

Walsingham Support Limited

Walsingham Support - 1 High Oaks

Inspection report

Walsingham Support
1 High Oaks
St Albans
AL3 6DJ
Tel: Tel: 01727 844523

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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 

Overall summary

We carried out an unannounced inspection on 24 and 26 November 2015. High Oaks, is a six bedded residential care home for adults with learning disabilities, autism and poor mobility. The home is registered for six people. At the time of our inspection, there were four people living at the home.

The service had an 'acting manager' who told us the provider was in the process of registering another

manager with the Care Quality Commission (CQC). The person was already employed by Walsingham and was going to be managing this service once the registered manager's application had been completed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People's needs had been assessed and 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.

People who used the service felt they were treated in a caring way and with kindness. People's privacy and dignity was respected by staff and each other. People were supported to maintain their health and wellbeing. There were systems in place to protect people from the risk of possible harm. There were risk assessments in place to provide guidance to staff on how risks could be managed and minimised where possible. People who used the service felt confident to raise any concerns and were assured that they would be managed appropriately.

People told us that they felt safe when receiving support from staff. Staff were knowledgeable in recognising 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.

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including at weekends and during the night. People were supported to take their medicines.

The provider had effective recruitment processes in place to ensure that staff employed to work for the service were fit and proper for their roles and were of good character. Staff had the skills and knowledge about how to support people in line with their agreed care plans. Staff received regular supervision and support, and were clear about their roles and responsibilities.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005. The manager had submitted one DoLS application to the local authority for a person who was being deprived of their liberty in order to keep them safe.

The provider had a policy and process for dealing with complaints and concerns. There were some quality monitoring processes in place and these were being developed by the manager. People's views had been sought regarding the quality of the service.

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.

There were systems in place to safeguard people from the possible risk of harm.

There was sufficient numbers of staff to meet the needs of people safely.

People were supported to take their medicines safely by trained staff.

There were robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs.

People's consent was obtained prior to care or support being provided and this was also the case where people lacked capacity.

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.

Good



Is the service caring?

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.

People were provided with information about the service.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support that met their needs and took account of their preferences and personal circumstances

People were supported in accordance with their agreed care plans. The manager and staff worked in partnership with other professionals, to be responsive to peoples changing needs.

There was a complaints procedure in place.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service.

The service had a manager who was in the process of registering with CQC.

Good



Summary of findings

<p>There were some quality monitoring audits and checks in place and these were being developed. Staff understood their roles and responsibilities and felt well supported by the manager.</p>	
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Walsingham Support - 1 High Oaks

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 24 and 26 November 2015 and was carried out by one Inspector. The visit was unannounced. Before our inspection we reviewed information we held

about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two members of care staff, the acting manager and the quality manager. We received feedback from health and social care professionals. We viewed people's support plans. We looked at staff records. Policies and procedures for safeguarding people and complaints records. We looked at quality monitoring records including various audits which had recently been introduced by the manager. We reviewed staff support documents, team meeting minutes and individual training and supervision records.

Is the service safe?

Our findings

The two people we spoke with both told us they felt safe living at High Oaks. Other people were unable to communicate fully because of their complex health conditions but we observed people were kept safe by staff. One person told us “The staff look after me, I like it here I am safe here the staff are nice.” No one expressed any concerns with regards to their safety in relation to staff and the care they received.

Staff had received training in safeguarding and staff we spoke with were able to describe the different types of abuse, and the procedure they would follow if they witnessed or suspected abuse. Staff told us they would report any concerns immediately to the manager. The acting manager told us there had been a safeguarding concern and we saw evidence that it had been appropriately referred to the local authority team for investigation. The safeguarding had not been concluded at the time of our inspection. We were shown the process that had been followed, and the acting manager and staff demonstrated they were aware of their requirements with regards to safeguarding people who used the service.

We saw that care records included risk assessments for people who used the service in relation to their support and care. These were reviewed periodically and also whenever there was a change in a person's ability of condition. The manager adopted a proactive approach to risk management which meant that staff were able to provide care and support safely and in a way that promoted people's independence and lifestyle choices. For example people were encouraged to participate in activities they enjoyed even if they were risky, such as attending a busy Football ground to watch Football.

Care plans provided information for staff as to how the risks were to be managed to ensure the safety of people. For

example a person who had a medical condition had clear instructions in the front of their care records which informed staff what they needed to do to keep the person safe.

Safe and effective recruitment practices were in place to make sure that staff employed at the service were suitable to work with vulnerable people and that staff were suited for their roles. Recruitment checks were undertaken these included disclosure and barring checks (DBS), completed application forms where gaps in employment were explored, and references were taken up from previous employers. This process helped to assess the person's suitability to work with vulnerable people.

Staffing levels were adequate to meet the needs of people in a timely way. The acting manager told us that due to recent changes to a person's condition additional one to one support had been put in place to ensure the continued safety of the person and other people who lived at High Oaks. This action by the management demonstrated a commitment to keep people safe. Staff told us they felt the staffing levels were good.

There was an appropriate policy and procedure in place for the safe administration of medicines. Staff had received training and their competency was checked periodically. Medicines were ordered through a local pharmacist and were dispensed in 'pods' (individual containers for each person's medicines). We saw that there were regular medicines audits which ensured any discrepancies were quickly identified and rectified.

We saw that there were appropriate systems in place for the safe storage administration and disposal of medicines. There was a protocol in place for medicines that were to be administered as PRN (medicines to be taken 'as needed'). Feedback from commissioners expressed no concerns with any aspects of the service. The latest contract monitoring report rated the service as being 'good'.

Is the service effective?

Our findings

We observed people received care that was effective and met their needs. One person said, “The carers know what to do.” We observed staff to be confident and clear about their roles and responsibilities. The staff we spoke with told us they worked as a team to support people and achieve the best possible outcomes for people in their care.

People told us that staff always asked about their preferences and obtained their consent before helping them to support them. Staff confirmed that they felt it was important to know people well in order to ascertain what they wanted and how they liked things to be done. We observed that staff knew people very well and were able to assist people effectively without having to go through the care plan. We saw that written consent had been obtained and had been recorded in their care plan. Staff understood their roles and responsibilities in ensuring that people had consented to their care and support.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that one person was being deprived of their liberty to keep them safe and an assessment had been submitted to the local authority and was awaiting an authorisation.

New staff completed an induction programme when they started working at High Oaks. Mandatory training was also

provided in a range of subjects designed to help staff perform their roles safely and effectively. This included in areas such as moving and handling, food hygiene, and medicines. Staff told us they felt the training was appropriate and gave the skills required to enable them to carry out their role effectively.” Another carer said, “After my induction, I shadowed other carers which gave me confidence to support people in meeting their needs”. A computerised record of all staff training was kept including when updates were due.

We saw that staff had received regular supervision, team meetings and an annual appraisal. This provided an opportunity to review and discuss any identified areas for training or anything relevant to their work and personal development. Staff confirmed that they had regular supervision and they could speak with the manager whenever they needed support. These meetings were used as an opportunity to evaluate the staff member’s performance and to identify any areas they needed additional support in.

Staff told us they planned the menus with people who lived at High Oaks. Staff did the cooking and demonstrated that they were knowledgeable about people’s nutritional needs and preferences. Information was available in the kitchen showing the dietary needs and likes and dislikes of people. We saw that all information relating to food was supported by pictorials to help people with making choices and also to support those who had limited verbal communication skills.

People were weighed each month. If anybody’s needs changed, for example, if someone experienced significant weight loss, people were referred to relevant professionals for advice and support.

People were supported to access and attend healthcare appointments with professionals such as GP’s dentists and opticians to help maintain good health and wellbeing. We saw that people’s health care records were in a ‘purple folder’ which was taken to all health related appointments and was completed by the healthcare professional, this ensured there was a concise and effective records of people’s health history.

Is the service caring?

Our findings

We observed people were supported by staff who were kind and caring. A person told us “I like living here; I had been here a long time”. We saw that staff interacted positively with people they supported and people looked comfortable when staff were around.

Staff helped and supported people in a way that maintained their dignity and respected their privacy. We saw staff were caring and sensitive in their approach to people and they offered reassurance when people were apprehensive. We saw that there was trust between staff and people who lived at High Oaks. For example we saw that a person was upset about something and the staff immediately reassured them and offered to take them for a walk. The person became more relaxed and went off out with a member of staff.

We saw that staff knew people well and interacted positively with people living at the home. When speaking with staff about people’s care needs staff spoke kindly and compassionately about people. The acting manager told us about a person whose condition had deteriorated due to their medical condition. They were speaking about the person in a way which demonstrated that they cared about the person’s wellbeing and they were doing the best they could to support the person in a kind and compassionate way.

Staff and the manager also said that the staff team were consistent with very little turnover and they enjoyed

working at the home. The manager told us they occasionally used agency staff and they always had the same couple of people working at the service who knew people who lived there very well and people had got to know them. This meant that people had their needs met continuously by staff who knew them well.

Care records contained information about people’s backgrounds and staff told us this was important in understanding people’s lives and what their care pathway had been before coming to live at the home. Staff told us that this information helped them to understand people better and helped them form positive relationships.

People’s bedrooms were personalised and reflected their individual preferences. For example one person who supported a particular football team had their room decorated with a variety of items of memorabilia. They were very proud and told us the staff had helped them to choose the décor. The person also told us about all the photos they had collected to remind them of happy times in their lives. When the person told us about their photos they were clearly happy and evoked fond memories. Staff communicated with people in their preferred manner and provided explanations so that where possible people were encouraged able to express their views.

We saw that staff respected the people they were supporting and maintained their dignity. We observed staff respecting people’s privacy they were discreet when offering personal assistance and maintained confidentiality.

Is the service responsive?

Our findings

Staff we spoke with described in detail the needs of the people they cared for. People received personalised care and support that met their individual needs and took into account their life histories and personal circumstances.

Staff had access to detailed care and support plans, information and guidance about how to look after people in a person centred way. Support plans were detailed and based on people's individual likes and dislikes.

The manager told us how the needs of a person who lived at High Oaks had changed. They told us and showed supporting documents to demonstrate that they had contacted the person's social worker and requested a review of their care and also had secured additional resources to support the person appropriately. Professionals had attended strategy meetings to agree what was best for the person and to ensure their needs continued to be met during the transitional period. This demonstrated that the manager and staff were able to respond to people's changing needs.

People were supported to pursue activities and social interests they enjoyed in the home and also in the community. These were incorporated into care planning in the form of short and long-term goals. We saw in the case of one person they had become a 'purple member' of a particular football club who they were passionate about. Staff had supported the person with an application and they had achieved a lifelong ambition. We also saw that people had been supported with funding to go on holidays

and adventures. We saw that people who lived at High Oaks were supported to aspire to achieve anything they wanted to and their disabilities did not prevent them from achieving their objectives.

Staff told us they involved families or friends in care planning and reviews where people wanted family to be involved. Staff told us they read care plans and checked for regular updates. Staff and the manager also said they involved the person's key worker in reviews as these were the people who were involved in the day to day care provision and knew the person well.

Staff were able to tell us in detail about preferred routines. For example on the day of our inspection three people had already left to attend their various day care provisions. Another person was getting ready to go out for a walk. People had contributed to the lease of a car to enable them to have their independence and staff regularly took people to activities in the community or just out for a drive around the local community. People's choices, preferences and wishes had been taken into account in the planning of their care and had been recorded in their care plans.

We saw that there was a complaints procedure in place and this was displayed in the office and an easy read format was discussed with people and was part of their care file. Staff told us they would support people if they wanted to raise any concerns they might have about the care provided. We saw there had been a couple of complaints which had been investigated and the outcome had been recorded ensuring the person who made the complaint was satisfied with the outcome.

Is the service well-led?

Our findings

There was an acting manager in post, and a manager who was based at another location was in the process of registering with CQC. The manager had only been working at the service for four months and already demonstrated a clear vision for the service. During our inspection we observed that they spent time around the home and interacted with people who lived there. People who spoke with us knew who the manager was and were positive about them.

Staff also spoke positively of the management of the home and how it was run. Staff told us they felt the manager was approachable and fair. A member of staff told us they were well supported by the manager and they appreciated the structure they brought to the service. Another member of staff told us they valued the fact that the manager discussed things with them and listened to their views and opinions.

Staff told us, and our observations confirmed that managers led by example and demonstrated a strong and visible leadership. The manager was very knowledgeable about the people who lived at the home, and spoke in detail about their needs and personal circumstances. Staff had clear roles and responsibilities. The manager demonstrated they had a good 'overview' of everything that was going on within the home. They told us that they had an open door policy and made themselves available to staff and people who lived at High Oaks. We saw throughout the day positive interactions between the manager, staff and people who used the service.

The manager told us that they were well supported by senior managers within the organisation. They had regular meetings and were supported by operations and development manager and a quality manager who completed monthly audits at the service.

We reviewed and talked about the various processes that were in place to monitor and improve the quality of care

and support of the service. This included the monitoring of accidents and incidents; the learning outcomes were identified and shared with staff. The manager demonstrated that they used 'reflective' practices which assisted their learning and supported improvement.

We found that the views, experiences and feedback were obtained from people who lived at the home. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to improve the home. We saw that a system of audits had been completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as an audit of medicines. Notifications had been completed in a timely way and sent to CQC as required. The manager encouraged people to raise concerns and we saw examples of how these had been dealt with by the manager and people had received written responses informing them what was being done about their concern. This demonstrated that the manager listened to people's views and valued them.

During our inspection we found the management and staff to be open and transparent, to value and respect staff and people who lived at High Oaks.

We saw evidence that there were regular staff team meetings, and we saw that the minutes from these meetings covered various topics relating to all aspects of the service for example they were introducing a new system of pictorials to support people with choosing food and drinks.

The manager told us they worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the necessary information to enable them to provide the care that people required. Staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people using the service. We observed this to be the case throughout our inspection.