Walsingham Support

Walsingham Support - Holly Dyke

Inspection report

Walsingham
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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This was an unannounced inspection that took place on 12 May 2017. It was conducted by one adult social care inspector.

At our previous inspection on 10 November 2014 the service was rated as good, with the outcome 'Well -led' rated as outstanding.

Holly Dyke is a purpose built house that can accommodate up to six people who are living with autism or a learning disability. It is situated in a residential area of Workington and is near to local amenities. Accommodation is in single bedrooms. There is a lounge and a dining room, kitchen and a utility room. The house has a pleasant garden and a small car park.

Holly Dyke is operated by Walsingham who run similar services in England. The home has a registered manager in place. 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.

People in the home were protected from harm and abuse because staff were suitably trained and aware of their responsibilities. People told us that they felt safe in their house and trusted the staff team. Staff told us they felt confident about speaking of any concerns they had to any member of staff but that they would normally go to the registered manager or her deputy.

Staff understood the theories and the practical application of equality and diversity measures and paid attention to the human rights of people in the home.

Risk assessments and risk management plans were in place. There was an emergency plan and the building was safe and secure. Suitable measures were in place to ensure that infection control was in place. Accidents and incidents were reported and managed appropriately.

Staff were suitably recruited and inducted. There were good numbers of staff deployed by day and night. The organisation had appropriate disciplinary procedures in place.

Medicines were appropriately managed and staff received training and checks on their competence.

Staff received good levels of training and support. Supervision and appraisal were in place. Good practice issues were discussed in the team. Good levels of communication were evident in the service.

Staff understood their responsibilities under the Mental Capacity Act 2005 and no one was deprived of their liberty without the relevant authorisations being in place. Restraint was not used but staff had suitable

training to support people who found managing their behaviour and emotions to be problematic. People told us that consent was sought for any interactions.

People were happy with the food and drink provided. People were encouraged to eat healthily. The staff had a good knowledge of nutritional needs.

We learned that the mental and physical health of people in the service was closely monitored and advice and treatment sought where necessary.

The house was suitably adapted and was a comfortable home for the people who lived there. Maintenance and improvement to the building were given high priority.

We observed sensitive and caring interactions between staff and the people in the home and between the people who lived in Holly Dyke. People were very involved with everything that went on in the house and their opinions sought. Staff took time to explain things to people and gave them choices. There was good access to advocacy services if necessary. Dignity and independence were promoted.

The staff team were aware that some people in the home were growing older and they were aware of the changes brought about by the ageing process. Staff were to be trained in end of life care.

Assessment and care planning were of a high standard. These documents were current, based on good practice and gave details of how people wished to be cared for in all aspects of their lives. We had evidence to show that good person centred planning, detailed care planning and family work had helped people to overcome many personal and social barriers.

We had evidence to show that staff supported people to make the life style choices they wanted. We learned of how the team supported one person to move to more independent living and how they helped someone to make the choice to live in the house.

There had been no complaints received about the care or services in place.

People in the home had wide ranging activities and interests. We judged that the purchase of a holiday caravan had helped broaden people's life experience. People in the home had chosen to attend activities and entertainments in the community which helped them to be integrated into the wider community.

When we inspected the service in November 2014 we rated the outcome well-led as being outstanding due to the way quality was monitored and improvements made. We judged that this outcome remained as outstanding.

The home had an experienced and suitably trained manager whose enthusiasm and energy created a team who were also enthusiastic about the support they gave people. The registered manager and her deputy worked closely together and created a strong and stable leadership for people in the home and for the staff.

Quality systems operated at all levels of the organisation. Every member of staff had a role to play in ensuring high standards were met and improvements made. People were involved in recruitment and in decision making about their lives and the organisation of the home. Audits of all aspects of the service were completed routinely by senior officers of the organisation, the management team and by members of the staff team.

Detailed records were in place. All information was stored safely and was easy to access and to understand. Easy read formats were in place.

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 a good understanding of their responsibilities in protecting people from harm and abuse.

The home was suitably staffed.

Medicines were managed correctly.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supervised to ensure that they developed in their role.

The manager and staff understood their responsibilities under the Mental Capacity Act.

The house provided a safe and pleasant environment for the people who lived there.

Is the service caring?

Good

The service was caring.

People were supported in a respectful and dignified way.

Staff supported people to be as independent as possible.

People had access to advocacy if necessary.

Is the service responsive?

Outstanding

The service was highly responsive.

People's needs were assessed on a regular basis by communicating with people to ascertain their wishes.

Care planning was done in a detailed, focussed and person centred way.

People who lived in the home were supported to be part of the community and to have meaningful activities, hobbies and outings.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The home had a stable and strong management team.

Quality monitoring was done routinely and all members of the team were involved in monitoring and improvement.

Records were easy to access and to understand.

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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.

This inspection took place on 12 May 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care. We planned the inspection using this information.

Holly Dyke is a six bedded home for people living with a learning disability. We met the six people who lived in the service. We also had contact with relatives of a person in the service. We read their care plans and also looked at health care files and person centred plans. We checked on medicines managed on the behalf of people who lived in the home. We also looked at individual menu plans and daily notes.

We met four members of staff and the registered manager on the day of the visit. We read a recruitment file and four staff development files.

We also looked at quality monitoring records, records related to fire and food safety and records of individual financial transactions.

We walked around all areas of the building and we observed the daily life of the home.

Good

Is the service safe?

Our findings

When we last inspected this service in November 2014 we judged that this domain of safe was rated as Good. We judged that this rating was maintained at this visit.

We asked the people we spoke with about how safe they felt. One person said, "Very safe...the house is safe and the staff good to us...nothing to worry about." Another person told us they were, "Safe out in the car and in the house..." Some people in the house did not use speech to communicate. We judged that their body language showed that they felt secure in their home because they were relaxed with the staff on duty.

Walsingham had detailed policies and procedures about safeguarding vulnerable adults from harm and abuse. Staff received regular training and safeguarding was an item on every team meeting and supervision agenda. The records in this service showed that this was carried through in line with good practice and the policies of Walsingham.

We had evidence to show that the registered manager understood how to make safeguarding referrals. We spoke to staff who told us that they felt confident in the registered manager and the provider if there were any issues. The staff on duty had a good understanding of what constituted abuse. Staff in this home had received training on safeguarding and more was planned. They told us that there were guidelines available to support them to make a safeguarding referral if necessary. No one who lived or worked in the service had any concerns on the day of the inspection.

There had been one issue that the registered manager had reported as safeguarding but social workers had judged this to be a matter for on-going case work and care planning. This had helped to resolve the initial issue and the registered manager had taken steps to ensure risks would be reduced. Good risk assessments were in place to allow people to be as independent as possible and to keep them free from harm and abuse.

Walsingham had a policy on whistleblowing and staff told us that were aware that suitable support would be given if they reported any concerns. They told us that they could do this anonymously if necessary and that there was a dedicated help line they could contact. Staff were also aware that they could talk to external agencies. The staff we spoke with said they had not had to do this in this home, but were aware of the systems to do so. Staff also told us that, "Higher management could be contacted and I think they would listen...I would phone London and ask for the top man if I had to. We are told we can and I believe that it has happened somewhere else and action was taken."

We walked around the building and we saw that the premises were safe and secure. There was a local emergency plan in place and Walsingham also had a more generic plan for any emergencies. Staff had guidelines to follow for all sorts of eventualities. Staff we spoke to said they would use this guidance and that they were very confident that, "Everyone who works for the organisation would help out if there was a major problem...I have no doubts about that."

There had been no accidents of concern in the service. There had been an incident reported but this had been dealt with appropriately. Staff understood how to monitor accidents. They were working with one person alongside health care specialists to prevent falls. The management team had attended training on managing risk and reducing the possibility of accidents and incidents.

We asked for copies of the rosters for the four weeks prior to our visit. We saw that the home was suitably staffed by day and night to give people the right levels of support and to allow people to get out to activities and entertainments. On the day of our inspection one staff member had called in sick so the registered manager and the deputy had changed their work patterns for the day to ensure people had the right levels of support. Another member of staff had also changed their working day to help out. Staff told us there were sufficient numbers of staff on duty to give people good levels of support. People told us, "There are enough staff to help me and to let us go out places."

There was a low staff turnover in the home with some team members in post for twenty years. The registered manager had a history of taking staff from other Walsingham services to help monitor and develop them. We had evidence to show that this was current and working well. A member of staff told us, "I love working here...much better for me...really good place to work." We saw evidence of one recent recruitment record and looked at some older files to find evidence of appropriate recruitment. A person in the home told us they "always" went to recruitment days to meet potential staff.

Walsingham as an organisation had very detailed arrangements in place to ensure that recruitment and disciplinary actions helped keep vulnerable people free from harm and poor practice. Managers were trained and monitored in recruitment practice. New recruits had thorough background and health checks. Any evidence of poor practice once a team member was in post was dealt with through robust disciplinary practices. The registered manager told us that there had been no disciplinary procedures in this service but gave us evidence to show that both the registered manager and the deputy manager had been fully trained in managing this and could [and had] been called on to investigate any poor practice in other services in Cumbria.

We looked at the medicines stored for all six people in the service and we checked on the recording of ordering, storage, administration and disposal. We also observed people being supported to take their medicines. Two members of staff completed the administration of medicines together. We saw staff confirming with each other that the medicine to be given was correct and that it was given in a timely fashion. We also heard staff explaining to people in the home what their medication was for. We saw in person centred plans that there were easy to read explanations of the medication people had been prescribed. We spoke with two people who were fully aware of the importance of their medicines and why they should take them. One of them had been supported to go back to their GP to have a medicine prescribed for them again after a review. People were given the opportunity to manage their own medicines and the support to do so if they wished.

We saw extremely detailed records of medicines. Medicines were checked at each administration and on a daily, weekly and monthly basis. We also noted that medicines were ordered and disposed of correctly. Medicines were, from time to time, also checked by the operations manager. The pharmacist from the company that provided medicines completed an annual audit of medicines management. We saw a copy of the most recent audit and this confirmed that medicines were managed safely in the home.

We looked at medicines in relation to the needs of each individual in the home. We noted that people were not given sedative medicines unless these were prescribed by a psychiatrist and were part of a more detailed care plan. We saw that the local GP surgery was contacted if people had an adverse reaction to

medicines. Every person in the home had had their medicines reviewed by their doctor and psychiatrist on a regular basis. One person needed medication at specific times and this was given appropriately on the day and records showed that this was the normal practice.

One member of staff was the 'champion' for infection control and they ordered the personal protective equipment and the necessary chemicals. They also monitored the cleanliness in the house. Good records were in place. Staff had received appropriate training. The house was fresh and clean and all areas were well maintained. Bathroom, laundry and toilet areas were being upgraded so that wall and floor surfaces were more impervious to liquids. Staff and people in the home took a pride in keeping the house clean and they had ensured that cross infection was minimised.

Good

Is the service effective?

Our findings

When we last inspected this service we judged this domain to be rated as good. We saw at this visit that the rating remained as good because suitable systems and arrangements continued to be in place to ensure the service was effective.

The people we met were happy with the way staff supported them. They told us, "They are all very good" and we judged that people trusted staff to have the skills and knowledge to give them the care and support they needed.

We also learned that people were happy with the food provided. One person told us, "The food is good here...healthy and I bake and help make meals."

We spoke with people who told us that they were supported to eat well and to keep good health. One person said, "I have been to the dentist...I have an electric toothbrush and a chart to do about brushing." Another person told us they had support from specialist nurses and occupational therapists, "The staff helped with it all."

People were keen to show us their rooms. One person said, "This is my room and I have all my things here...I can spend as much time in here as I want." Several people told us that they had been involved in the choice of décor and furnishing for shared areas and their rooms. One person said, "I have new covers and new curtains that I wanted..." People were relaxed in the house and made full use of all areas. People told us that they enjoyed spending time in the garden. One person said, "The garden is nice and we use it a lot when the weather is good."

We spoke with the staff on duty and they confirmed that they had regular supervision and appraisal. We looked at a number of records and saw that staff were given space and time to talk about their work, their training needs and anything that might impact on their performance at work. We noted that each supervision and appraisal looked in detail at how staff worked with individuals in the home, looked at any safeguarding matters and at each individual's practice.

Staff told us that they received regular updates to the training that Walsingham deemed to be mandatory. This training included moving and handling, health and safety, safeguarding and training relating to the needs of people living with a learning disability. We also noted that staff did specific training which related to particular issues individuals in the home might be living with. Training was underway to help staff understand a health issue one person was living with. We noted that the registered manager was doing some research into a disorder that one person lived with where there was very little information and no available training. The team were working together on self-directed learning to learn as much as they could to help this person.

Staff told us that they had regular updates to their training on supporting people who had difficulties managing their emotions and their behaviours. We saw that Walsingham had a specific training which relied

on techniques which would support, calm and distract people. The staff told us that restraint was not used in the service and that their training was not focussed on this. One person said, "That would be the very last thing we would do...there are other ways to help people." We noted that medication was used carefully and never used as a form of restraint.

The team were mindful of their responsibilities under the Mental Capacity Act 2005 (MCA) and had received training on this. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and her team had considered that, to some extent, some people in the service had their liberty curtailed for their own safety and well being. The registered manager had dealt with this appropriately. The documentation about Deprivations of Liberty was on file and the care plans showed that staff used the least restrictive measures when keeping people safe. We saw that staff had received training in understanding this legislation and that they also had working knowledge of mental health legislation. They understood restrictions that might be placed on people in their care and they could talk in a balanced way about duty of care and individual rights. We saw that there had been a number of 'best interest' meetings. These meetings allowed groups of professionals [and in some cases the person themselves and relatives] to help support people who lacked the capacity to make their own decisions. We saw records of these meetings and judged that a measured and balanced approach had been taken in relation to issues around consent and decision-making. We saw a best interest decision where a person who found a particular health prevention intervention difficult had been helped to understand the process and the process had been reduced in frequency. This meant the procedure was completed with the least restriction possible.

We sat with all of the people in the home during lunch time. Everyone ate well and the meal was well presented. People said they enjoyed the meals and that sometimes they went out for meals, had take away and treats as well as following healthy eating menus. We looked at the food stored in the kitchen and at the menus. No one in the home had any problems related to nutrition and there were no formal nutritional plans in the home but people were encouraged to follow a balanced diet. One or two people had wanted to lose a little weight. Staff had created a 'choice' book of low fat recipes accessed from a healthy eating and weight loss web site. Each care plan gave details of likes and dislikes and any health related issues that might impact on good nutrition. We judged that people in the home were supported to have a balanced approach to food and nutrition.

People in the home had some physical and mental health related needs. These were recorded in detail in the care files and attention paid to health in all of the care plans. People saw their GP and specialist nurses when necessary. The staff team also ensured that people had 'well-woman' or 'well-man' check-ups and were supported to take up things like 'flu jabs. People visited dentists and chiropodists; saw the optician and other health care providers when appropriate. People looked well and said they were supported to have good health.

One person's health needs had increased their dependency. The person told us that staff had helped them to understand what the illness meant for them long term. Staff had sought support from the specialist nurse for this illness. We saw staff supporting this person appropriately with the timing of medication and with

their mobility. The person was open with other people in the home about their needs and one person said, "We need to help [the person] get round the house and at the table because of [the illness] and we understand".

Three of the people in the home were keen to talk about mid-life changes and how staff helped them to understand these. One person said, "I know what the changes [to my body] are and its normal...so I am Ok with it now."

Holly Dyke is a house situated in a residential area of Workington and is near to local amenities. Some people walked to the town centre; others used public transport and the home had its own car for people's use. The home had a large back garden which was well used for leisure activities. Each person had their own single room and these were decorated and furnished to meet people's needs and wishes. People shared bathroom and toilet facilities. The home had a utility room and a large, well equipped kitchen. Good fire safety measures were in place. The house was orderly and secure. People told us they felt relaxed in the environment.

Good

Is the service caring?

Our findings

When we last inspected this service we judged this domain to be rated as good and we had evidence at this visit to show that this outcome remained as good.

People in the service told us that the staff were "very" caring and some people told us that they had known most of the staff, "for a long time". They were relaxed with the staff and told us, "They listen...they understand and they know what I need." People who did not use verbal communication responded well to staff and were relaxed in their home.

We observed staff interacting with people. People were treated with dignity and respect. Staff paid attention to expressed needs and could also pre-empt wishes when people found it difficult to express themselves. Personal care and psychological needs were managed in a sensitive and individualised way so that people would have their dignity and privacy maintained. Staff used humour appropriately and could gauge each person's well-being so that they interacted with them appropriately. Staff spent a lot of time observing, questioning and considering the well-being of people in the service. The detailed written notes showed that staff considered the emotional, physical and psychological well-being of the people in the service.

We heard conversations between staff and people in the home. Staff acted with discretion and were able to reassure, distract and support people appropriately. Some people in the service did not communicate using speech. Staff used pictures to help people understand and make decisions. Staff understood how to communicate with them and look for subtle responses. Care plans had details of how to respond to people and how to determine what their wishes were. Staff in this service worked in a person centred way. Each person in the home was given individualised care and support because the staff knew their needs and preferences. Staff knew where each person was within their own family and friendship group and understood all their needs. Staff had received training in person centred care and in the care of people living with learning disability.

Staff had also received training on human rights and we saw that the rights of the individual underpinned the provider's policies and procedures. Staff were aware of issues around gender, culture and disability. We saw that this was followed in practice and that these theoretical issues were discussed in staff meetings and during staff away days. Key workers were matched to people with consideration given to matters of identity, interests, gender and the preferences of the person. One member of staff confirmed that the provider was, "A good employer who considers residents' rights and does not forget that we, the staff, are people with rights too." We had evidence to show that these principles were followed in practice and both people in the service and staff were given their human rights.

People in the home were very involved in the day to day life of the home. They were asked about meals, outings and individual wishes. They had also been involved in the service review and their wishes about future planning were taken into consideration. We saw this in plans to improve the environment, choice of meals, outings and holiday plans. Decisions were made with people and took into account their strengths, as well as their needs.

People in the service had access to advocacy and we saw that an advocate had been used to support people to voice their opinions or to make decisions. A number of family members and friends were regular visitors and we had evidence to show that they were made welcome and their visits were part of regular weekly activity planning.

People in the service had been supported by the staff and by their GP to look at issues around resuscitation and some people had started to think about their wishes as they grew older. The registered manager said that the team were aware that as people aged they would need different skills to support them and that end of life planning, dealing with loss and grief were on the training agenda and were spoken about by the team and by people in the home. We saw that one person had been helped through a bereavement and staff had helped them to have a memory garden where they could go to think about their loss. We judged that the service was good at helping people look at the ageing process, change and loss when these things impacted on people.

Outstanding ☆

Is the service responsive?

Our findings

We inspected the service in November 2014 and judged this domain as good. We had evidence at this inspection to show that the staff team had responded to the needs of people in a way which we now judged to be outstanding.

People told us that they were, "Quite happy with my life...this is my home. I go out and do things and it's all in my planner...I am asked what I want to do." We were shown a pictorial, easy read, person centred plan by one person who confirmed they had been asked about their wishes and been helped to meet their goals. They told us, "I go out to speedway, I go to the caravan and go out when I want..." People told us they did what they wanted in life. One person said, "A pint and pool at the legion that's what I like..."

Individual needs were assessed prior to admission and on a regular basis. Assessments had been done in consultation with the person and with health and social care professionals where necessary. Family members were involved where appropriate. Care plans were based on this on-going assessment.

We read all six care plans in the home and these were extremely detailed and covered each person's needs in a holistic and person centred way. They contained guidance for staff that was based on comprehensive assessment of need, individual preferences and good practice. The plans gave details of how the person preferred to be supported in personal care, socialising, health care and in psychological and spiritual needs. Daily notes and reviews of care plans and person centred plans showed that the planning was analysed and adjusted to meet changing needs and preferences. The team were focussed on strengths as well as needs and each file had details of people's strengths. For example the file might cover behavioural issues but would also say the person had a, "Good sense of humour and this can often deflect any problems."

We saw that detailed care planning had helped people to move forward. For example one person's anxiety had lessened; they socialised both inside and out of the service and had a more balanced approach to a healthy lifestyle. They told us, "I am calm now and feel much better in myself." This person had taken control of their medication regime and their preferred activities as they had been encouraged to be assertive.

The staff team had used assessment, risk management and detailed planning to support a person who had previously found holidays difficult but had wanted desperately to visit a particular place. We saw evidence of a successful holiday and the team were working on further trips. This was being done in a measured way at a pace that would not cause distress or agitation but would allow the person to have an expanded view of the world. Health and social care professionals told us that they were impressed with the work done to support this person.

One person was living with a rare and poorly understood condition that only affected a handful of people in the world. We had evidence to show that since admission the staff had worked with the person, their family and health care professionals to gain as much understanding of the person's need as possible. Their care plan was extremely detailed and had contingency planning for times of crisis. Complex physical changes, psychological issues and physiological changes were addressed with detailed guidance for staff. We spoke

with the person who told us they felt they were getting the right kind of support and were fully involved with planning for their future and had consented to staff contacting academics.

The registered manager was in contact with a professor of genetic medicine to help them gain as much information about the syndrome as possible. The person wanted to contact other people with the syndrome. The registered manager was conscious of the ethical considerations and the rights and privacy of other people with the syndrome but hoped to do this by contacting other universities and specialists across the world.

Professionals and the family felt this would support the person's future needs and might potentially help other people. There was limited data on this syndrome and we judged that, although at an early stage, this work might help form a better understanding of prognosis and of an approach that might work best to lessen the impact of the condition. Detailed plans and reviews of what helped with the physiological and emotional aspects of the syndrome were recorded in detail and the person's views recorded.

Care plans also included detailed descriptions of past history. A person living in the service had previously exhibited some serious behavioural problems. There was a detailed contingency plan for staff to follow if there was a repeat of the issues. The care plan showed how to keep any risk at a low level. The approach was discussed with staff in supervision. A member of staff told us, "We understand their needs... We care about [this person]...we don't judge them on their past." Their progress was closely followed by mental health professionals. External reassessments showed, through specific care planning, a lessening of risk over a period of more than ten years and a consultant's opinion that the risk of reoccurrence was negligible.

We spoke with people who could talk about person centred planning and could show us their person centred plans. These were kept by the person and outlined achievements, aims and objectives, individual strengths and needs. Easy read plans had photographs of the person in different environments and in different activities. People discussed their plans and achievements which included taking up new hobbies or sports and managing their lives more independently.

We had examples of people being involved in the day-to-day life of the home. People took the lead in welcoming visitors and in keeping their home orderly. When the inspection started one person opened the door to us; another made us coffee; one person was vacuuming and everyone helped set the table and wash up.
We asked people in the home if they went to day centres or social activities specifically for people living with a learning disability. This question was met with some scorn. One person said, "Why would I...don't like these things...". People in the home had been helped to engage in the activities that everyone in their community enjoyed. People went swimming and to the cinema, out for coffee or shopping.

One person went on regular 'dates' and others said they didn't rule out romantic or sexual relationships. Some people had very simple hobbies like shopping or walking but these reflected achievements for people who had found being out in the community to be difficult. In general we saw that people had real lives that reflected the lifestyle preferences of most people whether or not living with a disability. Some people had very active social lives and others preferred a simpler life. Speedway and football were central to some people while others just enjoyed their own space. Everyone had been on holiday and were planning more day trips, weekends and weeks away at the home's caravan or further afield.

Records showed that staff supported people to have contact with families where possible. Staff had helped families to build new relationships that met with the stage people were at in their lives. The staff recorded contact with families and analysed the outcome and changed their approach if necessary. One person 'face

timed' relatives whenever they wanted and they told us that they, "Knew what [all the family] were doing..." They explained that this had helped them to feel they were communicating on a meaningful level, "Better than the phone" and could in turn show family members aspects of their life in the house. We also met someone who had been helped to transition from living with parents to having a much more independent life. One person was planning a family reunion in the home's caravan to spend quality time with their wider family. We judged that these examples displayed the staff team's ability to work sensitively and professionally with families. The registered manager said she was planning more advanced training for staff on family work to continue with these successes.

Minutes of residents' meetings showed that the people had told staff they sometimes needed to get away from each other. They and the staff team worked together to access some capital and had, with support from the registered provider, purchased a static caravan in a coastal resort. People in the home went there singly or in twos and everyone we spoke to said they felt this helped people to live together harmoniously because they could have some time away from each other. On the day of the inspection people were discussing their next visit.

The staff rented it out to Walsingham staff and service users. This was proving to be very popular and helped people in this and other Walsingham services to have short breaks. It also helped staff to have time away from what could be a stressful job. Walsingham financial services monitored this enterprise. The team had won two national Walsingham awards for this innovative practice.

We asked people in home about how they would make a complaint. People said they would tell the staff team. They also said that they could tell the operations manager or the quality monitoring officer when they visited. One person said they could contact CQC if they were really unhappy. We saw an easy read version of the complaints procedure and we also saw a local version that gave people a way to contact the local social workers or CQC's lead inspector for the service. Staff said they were confident they could help people complain because the provider had lots of ways to consult and listen to people with a learning disability. No one we spoke to said they had any complaints. They were confident that any issues they had would be resolved by the management team.

We saw evidence to show that the team had supported someone to move out of the service. This had been done at the pace the person wanted and needed and with the support of social workers, health care professionals and others involved in this person's life. We then heard about how a new person was introduced to the home. People said they had been consulted and had met the new person on a number of occasions and how they had gradually moved in. We also heard about how staff would help someone who might need a stay in hospital. Everyone had detailed 'hospital passports' on file which would help if there was an emergency or planned admission. We judged that the service was good at helping people in transition between services. Social workers and health professionals told us the staff team worked very well with them and were very "client focussed" when change was being planned and undertaken.

Outstanding ☆

Is the service well-led?

Our findings

When we last visited the home in November 2014 we rated this domain as outstanding and we judged the home to continue to be outstanding at this inspection.

The home had an suitably experienced and qualified registered manager who had worked in the home for a number of years. People who lived in the home knew the registered manager well and said that they would, "Go to her if anything was wrong...she can sort things out." A member of staff said, "[Our manager] is not a distant person...she is one of us and manages us. She isn't so up herself that she can't say she's wrong or that she doesn't know. She is very honest and we learn together."

Staff said that they had team meetings and regular away days. One member of staff also told us that they could talk to managers about any aspect of their work at any time. They said, "I often ask their opinion and I also make suggestions...we all work together for the good of the residents." Staff told us that they felt, "Well supported."

The registered manager was assisted in the management task by a deputy who had also worked in the service since it first opened. The registered manager told us that they worked together as a team and that they shared the management tasks but that she, as the registered manager, was aware that the management responsibility lay with her. The registered manager and her deputy had also supported managers of other services when necessary and had mentored people new to supervisory and management roles. They also had a reputation as a management team who could help staff to develop when they had experienced practice issues or personal conflicts in other locations. We met one team member who said that a move to this team had been, "A really good thing...good for my development." Both these managers had portfolios which reflected their experiences. The roster had recently changed so that these two people were available every day to people in the home, visiting professionals or family members and to staff. This was as a result of consultation with people in the service. They both also worked at different times of the day so that they could judge how well the systems worked throughout the day.

At this inspection we had spoken evidence from people in the home and the staff to show that the registered manager worked on ideas and actions that would bring about continuous improvement but never forgot that this small service was the home of the six people they cared for. The registered manager balanced their needs with the needs of the staff and the team's aspirations for excellence. The team worked on improvement and encouraged independence, yet had not lost sight of the fact that some people in the service were getting older and had some different dependencies and needs. The registered manager was aware that she needed to continually ask herself (and her team) if she met everyone's varied needs and was respectful of the fact that the house was their home. This questioning of her practice was noted by staff and was reflected in her supervision and appraisal notes completed by the operations manager.

The registered manager took her responsibility for ensuring the home met both individual and group needs. She had already proved that she could work co-operative with individuals, families and social work and health care professionals. She was working with the people in the home and the relevant stakeholders to

plan out the next few years where the ageing process, loss and bereavement and end of life care might become more prominent in the home. She was also developing a focus on family work to support people in their family group. This planning was supported by the operations manager and by the wider organisation.

When we spoke to people who lived in the home and the staff team we could see that these two managers led the home in a way that matched the ethos expected by Walsingham. We could see in practice that the managers and the staff team promoted independence, the rights of the individual and that their practice was up to date. We saw specific examples of good practice in relation to behaviours that challenge. For example if there were these types of difficulties they took advice from a professor of psychology who is a leading authority on the support needed by people living with autism and other learning disabilities. We saw copies of academic papers on things like Sener syndrome, Parkinson's disease and dementia. Staff were able to talk about these conditions and were up to date with good practice. The registered manager was using the resources of a dementia network to plan for any work that might be needed for work with people living with dementia. Staff could readily access Walsingham's good practice guides which we reviewed and saw that these were of a high standard.

Staff were able to talk about the policies, principles and procedures set out by Walsingham. The home ran on principles of person centred thinking and those of equality and diversity. We judged that the team in this home promoted the rights of people with learning disabilities in a non-judgemental and often creative way. For example where people showed a reluctance to use day centres for people with a learning disability they looked at community resources that people could tap into. Several people were members of gyms or health clubs or were regulars in local social clubs or pubs because they didn't see themselves as needing specialist activities. Where there was a gap in resources they developed one. This could be seen in the acquisition of the static caravan where the people in the home and the staff had, as one person said, answered the question of, "Why can't we have a place to get away from it all? "

We also saw that the registered manager and her deputy did not take themselves too seriously. They spoke about their achievements with some humility and praised their staff team and gave credit to the people who lived in the home. The atmosphere of the home was open and relaxed. People obviously felt valued and respected and staff were happy working in the home and often gave their own time to projects and to things like outings and holidays. It was a place of laughter and sensitive care.

We noted that the management team were available out of hours and that staff said they would contact them if necessary because, "Both of them are very committed to the home and the care of the residents...they would rather deal with things themselves because of this." Staff also told us that there was always another Walsingham manager they could contact out of hours and that all Walsingham locations in Cumbria had visits out of hours by other registered managers, the quality monitoring officer or the operations manager. We saw records of these visits and copies of the quality audits resulting from the visits.

Staff were very positive about working for Walsingham and told us that it was a very, "Open organisation...I wouldn't hesitate to talk to the CEO if I felt it was necessary. I have met him quite a few times and he has visited the home and knows the people who we care for..." The chief executive officer of Walsingham had visited West Cumbria on a number of occasions and people who used services, their families and staff had met with him individually and in groups to discuss their experiences.

People in the home,and the staff,said that the operations managers were well known and that they visited the home regularly or that they met them at the regular user events held by Walsingham. They felt that these senior officers were approachable and focussed on the care of the individuals in the home and the welfare of staff who worked for the organisation. One person told us, "[The operations manager] knows us all and

likes to talk to us and she listens." The staff also told us that they had regular visits from the quality monitoring team, "who are critical even of the slightest lapse. I suppose that's right so that we get the small things right as well as the overview."

The management team and the staff told us about the quality monitoring arrangements in place for this service. We were told about Walsingham's quality assurance systems which were used throughout the country in all their services. People told us they knew they were, "making sure things were OK..." but they said it was a relaxed experience. One person said, "I make them coffee and we have a talk...it's what happens here."

We looked at the policies and procedures and at the quality monitoring records. Each month at least one senior officer of this organisation completed an audit of different aspects of the care and support systems in the home. We looked at the most recent quality audits for the service. We saw that this service had scored 100% in the quality audits almost every month since our last inspection. We heard from staff that the quality auditor was, "Very strict about the scoring...we had a missing receipt for a couple of pounds and this reduced our score. We won't misplace a receipt again. It is all taken very seriously." The staff we spoke to understood the quality monitoring processes and each understood their responsibilities as part of a total quality monitoring process. People told us they felt valued because of these visits. One person said, "I feel like they really want to know how things are in the house and they help us change things."

The service had used surveys to good effect when looking at quality matters and when planning changes to services. We heard that people in the service, staff, families and other stakeholders had received surveys over the years. The lead inspector had also received surveys in the past. We noted that the provider did not always rely on surveys but also used other ways of consulting with people. This included user events, meetings, social events and discussions, individual interviews and representatives going to national conferences. Walsingham had used a wide spectrum of user engagement systems and we saw that their national and local service reviews had been strongly influenced by these.

During our inspection we saw plenty of evidence to show that this service had a good quality monitoring internal process. For example the staff in this service checked medication was being administered correctly at every administration, daily, weekly and monthly. We saw check lists for the second person because all medication administration was done by two people. We saw the handover sheets where staff confirmed that they had checked that medication was correct and we saw the manager's monthly checklist of medication in the building. A count down list was used to ensure that people were in receipt of the right quantities of medicines. Any issues with medication were recorded and dealt with straight away.

There were checklists for staff that ensured the daily routines of the home were being followed. At the change of each shift the staff discussed the care of the individuals in the home and the management of the systems in place. In the kitchen we looked at the food safety checks. Thermometers were calibrated; temperature probing was completed on a daily basis and fridge and freezer temperatures taken.

Money held on behalf of people in the home was checked on a daily, weekly and monthly basis by different staff and was audited by the organisation. General household tasks were set out for staff who then confirmed that these had been completed. We saw that every task in the service had a quality monitoring check. Some of these checks were devised by Walsingham but we also saw a number of innovative checks that had been introduced by the registered manager. We judged that her development of the daily handover sheet encapsulated the needs of the house and the people who lived there. It ensured that everyone's needs had been discussed and that all the tasks, large or small, had been satisfactorily completed. The check lists were simple to complete yet were comprehensive. These were analysed by the team, with the people

involved and by the registered manager, the quality team and the operations manager. Data and statistics were also checked on by the national team and the outcomes for people in the home carefully monitored by the organisation. This included the quality monitoring reports, returns of things like accident and incidents reports and the way the budget was being used.

We spoke to staff who told us about the roles they had. One team member told us, "Everyone completes the daily tasks, shift by shift but everyone has responsibility for something in the home, we are all key workers for different residents and...we are all champions of some aspect of the home...". We noted for example that one person was responsible for ensuring the home's transport was always maintained appropriately and another person had responsibilities for fire safety. Staff training had supported these lead responsibilities. Supervision notes showed that the management team encouraged staff enthusiasm for interests. Each team member had at least one role. One person told us, "I can't get enough of it...I love having the responsibility for keeping things running smoothly for our residents. I want to learn more and do more even although I have been here for a lot of years." We saw that no matter the team member's age or experience every team member had a role. The team had a new apprentice and she had taken the lead in crafts that she followed with enthusiasm. We also noted that there was a detailed 'matching' process so that each person had a key worker who could empathise and engage with people's needs and interests. This was done on the basis of personality, gender and interests. Each person had chosen their own key worker after the staff member had 'promoted' themselves as the right person for the role.

We judged that the delegation of tasks covered all the things that allowed the home to run smoothly. This meant that everything from reviewing care plans to ordering stationery was under constant review. We saw supervision notes where lead roles were checked out and staff could confirm that their lead tasks were being completed. We also saw that staff were trained in their specialisms. Some staff had, for example, additional training in things like fire safety or nutrition so that they could take the lead roles with authority and could cascade their knowledge to others.

We saw that people in the home were involved with things like recruitment, choice of décor, menu and activities. We saw examples where change had happened because people had been able to say that they wanted something different. These changes led to changes in the rosters for management, new ideas for healthy eating, new activities, new holiday destinations and the acquisition of the home's holiday caravan. People told us about their involvement in recruitment days and how they were asked their opinion about potential members of the staff team or potential new residents. We also reviewed the service plan for Holly Dyke which showed that people in the home and the staff team had influenced planning. We saw that the home's car had been replaced and the environment improved after consultation with people in the home. We judged this meant that the principles of quality improvement worked in practice.

Record keeping was well thought out and managed in an orderly way. The home had a well organised office space. Records were all up to date, detailed and easy to access. The team recorded things in a logical and professional manner. Records were easy to follow with suitable depth for all aspects of the work of the service. People had ready access to their records and to their person centred planning. Where necessary staff explained records to people or put them into an easy read format. Archiving was done on a regular basis so that records were current. Every aspect of the way the home operated was record in a succinct, logical manner that backed up what we saw or what we were told.