

Walsingham Support Limited

Walsingham Support - Supported Living and Community and Home Support Services

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

This inspection took place on 10 October 2016 and was announced. At our previous inspection in February 2016, we found the service was in breach of the regulation relating to consent to care. We found that proper consideration had not been given to whether restrictions on people living at Maldon Road could have amounted to a deprivation of their liberties. At the time of that inspection the provider had not applied for authorisations to deprive people of their liberty lawfully. During this inspection we checked that the necessary improvements had been made to address the breach.

Maldon Road is a four bedded supported living service for adults with a learning disability, including autism and poor mobility. At the time of our inspection there were four people using the service. One of the four people was in the process of moving on from the accommodation on the day of this inspection. People had their own tenancies with the housing association which owns the property. They received support with their personal care from Walsingham.

The service had a manager who was on duty at the inspection. They took up this post in April 2016 and we saw evidence they were in the process of registering with the Care Quality Commission. The previous registered manager moved to another post within the Walsingham organisation. 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.

At this inspection the manager and staff demonstrated their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty legislation. We saw documented evidence that discussions about depriving people of their liberty took place with the local authority for the people living at Maldon Road. In addition to this the registered manager and the staff were aware of the importance of gaining consent for the support they offered people.

Social care professionals told us they thought people were safe living at the service and they received safe care and support from staff. Staff told us the signs of potential abuse and understood the relevant reporting procedures. Assessments were completed to assess any risks to people and to the staff who supported them. At this inspection we found needs and risk assessments were reviewed and up to date. There was appropriate guidance in place for staff to follow that helped to keep people safe. We saw there were other systems in place to protect people from the risk of possible harm. There were risk assessments in place to do with the environment and equipment to provide guidance to staff on how risks could be managed and minimised where possible.

People's needs had been assessed and we saw care plans included detailed information relating to their individual needs. Care plans were personalised and demonstrated people's preferences, and choices. People's care and support packages were amended as necessary to meet their changing needs.

There were sufficient numbers of staff available to meet people's individual support and care needs. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to help ensure people were supported by staff who were suitable for their role.

Medicines were managed, stored and administered safely and people were appropriately supported to take their medicines.

There were processes in place to ensure new staff were inducted into the service appropriately and we saw staff received regular training. Staff told us they felt well supported through their supervision, team meetings and annual appraisals.

People were supported to maintain good health and had access to a range of health and social care professionals when required.

Staff were caring and compassionate in the way they met the needs of the people they supported and could describe people's preferences as to how they liked to be supported. We observed staff speaking to and treating people in a respectful and caring manner. Interactions between people and staff were relaxed and friendly.

People received care and treatment in accordance with their identified needs and wishes. Care plans contained information about people's history, choices and preferences and people's ability to communicate. Staff respected people's privacy and dignity. The manager told us that some people's relatives were unable to visit their family members living at Maldon Road but kept in touch in other ways such as with greetings cards or by telephone calls.

Inspection of people's files indicated they had in place detailed needs and risk assessments that informed people's care and showed us they were person centred. Where people were able they were engaged in contributing to their own care plan. This was often achieved by staff through the use of pictorial representations and understanding their non-verbal communications and body language. This process was assisted by the staff's good knowledge of people's needs and the trusting relationship staff had developed with people.

People in the house were encouraged and supported to join in with a range of activities in the service and in the community that met their needs.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

Walsingham Support Limited had a detailed quality monitoring system in place. There were also other appropriate auditing and monitoring systems in place that helped with assessing and improving quality in the service. The manager and the staff were approachable and fully engaged with providing good quality care for people who used 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. There were policies and procedures in place for the safeguarding of adults from the risk of abuse that staff were aware of. Staff had received appropriate support and training to help protect people from the risk of abuse. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified.

Staffing levels were appropriate to meet people's needs. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

We saw that the administration of medicines was managed safely and medicines were stored appropriately and safely.

Is the service effective?

Good 

The service was effective. People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs. Staff received appropriate support from the supervision process and from annual appraisals and team meetings.

Health and social care professionals and relatives of people were consulted appropriately about how care and support was provided for people. Staff used their knowledge of people's likes and preferences as well as people's non-verbal communications in the provision of care for people. Assessments of people's mental capacity under the Mental Capacity Act 2005 and applications to deprive people of their liberty had been made..

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met effectively.

Is the service caring?

Good 

The service was caring. People were supported by staff who were kind and caring.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs.

The manager told us relatives and friends were welcome to visit their family members at the service.

Is the service responsive?

Good ●

The service was responsive. The staff team took a person centred approach in care delivery. Care plans ensured people's best interests were always taken into account by appropriately involving relatives or health and social care professionals.

People were supported to join in with social activities and entertainments according to their individual needs and abilities.

An accessible and appropriate complaints policy and procedure was in place that people knew about. There was a process in place that enabled the service to learn from any complaints made.

Is the service well-led?

Good ●

The service was well led. The service had a manager who promoted an open culture that encouraged staff in their work with people living in the unit. The culture we observed promoted the rights of people with learning disabilities and autism.

The quality monitoring systems in the service were managed well with a focus on improvements in all areas.

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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 was planned to check 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.

The inspection was announced. The provider was given one working days' notice because the location provides a supported living service and we needed to be sure that staff would be available. One inspector undertook the inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about certain events such as, serious injuries and allegations of possible abuse. A notification is information about important events that the provider is required to send us by law.

We were unable to speak with people due to their complex needs; however we spoke with three health and social care professionals, two members of staff and the manager. We observed care and support in communal areas in an informal manner. We also used the Short Observational Framework for Inspection (SOFI) as people were not able to express their views with us. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We inspected three people's care records, three staff records and other records relating to the management of the service.

Is the service safe?

Our findings

Health and social care professionals told us they thought people were well looked after and safe living at Maldon Road. Staff said people received good quality and safe care. We observed care being provided for two people by staff in a caring, safe and friendly way.

During the inspection there were several instances where we observed people interacting with staff in a relaxed and friendly way. We noted that in these interactions people's safety was held by staff as paramount. Staff were aware of the risks that individuals faced in their day to day living while respecting people's needs and allowing them to be as independent as possible.

Staff had a good understanding of their responsibilities in keeping people free from harm and abuse. They were able to describe the likely signs and symptoms of abuse. They were clear they would report any concerns directly to the manager or to a more senior manager if necessary. Staff told us they received regular training on safeguarding adults and regularly discussed this in supervision and team meetings. Staff told us they could talk about any concerns with the manager whenever they wanted to do so.

Staff were aware of Walsingham's whistle blowing policy and procedure and were confident about using it, if it was necessary.

We reviewed people's care files and saw they each had detailed risk assessments in relation to their daily lives both inside and outside of the service. Appropriate risk management plans were in place that allowed people to have as much freedom as possible. Since the last inspection we noted that reviews of people's risk assessments were carried out every six months or earlier if their needs changed. This was to help ensure they were up to date and appropriate to their needs.

There were risk management plans in place in relation to the environment. These included fire risk assessments and building evacuation plans; risks when delivering care and any other environmental threats. The service had an emergency evacuation plan that was easy to access and to follow. Staff we spoke with were aware of the procedures to follow in an emergency. Fire drills were carried out every month and people were evacuated safely and within the expected timescale.

Accident reporting systems were in place. Staff understood how to report accidents and incidents so these were appropriately monitored by the manager, to prevent reoccurrence.

We spoke with staff about staffing levels and one member of staff said, "There are enough staff to support the people who live here. It's almost on a one to one basis and as well there's a call system in each person's flat that comes straight through to us so we can respond immediately." We saw there were three staff on duty in the morning and in the afternoon. We looked at two weeks of staff rotas and we saw that this was the usual staff rota pattern together with one sleep in night staff member. We judged that this level of staffing provided good support for the people living at the service to meet their needs. We saw that the staff rotas had one member of "floating staff" who could be rostered according to the needs of the people and their

weekly activities.

From our inspection of staff files we saw there were safe and effective recruitment practices in place that helped to ensure staff deemed as suitable to work with people who used the service by the provider were employed.. Appropriate recruitment checks were undertaken and these included criminal record checks, interview notes, completed application forms where gaps in employment were explored, and two references from previous employers. This process helped to assess the person's suitability to work with people who used the service and to ensure people were supported by appropriate staff.

There were systems in place for the safe administration of people's medicines. The manager told us that each person's specific needs were recorded in their care plans and on their Medicine Administration Records (MAR). We checked people's records and MAR sheets and saw that people received their medicines as prescribed. There were no omissions on the MAR sheets we checked and we saw that medicines were signed for on each occasion they were given. We carried out a stock check and the recorded level of medicines matched the stored stock of medicines. Each person had a medicines profile that included their photograph and known allergies were recorded on the medicines administration record (MAR) to ensure safe administration. Any risks to do with their medicines were highlighted in individual risk assessments and this helped staff to minimise those risks for people. People had regular medicines reviews from their GP or from the specialist nurses and consultants for learning disability. Medicines were stored safely and disposed of correctly.

Is the service effective?

Our findings

At our comprehensive inspection of this service in February 2016 we found the provider was in breach of the regulations. At the time the acting manager and staff told us that none of the people using the service had capacity to make decisions about their own care and treatment. We saw that there were some restrictions placed on people's freedom which could have amounted to a deprivation of their liberty. There was no evidence that appropriate applications had been made to deprive people of their liberty. This meant there were risks that people might have been deprived of their liberty unlawfully and their rights were not being upheld. The provider sent us an action plan and told us they would take action within one month of the inspection to make improvements.

At this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw documented evidence that the provider was liaising with the local authority to make the appropriate applications to deprive a person of their liberty.

The service had up to date policies and procedures in relation to the MCA, deprivation of liberty and consent. All staff had signed to confirm they had read and understood these. Training records showed all staff had attended training on the MCA and deprivation of liberty, which staff confirmed they had received.

Staff we spoke with all had a good understanding of the MCA and what might constitute a deprivation of liberty. They supported people in accordance with the relevant legislation and guidance. We observed through the day that whenever possible they sought people's consent before they provided them with care or showed us their rooms. We reviewed records which showed they considered their responsibilities under the MCA in the various aspects of support they offered to people. They also considered how changes in people's physical health may affect their mental health and ability to make decisions.

Staff told us they always sought people's consent before providing them with care. One member of staff told us, "I always ask people about how they would like their care to be given to them. We [staff] all do." We saw that best interests meetings were held for people where people were unable to make decisions for themselves that involved health and social care professionals or relatives.

Health and social care professionals told us they felt staff had the skills and knowledge they needed to meet people's needs. They told us that staff received training to help them develop and maintain these skills. One person told us, "The staff there have the training they need."

The manager explained to us that new members of staff received induction training when they started at the service. They told us that this comprised of mandatory training courses, as well as any specific areas of training needed to perform their roles. The induction also included shadowing more experienced members of staff to help them get used to the role and to get to know the people they would be supporting. We saw documented evidence that supported this.

In addition, the service was in the process of incorporating the care certificate into their induction programme, to help ensure staff had the skills they needed to perform their roles. Records showed that staff members received induction training as well as a corporate induction from the provider and a local one from the manager, which helped them get to know the policies and procedures which they needed to follow.

Staff members told us they received the training that they needed to perform their roles. One staff member said, "Yes we have good access to a range of training and we do classroom based learning as well as e-learning." Another staff member told us, "Walsingham are really good at addressing training needs." They went on to explain that staff were expected to keep their skills and knowledge up-to-date. There were also a number of additional courses organised by the provider, which staff could apply to attend if they were interested in that subject. We checked training records and saw that staff regularly completed mandatory training courses to maintain their skills, and also attended additional courses to help develop their knowledge and enhance the service they were able to provide.

Staff members told us that they also received regular support from the service, in the form of four to six weekly supervision sessions. They found these useful ways to discuss their roles and raise any concerns they may have, as well as any training or development needs they may have. The manager confirmed that staff supervision took place and were also used to address areas of performance in need of development or improvement. Staff files confirmed that each member of staff received regular supervisions and that they were given the opportunity to raise any issues they may have during these sessions. All staff received an annual appraisal of their work.

People were supported to eat a healthy balanced diet which met their needs. People chose what they wanted to eat and made their own daily food menus together with the assistance of staff who helped to ensure they had a healthy and varied diet. We saw from our review of people's care files that where necessary advice from a dietician was sought. On our tour of the premises we saw all meals were prepared in people's own flats and they were assisted by staff as necessary. Staff told us they encouraged people to be as independent as possible so only offered assistance when it was needed.

People's support plans described the support they needed to manage their health needs. People had regular health checks with their GPs, dentists and attended hospital appointments as necessary to meet their health needs. Their health care needs were well documented in their care plans. Staff members explained that they worked closely with people and their healthcare professionals, to help maximise their good health. For example, one staff member told us that if a person refused their medicines while they would respect their wishes they would also refer the person to their GP and local specialist services, to help minimise the impact on their care and treatment. We saw records of involvement and correspondence with people's healthcare professionals in their records.

Is the service caring?

Our findings

People using the service were unable to express themselves verbally but from their non-verbal expressions and body language we saw they all responded well to the staff group and to the new manager. People using the service were obviously used to spending time with staff and the manager was well aware of each individual person's strengths and needs.

From our observations we saw people were treated gently and with kindness by staff. On our tour of the premises with the manager one person was happy for us to enter their flat and looked at us with a big smile, holding out their hand inviting us to take it. The manager told us that this was the person's way of welcoming us into their flat and indicated the person felt well cared for.

Two of the people living at the service had lived with each other for several years, the third person had more recently moved into the service. Staff records indicated that staff had also been working at the service for a long time. As a result staff and people knew each other very well. One member of staff told us, "There's a good feel here in this home, it is like a large family where we live and work together in a caring environment."

None of the people we met were able to undertake any personal care for themselves, however staff told us they supported them as we saw was described in their care plans and people all looked clean and well presented at the time of our inspection.

Staff told us they involved people and their relatives or social care professionals in planning the care people received from the service. They explained that the service always asked them about how and when they wanted their care and support to be given. Staff members told us that people directed them often by hand gestures or non-verbal communications in terms of how they wanted to receive the care that they needed from staff. We saw care plans were signed by people. This demonstrated that people or their representatives had been involved in the planning process.

The manager told us that people and / or their representatives were supplied with information about the service that they were going to receive on commencement of the care package. They showed us the information that was given to people, which included documents such as complaints procedures and the service's statement of purpose. All the documentation was in easy-to-read format, which helped people to understand and make sense of the information they were being given.

Staff members told us that maintaining the dignity and respect of the people that received care was of the utmost importance to them. They explained that they had all received training in this. This meant that staff were aware of key issues around respecting people's dignity, and took steps to ensure that this was done.

Staff told us people maintained contact via telephone calls and emails with their relatives where they were unable to visit as often as they might like. The manager told us that family and friends were welcome any time. The relatives we spoke with said they kept in touch with their family members by sending them cards

for their birthdays and at Christmas. Staff confirmed this with us.

Is the service responsive?

Our findings

Each person had a care plan file and a person centred support plan. Care planning included detailed risk assessments and where people required support in managing their behaviour or their emotions these were risk managed with the support of psychologists, social workers and health care practitioners. The staff also assessed people's emotional, spiritual and cultural needs. All of these assessments were then used to formulate the care plans and the person centred plans. This meant that people received their care in a person-centred way.

From our observations in the service we saw that staff members listened to and respected people's wishes. People's care plans showed that they or their representatives had been involved in planning their care and that their views and wishes had been clearly recorded. In addition, these plans were regularly reviewed to ensure their content was still valid.

The manager explained to us that before people started to receive care from the service, an assessment of their needs was carried out. This was to ensure that the service was able to meet their needs and to see if they were the appropriate service for that person. They told us that once the care package commenced, there were regular reviews with the person to check that they were happy with the care that they received. Staff members explained that they were aware of people's individual choices. Daily records showed that people were asked when and how they wanted their care to be given.

Staff members told us that they encouraged people to be as independent as possible. This included supporting people to choose and prepare their own meals. Also and where possible to attend their local GP surgery for health check-ups. Staff explained that this helped to give people confidence in their local community and helped them to access local services. The manager confirmed that this had been successful for a number of people over the past few years.

From our inspection of the records and from our discussions with staff we saw people were supported to access the community and try out new activities as well as continue with previous interests. Records showed there were a wide range of activities and entertainment available for people. We were told people enjoyed going shopping, out for walks, eating out and swimming. Transport was available so people enjoyed trips to the country, coast and nearby towns.

Relatives told us that they were willing to complain if they were not happy about anything to do with the care provided for their family member. They told us that they were provided with information about making complaints and were comfortable to do so if necessary. Staff told us that they welcomed feedback from people and the manager showed us that there were systems in place to record comments, complaints and compliments from people. They told us that any feedback received was used to help improve the service, and any outcomes from complaints investigations were shared with people and members of staff.

Is the service well-led?

Our findings

At the time of this inspection this service was being managed by a new manager who was in the process of registration with the Care Quality Commission. They told us they took over the management role in April 2016. We saw documented evidence of this.

There was a positive and open culture at the service. Relatives and health and social care professionals felt that people's needs were being met by members of staff, and that they were involved in the care that they received. Members of staff were also positive about the service and were motivated to perform their roles. One staff member said, "I really enjoy my role." They went on to tell us that they felt empowered to make decisions to ensure that people received the care and support that they needed from the service.

The manager told us that the service had clear lines of communication to help the flow of information and to share any developments with both people and members of staff. We saw that there were monthly staff meetings to discuss areas in need of development and to help share best practice and ideas within the team. There were also regular meetings and conversations with people to review their care and ensure they were happy with the care that they received. The manager demonstrated that they had clear views for the future of the service planning to support people to be as independent as possible.

There was clear leadership in place at the service. Staff were positive about the leadership of the service and felt well supported by the manager. One staff member told us, "I love the team, they are really supportive." Another staff member said, "She is a good manager, you can go to her with anything." We saw that the manager was aware of people's individual and specific needs and worked alongside people and staff to ensure those needs were met. They were also aware of their statutory responsibilities, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding incidents or serious injuries. Records demonstrated that they were meeting these regulatory obligations.

Staff members told us that the manager had implemented a number of Walsingham's checks and audits at the service, to help monitor the quality of the care being provided. One member of staff told us, "Most of our work is audited." The manager confirmed that there were a series of audits in place at the service. For example, they told us that there were medicines audits to make sure the process of supporting people with their medicines was safe. We reviewed these audits and we saw that they provided a good system of quality checking different aspects of the service such as the process of administering medicines to people, health and safety checks, checks on the frequency of staff supervision and staff training. We saw that the manager used the information to improve service delivery to people and staff support effectively.

The provider also conducted other checks, including audits of health and safety practices, fire risk assessments and staff appraisals to check staff performance to ensure they had the competency to perform their roles. This meant that the provider and the manager had oversight of the care being provided and used audit systems and checks to help improve the quality of people's care.