators promote diversity by planning events that celebrate other people's religion, culture and backgrounds."

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

- People told us they were fully involved in decisions about their care. They were provided with information in the most accessible format to enable them to be involved in their care. In relevant examples, we saw social stories were used to help people participate in their care and cope with stressful situations.
- The service maintained regular contact with people's relatives through telephone calls. This gave relatives opportunities to discuss and provide feedback. A relative told us, "Things are managed very well. We are in regular contact with the service. We are notified of any changes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Their support plans described how people should be supported so that their privacy and dignity were upheld. This was followed by care workers. Staff knew the importance of addressing people by their preferred name and respecting people's cultural and religious needs.
- There was a dignity tree by the main entrance, where we saw people, staff and visitors wrote what "Dignity"

meant to them. These messages informed meeting agendas. We saw that the seven core principles of dignity, were a recurring theme in team meetings.

- Relatives told us about how staff took time to support people to participate in activities as fully as they could. A relative told us, "My relative has communication difficulties, but staff make sure my relative's needs are known and everything is achieved as best as can be, with my relative's input."
- The service ensured people's personal information was stored securely. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law. Staff understood why people's confidentiality must be respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. Support plans showed people and where applicable, their relatives had been involved in the planning process. This had ensured staff delivered care in a way that met people's needs. A person receiving care told us, "I am involved in my care. I manage my medicines with staff support."
- People's care files contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care.

Meeting people's communication needs

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

- The registered manager and her deputy were aware of the importance of making information accessible to people. People's individual sensory needs, including hearing and sight were highlighted in their support plans, so that staff knew how to best communicate with them.
- Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including pictures and objects of reference.
- Less positively, the design of survey questionnaires did not comply with accessibility regulations. The content was not accessible, inclusive and effective. We raised this as a matter of concern. Following the inspection, we received evidence this had been escalated with the provider's quality assurance department for improvements to be made.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately in line with the service's complaints procedure. People's relatives told us they were aware they could speak with the registered manager or her deputy if they had any concerns.
- This is a newly registered service and at the time of the inspection had not received any complaint. People's relatives told us they had made suggestions, which had been received and responded to positively.

We saw from records the service had received several compliments about the care people had received.

- During our interviews with people's relatives, some expressed a need for music therapy. They told us this had been raised with the provider. However, on speaking with the provider we gathered they did not have a recollection of this. Nevertheless, the provider assured us they would investigate this request.

End of life care and support

- None of the people receiving care was on end of life care. However, end of life care was covered in people's care plans. The registered manager explained that she would ensure that all care workers received the training and support that they needed to provide people with end of life care if the need arose.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives confirmed care was planned to meet people's needs, preferences and interests. A relative told us, "I feel that my relative's needs are met. I am in contact with the service. They involve me when there are challenges, including medical issues which need to be followed through."
- There were a range of formal systems to ensure people had choice and control over their care. People participated in regular meetings and surveys. Results from a recent survey showed people and their relatives were happy with the service provided. Notably, they felt empowered to make decisions and choices about their lives.
- However, as addressed earlier, the provider needed to do more to promote inclusive communication in order to support people to express themselves in ways they find easiest. As noted, some people were unable to complete survey questionnaires because these were not presented in ways everyone could understand. As stated, the provider was looking into other means of making communication more accessible to enable people to achieve greater levels of independence and participation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.

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

- The service had a clear management structure consisting of the head of operations, operations manager, registered manager and her deputy. Staff were well informed of their roles and reporting structures.
- The registered manager and her deputy were passionate and committed to providing quality care. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback relating to arrangements of managing people's finances, which they immediately acted on. Following the inspection, the registered manager told us the provider was reviewing their system of financial appointeeship.
- The registered manager had a sense of responsibility. There were systems in place to assess, monitor and check the quality of the service provided to people. Checks had been carried out on people's care records, staff training, safeguarding, health and safety and medicines management. This helped monitor the performance of staff and the quality of the service provided to people.

- People and their relatives told us the service was well-managed. They described the managers in complimentary terms. A relative told us, "We are very impressed. There is a new manager [registered manager] who is approachable. It is a very good service that I would recommend to anyone." This point of view was repeated by another relative, who told us, "The deputy manager is co-operative, friendly and capable. He keeps us well informed."

Continuous learning and improving care

- There were quality assurance systems to assess and monitor the quality of the service. One of those was an accidents and incidents system to check for a common cause, trend of incidents and learning points.
- Accidents and incidents were appropriately investigated and escalated. This supported effective decision making and allowed for action where performance was not meeting standards. There were evidence improvements had been made in relevant areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst the majority of staff felt involved and empowered to raise concerns, others thought differently. A care worker told us, "I believe we do have a good relationship with management but there is always room for improvement. I feel like we are supported but not appreciated. The staff team work well together to support the service and to cover the short falls of the company, but no appreciation is shown. I feel like we as staff are taken for granted."
- The provider told us they will be reviewing their systems of engaging staff, including surveys, meetings and recognition schemes, to identify where value could be added.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples.

Working in partnership with others

- There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The registered manager and her deputy knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and district nurses. There was also ongoing work with the local authority.