

Walsingham Support

Walsingham Supported Living North East

Inspection report

Cargo Fleet Lane Offices
Middlesbrough Road
Middlesbrough
Cleveland
TS6 6XH

Tel: 01642228505

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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

The inspection took place on 3 January 2018. The inspection was announced. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We needed to be sure that they would be in.

Walsingham Supported Living was last inspected by CQC on 18 and 19 November 2015 and was rated 'good' overall and in all areas. At this inspection we found the service remained Good overall and in all areas.

Walsingham Supported Living is a domiciliary care agency. This service provides care and support to 19 people living in 'supported living' settings, 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 registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We visited three people in their own home and the atmosphere was very homely, warm and welcoming. People who used the service were relaxed in their own home environment and had a good rapport with their support staff.

People were supported to have choice and control over their own lives from being supported by person centred care approaches. Person centred care is when the person is central to their support and their preferences are respected.

People were supported to forward plan and were also supported to achieve personal goals in their lives.

People were always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with people who used limited words to communicate.

People's support plans were in an easy read format and were person centred. They included a 'one page profile' that referenced people's personal histories and described their individual support needs. These were regularly reviewed.

People were supported to play an active role within their local community by making regular use of local resources including the local shops, social clubs and local activities.

Support plans contained person centred risk assessments. These identified risks and described the measures to be taken to ensure people were protected from the risk of harm. This supported people do the

things they wanted to live their lives fully. The support plans we viewed showed us that people's health was monitored and referrals were made to other health support professionals where necessary.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act to make decisions in the person's best interests. For those people that did not always have capacity, mental capacity assessments and best interests decisions had been completed for them. Records of best interests decisions showed involvement from people's family and staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. The service was truly reflective of what people liked and people were in control of this and chose what they would like to eat.

Medicines were stored, managed and administered safely.

Infection control measures were in place for staff to protect people from the risk of infection through cleanliness and protective clothing.

People were supported to exercise their rights and regular access to advocacy services and engagement (have your say) opportunities were available.

People were supported to maintain their independence on a daily basis.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager was supportive and always approachable.

Staff were trained in equality and diversity were also able to maintain and develop their skills through further training and development.

People were supported by enough staff to meet their needs and also individually with one to one support.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how support staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal audits.

We found people who used the service and their representatives were regularly asked for their views about the support and service they received.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 ●

This service remains Good.

Is the service effective?

Good ●

This service remains Good.

Is the service caring?

Good ●

This service remained Good.

Is the service responsive?

Good ●

This service remains Good.

Is the service well-led?

Good ●

This service remains Good.

Walsingham Supported Living North East

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 January 2018 and was announced. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of one adult social care 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.

At the inspection we observed and spoke with three people who used the service at their own home. We spoke with the registered manager and four support staff. We also made phone calls following the inspection to three people who used the service and six relatives.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted the local authority who commissions the service.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each

other. We spent time observing the care delivered at the service to see whether people had positive experiences. This included looking at the support that was given by the staff, and observing practices and interactions between staff and people who used the service.

We also reviewed records including, three staff recruitment files, three medicine records, safety certificates, four support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

People who used the service we spoke with told us that they felt safe being supported at home by the service. They told us, "The staff make sure we get our tablets on time."

We also spoke with peoples' relatives and asked them if they thought the service was safe and everyone we spoke with felt that the service was safe. One relative told us, "Yes people are safe and if I didn't think [name] was safe they wouldn't be there."

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included; taking medicines, swimming and independent travel.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse.

We saw there was enough staff on duty to support people on a one to one basis. Rotas confirmed there was a consistent staff team and a low turnover of staff.

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

People's medicines records contained their photograph and allergy information. Medicines administration records were completed when medicines were administered to people and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed regularly.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends

were identified. These were also sent off to the regional office for further analysis. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored. Staff had regular access to supplies personal protective equipment for carrying out personal care, medicines and preparing food and were trained in infection control.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, when we asked the people who used the service and their relatives about the staff, they told us, "Staff are helpful – they are very good." And another told us, "Staff have time to chat." One relative told us, "There is enough staff. They have time to sit and chat with [name] – it's nice."

People were supported to access other healthcare services and attend appointments. Staff gave us examples of how they supported people. One member of staff told us, "We help [name] go to the GP and optician." And another told us, "We supported [name] to go to the chemist to collect their prescription and they manage this on their own now and are very proud of this."

People were supported to make choices and this was observed during the inspection when watching staff interactions with people. People we spoke with told us how they had chosen holidays and outings with staff and they showed us their photographs.

People were supported by trained staff and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; positive behaviour support, epilepsy awareness and fluids and nutrition. These were in addition to course which the provider deemed mandatory; Equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know the people who used the service before working with them.

People were supported to have a healthy diet and where people needed additional support with their diet this was documented in their care plans, staff were trained and the appropriate support was gained from healthcare professionals.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for people who use domiciliary care services are carried out through the court of protection.

We checked whether the service was working within the principles of the MCA, and at the time of our inspection one application had been made to the court of protection to support a person with their finances. Staff were all trained in the Mental Capacity Act and where best interests decisions were made these were documented clearly and relatives, advocates and social workers were involved.

Is the service caring?

Our findings

People's privacy and dignity was respected by staff that were discreet. Personal interactions took place privately to respect people's dignity and maintain their confidentiality. One person we spoke with told us, "The curtains are closed when we are in the shower" and "They (staff) knock before they come in my bedroom."

We spoke with relatives they told us how dignity was important to them and one relative told us, "They treat [name] with such respect, it was the one thing we asked for." and another told us, "They treat [name] with respect they ask things if they say no then it's a no."

People were supported by caring staff and during our inspection we observed kind and considerate interactions between staff and the people who used the service. One person told us, "The staff are caring and kind they take us to the pub for dinner or the disco at the gateway."

Independence was promoted and we observed staff offering support to people and encouraging them to be independent, for example, by letting them show us around their home themselves, and making choices as part of everyday life. One person told us, "I can go to the dentist on my own now." Another told us, "I do my washing and ironing on a Tuesday." and another told us, "I do my own washing whenever." One member of staff told us, "We promote people's independence and we don't bombard them with options we get to know what people can cope with and can do for themselves."

People were involved in their care. People took part in monthly meetings to go through their care plans and make any changes that were needed. Families and social workers were also included in the process. One relative we spoke with told us, "Staff listens to [name] they are very involved in their care."

People were supported to have choice and control and were supported on a daily basis to make their own choices regarding all aspects of life. We saw this in people's care plans and also when we spoke with people. They told us about how they chose what activities they did, where they went shopping and what food and clothes they bought.

Staff were trained in equality and diversity and the staff we spoke with were knowledgeable and told us, "If I was out and about for example and someone was discriminatory towards one of the people I support, I would firstly make sure the person is ok and I would say something to the person and let them know it's not OK to be like that. If it was a member of staff I would report them."

People were supported to be active within their chosen religion; we saw how people who used the service were supported to attend their place of worship on a regular basis.

People were supported to maintain relationships outside of their home and staff supported this. One member of staff told us, "We support some people who have friendships and personal relationships and we help them to meet up at events and each other's houses."

People who wanted or required advocacy support were supported to access this to exercise their rights. The registered manager told us. "We have people who access advocacy and this has been arranged via social services. But we can arrange it for others if it was needed. We talk about advocacy in team meetings and all staff have copies of the contacts and it is also on display for people."

Is the service responsive?

Our findings

People were supported in a person centred way. Support plans were developed in partnership with the person and were a very accurate reflection of their personalities, likes, dislikes and choices. These gave a detailed insight into people's background and included a one page profile with photographs for quick reference.

People were empowered to set themselves goals that were personalised and were supported to achieve them. When we spoke with staff they confirmed that they always encouraged people to achieve their goals no matter how small. We saw in one person's file how they had planned to visit York and had achieved this, another was to start attending a gym and this was also completed and on going.

One relative told us that they were proud that their family member was living independently with support and told us, "This is their home, their independent home it's not residential, and we should be proud of that."

Person centred care plans were reviewed regularly. We could see how the service approached care planning and reviews in an easy to understand way to engage people in the process. This process included the following statements; 'This is what I can do myself', 'This is what I need assistance with', and 'This is how I want you to do that'. The plans covered areas of daily care including; diet, communication, mobility, medicines, health and personal care.

People took part in meaningful activities and people told us how they valued these. One person told us, "We listen to music a lot, I like Elvis" and "We go to the Gateway (social club)." Another told us, "I go shopping for clothes and I go home for a sleepover." And another told us "We go to the Dorman's club (social club)."

Regular relatives meetings took place to enable relatives to meet with the registered manager and raise any concerns, share ideas and have open discussions to improve the service. One relative told us, "We have a relatives' meeting tomorrow where will discuss all good and bad points, we also have frequent questionnaires." Another told us. "We have a meeting this week; it should deal with things before they become problems."

People's preferences were adhered to and staff knew how to respond if a person didn't like something about the service. People, their relatives and staff knew how to complain if they needed to. One person told us, "I would go and tell the staff if I wasn't happy with anything." And a relative told us, "I have complained before and I am happy how it was dealt with."

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the registered manager. We saw that one person that used the service had a plan in place regarding arrangements. The registered manager told us, "We are in the process of discussing this. Letters have gone out to the people we support and their parents and carers. Some people we support have things all arranged and others don't want to discuss it. We are awaiting the responses. Then we will support people

who want to, to make plans."

Information was provided to people in various formats and we saw examples of 'easy read' care plans, tenancy agreements, voting information, complaints procedures, minutes of meetings and goal planning. These had been compiled using photographs, large print and manageable text that was appropriate. The registered manager told us; "A lot of our people who use the service can read and some need some support, we have things put onto CD also if needed."

People were able to attend and present at engagement events that were held by the provider nationally to seek the views of people who used the service at a local level. We saw the feedback from the 2017 event and one of the main topics was making people aware that they had the right to be involved in decisions made about their medicines. We saw that this was passed on at team meetings and to other people in the service. Another outcome from the conference was that people said they wanted more support to make friends and have relationships. We saw that this was happening at this service.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post. We asked for views on the management of the service and received positive feedback. One relative told us, "It is very well managed and the staff are very happy."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We saw the minutes of these meetings and could see how the people who used the service were discussed and their progress and care plans and staff told us they valued these meetings.

The registered manager explained to us how the staff supported people to maintain links with the local community and make use of local amenities regularly, for example using the local shops, pubs and community and social clubs. When we spoke with staff they confirmed this and told us; "We always go to the local shops and the people in the shop know our people."

The registered manager ran a programme of regular audits and spot checks throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the provider and these visits included reviewing staffing, health and safety and the building/environment. They also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

The provider was committed to improving the organisation and the support for people. The registered manager told us; "Another outcome from our annual conference is that we are setting up a 'Mate and Date' night we are looking at venues and promoting this in the near future as people told us they wanted more opportunities to make friends and start relationships, so we are setting this up."

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, relatives and stakeholders of the service. This was carried out the previous year and had a poor response. The registered manager had set up regular meetings with relatives to gather their views to get a better response as well as annual questionnaires. One outcome from an issue raised was to start up regular house meetings for people who used the service. The registered manager told us, "These meetings have gone off the radar a little bit, everyone has a one to one meeting with their key worker but I am working on getting house meetings up and running again where people want them as they give an opportunity for people to get together."

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.