Walsingham Support

Luton and Bedfordshire Supported Living and Community and Home Support

Inspection report

Woodlands
Leamington Road
Luton
Bedfordshire
LU3 3XF

Tel: 01582564780
Website: www.walsingham.com

Date of inspection visit:
10 January 2018
24 January 2018

Date of publication:
19 April 2018

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 announced comprehensive inspection took place on 10 and 24 January 2018. This was the first rated inspection of this service.

The service provides care and support to people living in four 'supported living' settings, so that they can live in their own home 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. Some people using the service lived in their own flats in one of two low rise blocks, others lived in ordinary houses within one street in Luton or within flats in a converted building that was previously a care home. Each setting had office space and facilities for staff to sleep in overnight.

Not everyone using this service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

The service had safeguards in place to protect people from the risk of harm. People's support plans and risk assessments were detailed, person-centred and reflective of their changing needs. Medicines were managed and administered safely and people were supported to manage their own medicines if they wished to and where this was assessed as safe. The provider had safe recruitment processes in place to ensure people were supported by suitable staff and there were enough staff with the right skills and knowledge to meet people's needs.

Staff received training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people they supported. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and associated regulations.

People had enough to eat and drink. People did their own meal planning, shopping and cooking with support from staff. They were supported by caring staff, who understood their needs, promoted their rights,

encouraged their independence and respected their privacy and dignity.

People had opportunities to contribute to their care and support and were included in reviews and meetings. People had plans and aspirations for the future and were supported to work towards these. People also had active social lives and participated in many community activities.

The service had robust quality assurance systems in place and held regular audits to identify any areas that required improvement. There was a complaints policy which detailed how people could make a complaint if they wished.

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.

Staff had an understanding of processes to safeguard people from harm and how to report any concerns.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were protected from the risk of the spread of infection.

Systems were in place to ensure people's medicines were managed in a safe way and that staff were competent to administer medicines where people required this support.

Is the service effective?

Good

The service was effective.

Staff training was up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided and the requirements of the Mental Capacity Act 2005 were met.

People had enough to eat and drink and were supported to maintain good health.

Is the service caring?

Good

The service was caring.

Staff interacted well with people and respected choices they made, supporting independence and their right to make decisions about their life.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were involved in assessing their needs and planning their care.

People were supported to follow their interests and to have aspirations for the future.

People received personalised care that was responsive to their needs.

People were aware of how to make a complaint and systems were in place to enable people to do so.

Where they wished to, people were supported to make plans about the care they wanted towards the end of their life to ensure a dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

The registered manager and the management team supported staff well and promoted an open and person centred culture within the service.

People had many different ways in which they were able to share their experiences of the service and their views were acted on.

There were audit systems in place to support the service to deliver good quality care and these were used to make improvements.

Luton and Bedfordshire Supported Living and Community and Home Support

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.

This inspection took place on 10 and 24 January 2018 and was announced. On 10 January we visited the registered office, spoke with the registered manager and staff. We also visited two of the supported living settings to meet people and observe the interaction between people and staff. On 24 January, we visited the other two supported living settings to meet people and observe how staff engaged with people. We also spoke with more staff, and in the afternoon, held a focus group for the people who used the service to seek their views about the service they received. We gave the service one week's notice of the inspection visit because the registered manager is often out of the office supporting the running of the service. We needed to be sure that they would be in. We also wanted the people who used the service to be made aware of our visit in advance. This was so they had enough time to think about whether or not they wished to meet with us, and if so, what they might wish to discuss with us.

The inspection was carried out by 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. The expert at this inspection had experience of caring for people who use this kind of service.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. We also reviewed a Provider Information Return (PIR) completed by the provider. 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. We used this information to assist with planning the inspection.

During the inspection, we met with nine people who used the service and spoke in depth with six of them at the focus group. Where people were unable or did not wish to speak with us about their experiences of the service, we observed the interaction between them and staff to help us understand. We also spoke with the registered manager, two team managers, a deputy manager and six support staff. We looked at the support plans and associated records for four people. We also looked at records for four staff and those relating to the provision of support and the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the service and the support they received from staff. One person told us, "I do feel safe because I have my own key and I can lock it (the door), but staff have a spare key." We found that people used technology to support them to feel safe in their home. This included door alarms, call systems and mobile phones.

A team manager told us they had recently started to facilitate a number of themed workshops with people in relation to various aspect of personal safely including, abuse, hate crime, stranger danger, keeping safe, and scamming. People and staff had worked together to develop accessible format information to support others to learn about how to keep themselves safe. More information about staying safe was available to people in an easy read document and a team manager told us that this issue was discussed routinely with people individually and in meetings. Therefore, people were supported to remain safe.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Staff we spoke with demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about external organisations they could report concerns to and were confident that if they reported any concerns to the management team they would take appropriate action. A member of staff said, "They would take any concerns brought to them very seriously, yes. I would trust them to take the right action to keep people safe."

Individualised risk assessments had been developed to give guidance to staff about how any identified risks to people's health and wellbeing could be minimised. The balance between the benefits of any activity to the person and the steps put in place to minimise the risk of harm were clearly documented. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included talking to people and looking at their support plans, using the provider's reporting system, and talking amongst the team about any changes in people's support needs. This provided staff with up to date information that enabled them to protect people from the risk of harm while restricting their freedom or control over their own life as little as possible. Records of incidents and accidents were kept and the management team reviewed these on a regular basis to identify any trends so that action could be taken to reduce the chances of reoccurrence.

One person told us there was enough staff to support them safely, and that they were usually supported by staff they knew, who arrived on time and stayed for the length of time that was scheduled. We saw there was enough staff to support people to participate in their chosen activities on the day of our inspection.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in the country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers

make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed safely. People were supported to be as involved as they wanted to be in the administration of their medicines with, the appropriate degree of support from staff. The Medicine Administration Records (MAR) we saw for each person had been completed correctly, with no unexplained gaps. Medicines were stored securely within people's homes.

Staff had training in the prevention and control of infection and demonstrated an understanding of good practice in relation to this. They were able to explain how they used Personal Protective Equipment (PPE) when assisting people with personal care to ensure the risk of the spread of infection was minimised. They also explained how they supported people to understand basic food hygiene when assisting them to cook meals.

From our discussion with the management team and senior staff we saw that they all worked together to ensure they learnt from errors that were made. We saw that incidents and accidents were analysed and where patterns or trends were identified, a review of the person's support was triggered. We also found that the management team and provider acknowledged that mistakes had been made in the development of the service when it was first set up. Following feedback received about the lack of involvement of people and staff they created an improvement plan to ensure this was addressed and improved in future. The registered manager worked with team managers to share best practice and we found that all members of the management team were open to feedback and keen to make improvements to the service they provided.

Good

Is the service effective?

Our findings

From the care and support records we looked at we saw that people's needs and preferences were assessed prior to them coming to live at the service. The assessments identified people's needs in relation to issues such as social inclusion, eating and drinking, mobility, communication, personal care, and any specific health conditions. From this process a care plan was developed to identify each individual need and what support was required from staff. Care Plans we looked at contained good information about people's needs and sufficient detail about the person's preferences for staff to be clear about how they wished to be supported. We saw that care plans were regularly reviewed and updated when people's needs changed. Staff told us that they kept up to date with changes in people's needs by talking with them, reading the care plans and through daily hand over meetings when coming on shift.

Staff had the right skills and knowledge to meet people's needs. One person told us, "The staff are good at helping me do things for myself." We saw that staff had very good knowledge of the people they worked with and understood that each person required individualised support based on their needs and preferences. They had a good understanding of their role as enablers, supporting people to be as independent as possible and communicated with people skilfully.

We found that the service made use of technology to enhance the delivery of effective care and support, and to promote people's independence. For example, people had access to the internet and were supported by staff to make use of it for managing money, shopping and social activities. Most people who travelled independently had mobile phones to support them to come and go freely but seek support if it was needed. At the time of the inspection the registered manager had arranged a meeting with the local authority to discuss how assistive technology could be used more effectively to support independence and quality of life. They had also arranged to invest in a tablet that could be used in the bath. This would enable people to listen to music and participate in other sensory activities.

Staff we spoke with told us they had received a good range of training and felt they were supported well by the provider to carry out their roles. One member of staff said, "[The provider] is good with training. We get a lot of opportunities to learn and develop our skills. I have done positive behaviour management training and I am now going to do dementia awareness." Records for staff showed that training was kept up to date and covered topics that were relevant to the needs of the people using the service, such as; autism awareness, moving and handling, safeguarding, and the Mental Capacity Act 2005. New staff received thorough induction which involved assessment to ensure they had sufficient knowledge and skills to do their job before they passed their probationary period and were confirmed in post.

Staff confirmed they had supervision including observations of their practice to support them in their role. They confirmed that supervision supported them to do their job well, to identify their training and development needs and to share issues connected to their work.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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.

Staff clearly respected people's right to make decisions and told us that they always aimed to work within the principles of the MCA, assuming that people had capacity unless there was reason to believe they did not. They understood the need to ensure that every effort was made to support people to have the right information to make informed decisions. They also understood the need to assess a person's capacity when it was in doubt, and to follow the correct process when making decisions in a person's best interests. In this way people's rights were protected. One member of staff said, "When a person has capacity and understands the decision they are making, we should support them to follow through this decision and give them information so they understand exactly what it is they are deciding about. It's not about whether we would make the same decision as them." There was evidence that where it was thought a person may lack the capacity to make a specific decision about their care, a capacity assessment was carried out, and where appropriate, a decision was made in their best interest.

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 Deprivations of Liberty Safeguards (DoLS). Under DoLS arrangements, when it is assessed that a person's freedom may need to be restricted to keep them safe, providers of supported living services are required to submit applications to the Court of Protection. Staff were aware of this requirement, and were able to give examples of when it may be appropriate to do so.

People received good support to eat a nutritionally balanced diet and to have enough to drink. People planned, shopped for and cooked their own meals with as much or as little support as they required. For some people, this meant staff provided meals based on the preferences of the person, for others it meant the task was shared between the person and staff.

We saw that people were encouraged to consider healthy options along with favourite meals to ensure their diet was balanced. This was done with consideration and respect for people's right to make decisions about what they chose to eat. Where there were concerns about a person's eating or nutritional wellbeing, referrals had been made to dietitians or speech and language therapists as appropriate.

People had access to a range of health and social care professionals and services which included GPs, mental health practitioners, opticians, and dentists. We saw from records that people received appropriate support to access health care which was appropriate to their needs. For some people this included staff accompanying them to appointments, although other people were able to attend independently. Staff updated records to include the outcomes of any appointments appropriately. Staff told us about an occasion where an infection had affected one person's mood and how, once the correct treatment had been provided, the person's mood and behaviour returned to normal. This showed that the staff were observant and took action to identify the cause of any changes noted in the person. This showed that the person was supported to return to good health by staff who knew them well.

Good

Is the service caring?

Our findings

One person told us "I like all the staff because I feel free and they help with that." We observed that staff engaged skilfully with people, showing warmth and genuine interest in them. Conversations were light hearted and friendly demonstrating that people were clearly at ease, that staff knew them well and were able to discuss issues that interested people. Staff spoke about people with admiration and respect. One member of staff told us that a person was, "Absolutely brilliant. [They] are so independent, and despite many challenges, takes on responsibilities and helps out."

Staff we spoke with understood the importance of promoting peoples independence and this was documented throughout the care records. We saw that people were involved with preparing and cooking food, going shopping and completing household tasks with as much or as little assistance as they required. Care records showed that people were involved in how their care was delivered and when they wanted it. One person had written section of their own care plan with assistance, explaining what support they required and how they would like staff to assist them and the goals they would like to work towards.

Staff told us that when they supported people they ensured the individual's privacy and dignity was respected and gave examples of closing doors, pulling curtains, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with any care, including personal care, or with any other aspects of life that were private.

The manager and staff understood the need to ensure peoples personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people's privacy and confidentiality, speaking to them privately about issues rather than in front of others.

Information about the service and the support provided was available to people in an accessible format. This supported people to be involved in planning care and making choices about the support they wished to have. One person spoke of how images supported their understanding. They said, "Staff use pictures on the rota and this helps me know who will come to help me. I also have a picture diary on the wall which helps me know what I will be doing tomorrow."

Relationships that were important to people were respected and where support was required to assist people to maintain them this was in place. People were supported to meet up with family members and friends, to go out together, and to arrange holidays. One person said, "I sometimes like to go out and meet up with my friends and staff help me with that." Information was available to people about independent advocacy services.

Good

Is the service responsive?

Our findings

People were clearly involved in the on going assessment and planning of their support which was personalised and detailed. Support plans offered detailed information about the person, how they communicated their needs, what was important to them, how they liked to be treated and what they did not like or found difficult to accept from others. This enabled staff to provide support based on the degree of assistance each person required to achieve tasks as independently as possible. Respect for the individual and a commitment to empowerment clearly underpinned the way in which support plans were written, and this was also reflected in the approach taken by staff during our inspection. The support plans were regularly reviewed to keep them up to date.

We saw that care was organised flexibly in response to the needs of each individual. For example, One person did not like to stay away from their flat overnight. Rather than deny the person a holiday, the staff worked with them to identify day trips instead so that they could enjoy trips out without the need to stay somewhere unfamiliar overnight.

People's support plans clearly identified their individual goals and aspirations and we found evidence that staff worked with people to realise these wishes. One person had recently had their ears pierced, which was a long held aspiration. We saw that support for this had been carefully planned and when the day came there was a celebration and photographs taken to show the person's achievement. Another person had been planning an engagement party with support from staff. We saw that careful planning had gone into this, and the event was due to take place the following weekend. Another person, who was a keen artist, had recently displayed their work with much appreciation from those who saw it. A member of staff told us about the work they were doing to support a person to refurbish their flat; "We have done it in steps. We identified what [they] wanted to do, found some catalogues to browse through. [They] made their choices and we got those. They now want to move on to the next stage."

A person we spoke with was positive about the support they received saying, "Staff here help with my food shopping, with the books and CDs I want to buy. I make a list over the weekend, it's my choice, but staff help with the writing. I put the list in my bag and I have my card for cash, to pay myself. I help pushing the trolley, but staff pack and I pay." Staff told us that they had supported this person to become more independent in managing their money safely and were currently exploring how technology, such as internet banking, might empower them further towards controlling their own finances.

People were involved in a wide variety of activities within the local community such as art classes, social clubs, church groups, charity fundraising, swimming, trips out to shops or local events and day trips. People were also supported to go on holiday. One person we spoke with took an active role in their place of worship every week and was clearly held in high regard by both officials and the congregation.

The provider had a complaints procedure and we saw that information about this was available in easy read format. One person told us that they could discuss any issues with staff and they were comfortable about talking to the team managers if they had any concerns. Staff told us they would assist people to make

formal complaints if they wanted to. We saw during our inspection that staff and managers made time to discuss issues with people and that people appeared comfortable to talk with them. There was a system in place for recording and monitoring complaints which allowed the provider to analyse causes of and trends for complaints in order to identify and areas for sustained improvements to the service.

We saw that some people's support plans contained basic information about their wishes at the end of their life to enable them to have a dignified and pain free death and a funeral in line with their own beliefs and preferences. Some people had chosen not to complete this element of their support plan for the time being. A team manager told us this choice was respected and that the issue of end of life planning would always be offered to them if they changed their mind at some point in the future.

Good

Is the service well-led?

Our findings

The service had a registered manager who worked across several locations. The service was also supported by two team managers and deputy managers.

We found that the registered manager and the provider promoted a person centred culture, where the needs and views of the people who used the service were prioritised. There was a strong awareness of current guidance in relation to good practice in services for people with learning disabilities. The recent paper "Registering the Right support" is clear that the values that underpin a good service are choice, independence and inclusion; that people with learning disabilities and autism have the same rights to an ordinary life as all citizens. The service demonstrated that they put these values at the heart of the service they provided.

During the inspection we observed people who used the service interacting with the members of the management team. It was clear they felt comfortable, and conversations were open and supportive. One person told us, "[Team manager's name] is lovely. I can talk to her. I can talk to all the staff. I would say if there was a problem and they would help me sort it out. I know they would."

Records showed that people were given many opportunities to provide feedback on the service through a number of means including surveys, care reviews, tenant's meetings and one to one key worker meetings. Staff meetings took place on a regular basis and staff told us they had the opportunity to contribute to discussions and to share their views about the service and how improvements could be made.

Staff were positive about the support they received from the management team and the provider in recent months. They told us the current management team were approachable and they were confident that they would listen to any concerns they raised and take appropriate action. However, some staff said this had not always been the case, and because of this, they felt more time was needed to feel fully confident in the support offered by the provider. One member of staff said that support from management was "Good at a local level, but it's too soon to tell at a higher level." Another member of staff said, "I would say staff morale is high. There have been challenges and a mentality change was required. We have to trust the process." The registered manager told us the provider had recognised that staff needed to be more involved in service developments to enable them to feel valued and part of the process. A team manager said, It's been quite a journey. The management team has evolved and lessons were learnt. We are taking the staff with us now, communication has improved." Discussions with the registered manager and a review of documentation confirmed that the provider had taken significant steps to ensure that staff were able to be more fully involved in future. Staff we spoke with were clear about their role and responsibilities and had a good understanding of the provider's values, talking with enthusiasm about their role in supporting people to take control of their lives.

The provider had effective systems in place to assess and monitor the quality of the support provided. A number of quality audits were carried out on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide

appropriate care. Other audits included checking incidents and accidents for patterns and trends, how medicines were managed, and whether staffing files and training records were well maintained. The audits were entered into an electronic system which could generate targeted reports and action plans which were then cross referenced to staff meeting minutes so that the information was cascaded to the staff team, and appropriate action was taken.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as the local authority, hospitals and other health professionals to ensure the provision of joined-up care. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.