

## Walsingham Support

# Walsingham Support - 2 Upper Lattimore Road

### Inspection report

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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

This inspection took place on 22 March 2018 and was unannounced. One inspector and an assistant inspector undertook the inspection.

Kyros - 2 Upper Lattimore Road 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.

Kyros - 2 Upper Lattimore Road can accommodate up to a maximum of six people. On the day of our inspection, there were six people living at the service.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

### Why the service is rated Good

People were protected from the risk of harm. Staff had received safeguarding training and there were effective safeguarding procedures in place.

Individual risks associated with people's care and support had been identified and risk assessments were in place to help manage these effectively. Risk assessments provided staff with detailed information on how to mitigate risks where possible.

There were effective systems in place for the safe storage and management of medicine. People received their medicines safely. Regular audits were undertaken as part of the providers overall monitoring of the service.

Safe recruitment practices were followed to help ensure potential staff were of good character. There were

sufficient numbers of staff deployed to meet people's needs in a timely way.

Staff received regular support which included individual supervisions and team meetings. Staff felt supported in their roles. Staff completed an induction when they commenced work at the service and had access to a range of on-going training. Staff were positive about the training they received.

Consent was obtained from people before any care or support was provided and this was recorded and kept under review. The provider and registered manager worked in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People interacted well with both staff and the registered manager and appeared comfortable and relaxed throughout our observations. Staff were positive about their work and had clear roles and responsibilities. People's privacy and dignity were respected.

People received care and support which was individualised. People had been involved with the development and review of their care plans.

People were aware of how to raise concerns through an effective complaints procedure. Staff were responsive to people's comments and feedback.

The registered manager operated and promoted an open and transparent culture. Staff felt their views were taken into account about how the service operated.

Quality monitoring systems and processes were in place to monitor the service and identify where improvements were required. People and stakeholders were asked to give feedback through completion of an independent survey, which had been analysed, and recommendations were in place to help make continual improvements.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Walsingham Support - 2 Upper Lattimore Road

## **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 comprehensive inspection took place on 22 March 2018 and was unannounced. The inspection was undertaken by one inspector and an assistant inspector.

Before the inspection, we asked the provider to complete 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 reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, one care worker, and the registered manager. We received feedback from commissioners. We requested feedback from family and relatives but had not received any at the time of writing this report.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care plans risk assessments for two people who lived at the service. We looked at staff recruitment records and staff rotas. We reviewed staff training records. We looked at quality assurance documents to see how the service was monitored and improvements made.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I have lived here for a long time and like living here". Another person told us, "I feel safe, particularly when I am in my bedroom, but I also feel safe when I am downstairs in the house." Staff had received training and knew how to safeguard people from the risk of harm. One staff member told us, "If I saw any signs of abuse or someone shared any information with me that raised concerns I would immediately highlight this to the registered manager."

Training records confirmed that staff had completed training in safeguarding people from potential harm. There was a safeguarding policy with relevant contact details displayed on the notice board and in the office. This provided people, staff and visitors with a reminder of how to report concerns.

People had their individual risks assessed. These were kept under regular review to help ensure risks were managed effectively and remained current. Clear guidance was provided to staff to help mitigate or reduce the risks, where possible. Risks assessed included the environment, fire safety and risks associated with people going out in the community such as road safety and keeping safe while out in the community.

Safe recruitment processes were followed to help ensure that staff recruited were suitable to work in this type of service and were of good character. This included the taking up of pre-employment checks which included a disclosure and barring check (DBS), eligibility to work in the UK and taking up references from previous employers. There were enough staff deployed at all times to keep people safe and meet their needs. The staff rota was planned to ensure that the staff skills mix met people's needs and helped keep them safe.

People received their medicines safely, administered by staff who had been trained in the safe administration of medicines. The registered manager observed their practice to assess their competency. Medicines were stored safely. Medicine administration records (MAR) were completed accurately. Audits were completed to help monitor the process and ensure continued good practice.

People were protected from the risk of cross infection because staff followed the correct procedures.

# Is the service effective?

## Our findings

People received care that was effective and met their day-to-day needs. People's needs had been assessed when they came to live at the service and their needs were kept under regular review.

Staff had received training and support relevant to their individual roles and responsibilities. The training helped ensure they had the skills and experience to care effectively for people who lived at the service. New staff completed an induction and thereafter there was an on-going training programme in place. This included regular updates in topics such as safeguarding. One staff member told us, "I feel I have received training to enable me to carry out my role safely".

Staff confirmed they felt supported in their roles. One staff member told us, "I have regular meetings with [Name] to discuss any aspects of my role or any development needs." Records confirmed staff support arrangements were effective in supporting staff.

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 assisted to do so when required. When people lack mental capacity to make 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 when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found that appropriate mental capacity assessments had been completed and authorisation were lawful.

People had been asked to consent to their care and we observed staff explaining and checking people agreed, before staff supported them. Staff demonstrated they understood how MCA/DoLS applied in their everyday work for example by offering people choices and respecting their decisions.

People were encouraged to eat a nutritionally balanced diet. People were involved in choosing a menu for each day with a roast dinner provided on a Sunday. However, staff told us that people often changed their minds and were able to choose alternatives. Staff were aware of any specialist dietary requirements.

People were supported to access a range of healthcare professionals when required. People had access to their GP, dentists, and opticians and were supported to attend Hospital appointments. This helped ensure people remained healthy.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring and who knew them well. Staff were able to tell us about people individual routines, preferences and life histories. People interacted positively with both staff and the registered manager and we observed that people were comfortable when engaging with other people who used the service.

People's care and support plans were very detailed and contained sufficient information to enable staff to support people in the way they wanted to be supported.

Staff told us they enjoyed working with the people at the service and, as most people had lived there for many years, they had developed positive and meaningful relationships with the people they supported. One person told us, "I like the staff and they like me. They are kind to me and I can do what I want. They don't tell me what I can do. I can choose."

We saw that some people struggled with verbal communication yet staff were able to articulate what they wanted and respond appropriately. Staff spoke in a kind and caring tone and waited for people to respond; often encouraging them to do so by placing an encouraging hand on their arm. Staff told us that had got to know when people were trying to communicate something through people's body language.

People were supported to contribute to the development and review of their care and support plans. This included giving people choices about how they spent their time.

People's dignity and privacy were respected. We observed staff asking people if it was ok to show us their rooms and asking if they wanted to speak to us in their room, in private or if they wanted staff to be present to support them.

People's confidential care records were stored securely in lockable storage units within the registered manager's office. Staff were mindful of discussing people's confidential business in communal areas. This demonstrated that staff were aware of the need to share information only with people authorised to access the records.



## Is the service responsive?

### Our findings

People received care and support that met their individual needs, took account of their choices and respected their wishes. When people's needs changed, the service was responsive and operated a flexible approach. For example, when we arrived at the service the registered manager was supporting a person to the local shops to have a look around. They explained that the person liked to get up, get ready and go out and they supported them with this routine. Later, another person expressed a wish to go out and staff agreed to support them.

One person told us that staff help them when they support them to get their hair done when they want to go the local Barbers, which is round the corner from their home. Another person told us the staff support them shopping. They told us sometimes they feel ok to go out on their own. This showed that staff encouraged people to be independent when they felt able.

Staff demonstrated they knew people really well and what was important to them such as contact with family members.

People were encouraged to participate in a range of activities, which included attending day centres, coffee mornings and lunch clubs. People told us staff supported them with computer activities and accessing the library.

People were supported to raise concerns if they were not happy about any aspects of the service. People told us they would speak to the registered manager if they were not happy. One person told us they had raised a concern about another person at the service. They told us the registered manager "sorted it out" for them. They felt reassured that they were listened to when they gave feedback.

## Is the service well-led?

### Our findings

People knew the registered manager by name and were observed to interact and engage with them fully. We saw people go to the registered manager's office for a chat and people appeared to be very comfortable and relaxed in their presence.

Staff spoke positively about how the registered manager valued them and this helped them feel motivated in their roles. Staff told us they felt that the registered manager discussed things with them and valued their opinions.

The registered manager operated an open and transparent culture. Staff told us they felt they were very approachable and supportive. We observed that the staff team worked well together and in unison for the sake of people who used the service. Staff were consulted about all aspects of the service along with people who used the service.

The registered manager had a range of quality monitoring systems and processes in place. These included external audits based on CQC key lines of enquiry. Following each audit, actions were agreed with timescales by which the action should be addressed. This supported an on-going improvement plan.

People were asked for feedback via an external quality monitoring survey. The registered manager told us they were committed to continually improve the quality of care at the service. There were systems in place to support this approach, which included monitoring of records, updates and reviews of care plans and risk assessments. This helped maintain a consistent quality service.