

## Walsingham Support

# Walsingham Support - The Eyrie

### Inspection report

Walsingham  
Main Road, Moresby Parks  
Whitehaven  
Cumbria  
CA28 8XG

Date of inspection visit:  
16 July 2019

Date of publication:  
06 August 2019

Tel: 01946599772

Website: [www.walsingham.com](http://www.walsingham.com)

### 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

### About the service

The Eyrie is a residential care home providing personal care to six people living with a learning disability and/or autism at the time of the inspection. It is operated by Walsingham Support, a charitable organisation that provides care and support to people living in England with a learning disability or autism. The home is a large house, similar to others in the village. It can accommodate up to six people who all have single rooms and share other communal areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People told us they felt safe and, where they found it difficult to express themselves, we observed they were relaxed in their own home and interacted well with staff. Staff had received suitable training about protecting vulnerable adults. Accidents, incidents, complaints and concerns were responded to appropriately. People told us they had good support from staff. The registered manager kept staffing rosters under review as people's needs changed. Recruitment was suitably managed. New members of staff had been suitably vetted and inducted into the philosophy of care and the individual needs of people in the home.

Staff were appropriately trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles. Staff had extensive knowledge of different disorders people were living with and were skilled in working with people's needs. Staff were enthusiastic and keen to develop in their roles and enhance the life experience of people. One staff member said, "[A person in receipt of care] is very quiet and we have to be careful they are included. I am the key worker and slowly I am helping them to experience more things and go out into the community."

People saw their GP and health specialists. Very good planning was in place to support one person to have some surgical intervention. Staff took the advice of nurses and consultants. The staff team completed assessments of need with health professionals and with the learning disability teams. People were happy with the arrangements for medicines support. Medicines were suitably managed with people having reviews of their medicines on a regular basis. People were supported to get involved with preparing healthy meals and looking after their health. Preventative action was taken and people attended the surgery for check-ups.

We observed kind and patient support being provided. Staff supported people in a respectful way. They

made sure confidentiality, privacy and dignity were maintained when delivering personal care and when assessing and responding to need. People had the support of advocates if necessary.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service, their social workers and relatives, where appropriate, had influenced the content. The registered manager had ensured the plans reflected the person-centred care that was being delivered. Staff could access specialists if people needed communication tools like Makaton or other sign languages. Staff worked with psychologists and psychiatrists when necessary.

People indicated that they enjoyed the activities and outings on offer. People went shopping, helped around the house, went out for meals and went to entertainments and activities, like swimming, social clubs and church.

The service had a registered manager who dealt with all aspects of the service. She was suitably skilled and experienced to manage the home. She consulted people and their representatives in a number of different ways. Staff told us they were very happy with the way the home was managed. People sought out the manager and had close relationships with her.

The provider had both internal and external ways to measure quality. The manager and staff monitored the quality of care delivery, staffing and the environment. The service also had quality inspections completed by senior officers of the organisation to ensure that quality care and services continued to be provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The staff team were aware of their responsibilities under the Mental Capacity Act 2005. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection Good

The last rating for this service was Good insert date last report (published ).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Walsingham Support - The Eyrie

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Walsingham Support - The Eyrie [The Eyrie] is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We met with the six people who used the service and spoke with two of them about their experience of the

care provided. We spent time with people in the shared areas of the home. We walked around the building and saw individual bedrooms and ancillary areas. We looked at information contained in all six care files and read two care files in depth. We looked at the records related to medicines management.

We spoke with six members of staff including the registered manager, deputy manager and four support workers. We looked at two staff records which confirmed what staff told us about their induction, training and development.

We saw other records including quality audits, menus and charts related to daily tasks.

After the inspection

We received further information after the inspection that included a training plan, records of training completed, rosters and quality monitoring reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had maintained robust systems and processes. Staff were aware of what might be abusive and they understood how to report any concerns.
- Not everyone in the service could verbalise their views but two people confirmed that they felt safe and well supported both inside and outside of the home. We observed people being supported by staff and they responded well to these interventions.

Assessing risk, safety monitoring and management

- The provider had good risk assessments and risk management plans. These covered risks in the environment and when people went out. Risk was lessened because of the planning. Some people had complex needs and they had detailed risk management plans for support with health care needs, eating and drinking and communication.

Staffing and recruitment

- The registered manager followed good recruitment processes, made appropriate checks and ensured references were in place before staff were employed. One person said the new staff were "nice...good". Staff confirmed that they had been suitably vetted and then given plenty of support when they started to work in the service. Staff mentors demonstrated tasks like preparing thickened drinks and blended foods and then observed new people carrying these out to ensure new team members carried out tasks correctly.
- The provider had systems in place to deal with matters of discipline and competence. There were enough staff to meet people's needs by day. The registered manager was considering changes to the way staff were deployed by night because of increased levels of needs.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Staff asked health care professionals to review medicines so people received suitable medicines. The registered manager checked on staff competency and staff received suitable training. Checks were done to prevent errors in the administration of medicines. We observed staff administering medicines correctly. The registered manager and her deputy had recently completed further training and competence checks on medicines management. Both said this was very thorough and they were going to change the way they checked staff competence based on this experience.

Preventing and controlling infection

- People were protected from the risks of infection. The house was clean, fresh and free from odours. Redecoration, new floor coverings and some bathroom upgrades had been completed. A new housekeeper



had been employed to support people and care staff to keep the home clean. New cleaning routines were being developed and protective equipment was available. People's bedrooms were clean, tidy and personalised.

#### Learning lessons when things go wrong

- The provider had systems to learn and share lessons learnt when something went wrong. These were included in future planning for the home. The registered manager and the deputy manager were developing systems to ensure any requests for support were recorded in a timely fashion so they could reference any unmet needs. An incident in one of the provider's services had highlighted the need for further vigilance and this had been explained to staff and further information given to them about using systems to alert the registered manager or the provider to any concerns.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured thorough and ongoing assessment so the care delivery was of a high standard. Staff asked people about their needs and wishes or observed people's reactions to interventions. They took advice from learning disability health and social care specialists. Staff worked with other professionals in the 'Promoting independence' team to ensure they approached skills building and independence building in a safe way which was in line with current good practice. Staff worked in creative ways to offer people options and choices. For example good assessments of risk and need were in place when people went on holiday or went to stay with families.

Staff support: induction, training, skills and experience

- Suitably experienced, skilled and trained staff provided people with good support. Staff had good understanding of people's needs, preferences and wishes. Staff told us they received regular supervision and appraisal. Records of supervision and appraisal were detailed and gave good feedback and ideas for further development. Staff were enthusiastic about learning and said they had some training specific to individuals' needs. Staff had started to adopt Positive Behaviour Approaches in their work and training was ongoing. Some staff took on 'champion' or 'ambassador' roles for subjects like 'dignity' or 'health and wellbeing'. Specialist professionals had provided training and guidance on caring for people living with a learning disability and dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- People received good levels of support through planning and monitoring to ensure they were getting good nutrition and hydration. People were supported, where possible, to participate in shopping and preparing meals. People were encouraged to make their own lunch and one person made coffee for staff and the inspector. People were supported to make their own lunches.
- Staff were aware of how to help people with special diets. They had helped a person to gain weight and were also supporting people who needed thickened fluids and soft foods. The advice of dieticians and other specialists were included in plans. Staff said they made meals 'from scratch' and didn't rely on ready meals. People received a healthy balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured good working relationships had been built with health and social care professionals. People had good access to social work and health care professionals.
- People were supported by visiting psychologists, psychiatrists, specialist nurses, community nurses and

other health care professionals. Staff acted on their advice and guidance and included this in care plans. People had hospital passports and staff supported people with hospital appointments and in-patient stays. Staff supported one person to access specialised treatment in hospital and the decision to go forward had been taken with health care professionals and their family.

Adapting service, design, decoration to meet people's needs

- The home was suitably designed, adapted and decorated to meet people's assessed needs. The house had six bedrooms and was located in a residential area near to local amenities. Some parts of the house had been redecorated and new flooring laid. The home was tastefully decorated in a way that the all-male group of people appreciated. All areas were tidy and clean. People spent time in their own rooms and these were personalised, comfortable and reflective of their personalities and interests. Private space was respected in the house and some people locked their bedrooms when not in use.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had assessed people's mental capacity and no one had any unfair restrictions imposed on their liberty. We observed staff asking permission and helping people to make decisions. Signed consent forms were used where possible. Where people had necessary restrictions placed on them, this was done correctly and appropriately to ensure they were kept safe and well. Legal requirements were addressed appropriately. There were records of 'best interest' reviews showing how people were supported in complex, life changing, decision making. We also noted in daily records that people were helped with simpler, but vital, decision making about what to eat, how to dress or which activities to attend.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had systems in place to ensure staff were trained in matters of equality and diversity. Cultural differences were identified and attention paid to matters of gender, age and disability. Staff treated people with dignity and were non-judgemental and accepting of individual background, culture and personal history. We observed affectionate and appropriate interactions between staff and people they supported. Humour was used in a suitable way. People approached staff for emotional and practical support. Staff confirmed they too were treated equitably in matters of diversity.

Supporting people to express their views and be involved in making decisions about their care

- The provider had suitable systems to gain people's views and to influence decision making. Some people were very good at explaining their needs and wishes and had input into their care plans. Other people found this difficult, but staff were able to pre-empt needs, offer choices and staff had recorded people's responses so their preferences were understood.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. Their needs and wishes were respected. People were helped to be as independent as possible, given their needs. We noted people were encouraged to prepare as much of their lunch, drinks and snacks as possible. People were encouraged and supported to have quiet time alone and to follow their own pursuits.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider ensured person-centred care was provided and people's needs and wishes were met, wherever possible. Care plans gave good guidance on the personal care, health care and psychological needs of the individual. Where people had complex personal and physical care needs the plans gave good details of the way people wanted and needed to be supported. The plans recorded details of daily routines and personal preferences. Skills and independence building were also included in plans. A Positive Behavioural Approach was used to ensure holistic, person-centred care was delivered. People with behavioural challenges had been well supported and incidents had reduced in the service. Care plans were routinely reviewed and updated when people's needs or wishes changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met because the team worked with people to ensure their wishes were understood. No one used sign language, but not everyone expressed their wishes verbally. Staff had observed and recorded people's responses and the team could tell us what the non-verbal prompts people gave meant. The team used pictures and were planning to use a laptop with specialist communication applications. They were also looking at ways to help any person who might be living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain relationships and to go out into the community. Interests and activities were part of care planning and people were offered a range of activities and outings. During the inspection people went out to another service run by the provider to socialise and were getting ready to go to a club in the evening. People spent time with their families and friends. They were involved in daily activities in the house and helped with housework and cooking, where possible. People went out for meals and went to the cinema and to church. One person had started to help at church and told us they enjoyed being helpful.

Improving care quality in response to complaints or concerns

- The provider managed concerns and complaints appropriately. The provider had made changes and

improvements across all services when concerns had arisen in other services. People and their relatives had access to the complaints' procedure. This was available in an easy to read format. No active complaints or concerns for this home were seen during the inspection.

#### End of life care and support

- The provider had end-of-life procedures in place and training was given to ensure people's needs could be met. People and their families were consulted, where possible, about future wishes, fears and hopes for the last stages of life. Cultural and spiritual needs were considered. The registered manager was mindful of changes in people due to their age or health issues. The team worked with the G.P and community nurses if a person was in the last stages of life. The aim in the service was to support people at this time so they could die in their own home, where possible.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager ensured that people with a learning disability or autism were treated with inclusivity; their care was person centred and people were supported to be empowered. Staff encouraged people to do as much as possible for themselves, to go out into the community and to have a meaningful life. Care plans included all these elements of holistic care.
- The registered manager had developed an open culture and recognised good practice and supported staff to develop in their job role. Staff were encouraged to identify good practice in their peers or managers and to record them for sharing in team meetings. A service newsletter was being developed and the registered manager said this would be shared with people and the staff to keep everyone informed of matters in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies and procedures in place about being open with people who used the service, their relatives and with staff, where ever possible. Staff and people in the service were aware of some necessary changes of staff due to some issues in services in the area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear structure for how the service was managed and had detailed job descriptions for all staff. Staff and managers we spoke with understood their responsibilities. The service had a registered manager who was suitably skilled, experienced and qualified. She was responsible for the performance of the team, quality auditing, compliance with legislation and the well-being of the people in the home.
- Senior officers of the provider visited regularly and produced quality monitoring reports and action plans when there was a need for change and improvement. The service had scored highly on the last audit completed.
- The provider had introduced a new management auditing tool and a further bi-monthly auditing tool based on the Key Lines of Enquiry used by the Care Quality Commission. This was being used to ensure continuing high standards in quality monitoring and enhanced awareness of legislation for management teams. Record keeping was of a very good standard.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- The service had an open and equitable approach to all individuals and had strategies for consultation and involvement. Some people confirmed that their wishes were respected and they were asked their views. Other people found this active participation more difficult. Communication strategies were in place and advocates or relatives, where appropriate, were part of the engagement and consultation processes. People went out into the local community and were part of church congregations and used local amenities.

#### Continuous learning and improving care

- The service ensured improving service delivery was high on the agenda. The registered manager and staff were supported and encouraged to access up to date training and information. Changes had been made when quality outcomes or potential problems had been identified. The team had started to adopt Positive Behavioural Approaches and had achieved good outcomes in supporting people with health issues, behavioural challenges and in independence building.

#### Working in partnership with others

- The staff team worked with other professionals and families to ensure the best outcomes for people they supported. There were no concerns raised by visiting professionals. People had regular contact with health and social care professionals who supported staff in treatment plans, behavioural issues and building life skills.