

Walsingham Support

Walsingham Support - Supported Living and Community and Home Support Services

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

About the service:

Walsingham Support - Supported Living and Community and Home Support Services is a supported living service. It provides personal care to people living in their own homes and specialist housing. It provides this service to people with a learning disability and people with a physical disability. There were 40 people using the service at the time of this inspection.

People's experience of using this service:

People felt safe using the service. Staff were trained to keep people safe from abuse and to reduce their risk of experiencing avoidable harm. The provider ensured there were enough suitable staff available to deliver care safely, and at all times. People received their medicines as prescribed.

People's needs were assessed, and they were met by skilled and supervised staff. People were treated in line with the principles of the Mental Capacity Act 2005. Staff supported people to eat well and to access health services whenever they needed to.

People told us that staff were thoughtful, kind and caring. Staff supported people with their spiritual and cultural needs. People's privacy was respected, and they were treated with dignity.

The service provided people with person centred care and people participated in the planning of their care. Staff supported people to engage in a wide range of activities. The provider responded appropriately to complaints.

The leadership of the service was being expanded at the time of our inspection to ensure continued good governance. Suggestions from people, their relatives and staff contributed to the direction the service took and they felt there was an open culture. The service worked in partnership with other agencies and continually checked the quality of care and support being delivered.

Rating at last inspection:

At the last inspection the service was rated good. The report of the inspection was published on 08 November 2016.

Why we inspected:

This was a planned inspection to check that this service remained 'Good'

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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 - Supported Living and Community and Home Support Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

This service is a supported living service. Supported living services are where people live in their own home and receive care and/or support in order to promote their independence. The service provides support to people with learning and/or physical disabilities. There were 40 people using the service at the time of our inspection.

The service is required to have 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. At the time of our inspection, a

manager was registered with us.

Notice of inspection:

We gave the service 2 days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity started on 1 May 2019 and ended on 3 May 2019. We visited the office location on 1 and 3 May to see the manager and office staff; and to review care records and policies and procedures. We visited people at a day activity service and in their homes on 3 May 2019.

What we did:

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people and one relative. We also spoke with three staff, the locality manager, the registered manager and the operational manager. We looked at seven people's care records and six staff files. We reviewed quality assurance checks and records related to the management of the service.

After the inspection we contacted five health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support they received from staff. One person said, "I feel the well-being of myself is very much paramount. They literally keep me safe so I am consistently reassured."
- The provider made information available for people to keep themselves safe. People were given a booklet entitled "Protect yourself from abuse." This booklet provided people with information about different types of abuse and who to tell if they or their friends were at risk of, or had experienced abuse.
- Staff regularly spoke with people about staying safe. One person told us, "Staff told me not to open the door if I don't know who is there. They tell me not to say anything about myself to anyone phone."
- Staff received on-going safeguarding training and were familiar with the provider's safeguarding procedures. The registered manager discussed safeguarding at each team meeting and during individual staff supervision meetings.
- The provider had a national whistleblowing hotline for staff to contact if they felt concerns about people's safety and well-being were not being addressed at a local level.
- The provider took prompt and appropriate action to keep people safe when safeguarding concerns were raised. This included reporting concerns to safeguarding authorities and the police, participating in enquiries and carrying out disciplinary action when required.

Assessing risk, safety monitoring and management

- People's risks were assessed, and risk management plans were in place to reduce them.
- People were protected against risks associated with unsafely swallowing food and drink. Care records contained photographs of food people shouldn't eat such as crunchy, mixed consistency and stringy foods. This meant people and staff were clear about which food types presented a choking risk.
- Staff took action to reduce people's risk of falls. Where people were identified to be at risk of falling, referrals were made to healthcare professionals who undertook assessments. Staff acted on the guidance in these assessments. For example, one person's bed was lowered at night to reduce the risk of them falling from height.
- Where staff used their own cars or people's Motability vehicles this was risk assessed by the registered manager who ensured that staff had the appropriate licenses and insurance. The registered manager also undertook an annual check of staff driving licences to ensure that no motoring offences had been committed and they remained safe to drive people.

Staffing and recruitment

- Staff were vetted to ensure they were safe and suitable to provide care and support.
- The provider assessed the suitability of candidates by reviewing their applications, interviewing them and taking up references to confirm their employment history.

- The provider checked staff against criminal records databases and lists of individuals barred from working with children and vulnerable adults.
- New staff provided proof of their identities, addresses and their right to work in the UK.

Using medicines safely

- People received their medicines in line with the prescriber's instructions.
- Staff maintained accurate medicines administration record (MAR) charts which confirmed that people had taken the right medicine at the right time.
- MARs contained people's photographs to ensure the right medicines were given to the right people.
- MAR charts were audited by the registered manager and medicines were reviewed by people's GPs.

Preventing and controlling infection

- Staff followed appropriate hygiene practices to minimise the risk and spread of infection.
- Staff wore personal protective equipment (PPE) including gloves and aprons when supporting people with their personal care and when handling food.
- Staff ensured that people's home environments were clean.

Learning lessons when things go wrong

- The registered manager and service leadership team sought to draw learning from events where things had gone wrong. For example, following a medicine error one member of staff was supported to retrain and to undertake a medicines competency assessment to ensure the event was not repeated.
- Accidents and incidents were reviewed by the registered manager and the findings were shared with the provider's senior managers. Where required, incidents were reported to the appropriate organisations including the local authority, healthcare professionals and CQC.

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.

Good: 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

- People's needs were assessed and reviewed by health and social care professionals in partnership with the provider.
- People and their relatives participated in assessments.
- Needs assessments covered a range of areas including people's physical and mental health, their mobility, communication and cultural needs along with the support required to meet their nutritional, behavioural and personal care needs.
- People's needs were reassessed when their needs changed.

Staff support: induction, training, skills and experience

● Staff had not received supervision at a frequency in line with the provider's policy. Staff told us they needed and wanted the opportunity to meet regularly with a manager to discuss their work and personal development. The registered manager explained the reasons for the shortfall in one to one staff supervision and the recent actions taken to address the matter. These included recruiting two deputy managers and a plan to regularly supervise staff. This plan had been implemented and we will be monitoring to confirm that staff continue to be appropriately supervised.

- People received care and support from well-trained staff.
- The provider ensured that staff received training in key areas such as mental capacity, safeguarding, manual handling and food safety. One member of staff told us, "I have done lots of training online and face to face."
- Staff also received training to meet people's specific needs such as managing epilepsy, diabetes and behaviours which may challenge.
 - The registered manager maintained a training matrix. This included a red, amber and green colour system enabling the registered manager to see when staff training had been completed, was due or was overdue. The registered manager emailed staff with reminders prior to scheduled training
- All staff and managers completed the Care Certificate. The care certificate is a nationally recognised qualification which provides new staff with skills and knowledge in subjects such as infection control, privacy and dignity, equality and diversity, safeguarding adults and nutrition.
- New staff completed the Care Certificate and induction programme which included familiarisation with people, their care records and the provider's procedures.

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

- People's nutritional needs were assessed.

- Care records provided staff with guidance on meeting people's nutritional needs.
- Where people required support to eat and drink, staff provided this. Similarly, where people required the drinks and meals to be prepared to a specific consistency to prevent choking or aspiration, staff ensured they were prepared appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- The provider engaged with other providers and agencies to deliver effective support to people. For example, where people had some of their needs met by other providers, the registered manager and locality manager engaged with their counterparts to ensure people were safe and appropriately supported.
- The registered manager worked in partnership with health and social care professionals and other agencies to support people to transition effectively between care providers

Supporting people to live healthier lives, access healthcare services and support

- People had detailed health action plans (HAPs) in place. HAPs contained assessments of people's health needs and how they were being met. Staff recorded details such as the date, purpose and outcome of health appointments in people's HAPs.
- Staff ensured that people's hospital passports were available and ready for use. Hospital passports contain important information about people which healthcare professionals need to know in the event of people being admitted to hospital.
- Staff supported people to attend healthcare appointments including hospital appointments and made referrals to healthcare professionals such as occupational therapists, speech and language therapists and physiotherapists when required. People were regularly supported to see their GP, optician & dentist.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- People were supported in line with legislation and good practice.
- People were not subject to unlawful deprivations. One person told us, "I have my freedom definitely."
- Where required the provider supported people to use advocacy service and best interests meetings to assist decision making.

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

Good: □ 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

- People we spoke with told us how caring they considered the staff to be. One person told us, "The staff are lovely and happy." Another person described staff as, "Humane and understanding" adding, "I can't rate them high enough." A third person said, "The staff are good."

- Staff provided people with the support they needed to practice their faith and participate in spiritual activities. People who chose to, were supported to attend a special church service for people with autism which was officiated by a priest who had known them for many years.

- Staff supported people to participate in spiritual celebrations such as Christmas and Easter.

- People's cultural needs were assessed, enabling the provider to ensure staff met them. For example, where people transitioning into the service spoke Gujarati as their first language, they were matched with staff who could speak it too.

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

- People told us they made decisions about how they received their care. One person said, "Staff make suggestions but leave the final veto to me."

- People's communication needs were assessed and met. Staff supported people to develop communication passports. These were personalised care records which detailed how people communicated including their expression and understanding. Communication passports contained information such as how people who did not use speech showed their feelings and how they used facial expressions and body language.

- Staff we spoke with understood people's individual communication needs and their communication preferences. For example, staff told us and records confirmed that one person who did not use speech, made choices by pushing objects they did not want when offered a selection to choose from.

- We observed staff members appearing to understand people's body language and non-verbal sounds when interacting with them.

- The provider made information available to people in accessible formats. This included information about complaints, menus and activities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. One person told us, "Walsingham are absolutely excellent. They treat me with the greatest respect and dignity."

- People told us that staff members respected their privacy and knocked on doors before entering their personal space such as their flats and bedrooms.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and where appropriate their relatives participated in the development of personalised care plans.
- People's care plans detailed people's preferences for how their assessed needs should be met.
- The registered manager regularly reviewed people's care plans to ensure they continued to reflect people's needs and preferences and to provide clear guidance to staff.

- The provider organisation employed a number of positive behavioural support staff who assessed people's behavioural needs. These therapists provided guidance to staff on managing behaviours which may challenge.
- Where people presented with behavioural support needs risk assessments identified potential triggers and detailed the strategies to be used by staff to de-escalate the situation.

- Staff supported people to engage in the activities they wanted to. One person told us, "I like it here. I do plenty." Another person said, "Since I've been here I have done so much better. I have been to college and done really good work experience." A third person said, "I enjoy everything I do. My favourites are bowling and swimming." A member of staff told us, "The activities are based on people's choices"
- The range of activities people were supported to participate in included bike riding, dog walking, hydrotherapy and computer use.
- The provider created a social and activities group called the Friday group at which people were supported to develop skills and engage in activities together.
- Some people attended college courses which included life skills sessions where they improved independent living skills such as cooking, budgeting, domestic tasks and basic literacy.
- Staff supported people to explore and engage in activities in the local community. For example, people went to pubs, cafes and restaurants. Staff also supported people to travel further afield on excursions to places such as the seaside. One person told us, "We go on great day trips."
- Staff supported people to pursue personal goals and sourced courses to help people achieve them. For example, one person was supported to undertake driving lessons at a specialist centre which was capable of meeting their specific needs.

- People chose whether or not to have a keyworker. A keyworker is a member of staff with specific responsibilities for a people such as planning activities, shopping, liaising with relatives, maintaining their home environment and making appointments. Where people chose not to have a keyworker this was recorded in care records.
- People and their keyworkers met each month. Staff maintained records of these meetings which included, changes to people's needs, activities engaged in, health issues and people's safety.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was made available to people in an easy-to read format.
- Complaints were addressed in line with the provider's complaints procedure.
- Where concerns indicated a safeguarding issue, the registered manager ensured that each of the relevant agencies was informed in a timely manner.

End of life care and support

- None of the people being supported by the service were identified as requiring end of life care.
- Senior staff were clear about the referral process for the involvement of specialist healthcare professionals should people be assessed as needing palliative care.
- People who chose to had funeral plans in place. These detailed people's preferences for how their cultural and spiritual needs should be met once they had passed away.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- One person told us, "The manager has been brilliant to me. She has made the time to get to know me and knows exactly what I need. She manages the organisation really well."
- The registered manager understood their responsibilities in line with the requirements of their registration with CQC. They were aware of the need to notify CQC of important events at the service and had done so.
- The registered manager felt supported in their role. The registered manager attended bi-monthly meetings with the managers of other services. These meetings were used to discuss organisational changes and improvements.
- The registered manager held team meetings with staff to discuss peoples changing needs and service updates.

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

- The service had a clear management structure.
- In response to the recent significant expansion of the service, the management structure at the service had been expanded to include two new deputy managers (one of whom started in their new role on the second day of our inspection).
- The service had two tiers of on call management which provided staff with access to managers outside of office working hours. This meant people received their care from staff who had continuous management support and direction available to them.
- Staff maintained records of people's progress and the significant events which occurred in their lives each day. These daily records included information related to how people's personal care, emotional, behavioural, nutritional and social needs were met. The registered manager reviewed daily records to ensure that quality was maintained, and important information was shared.
- The service carried out a range of monthly audits which covered care records, health and safety, medicines, staff records, training and finances. Staff also checked first aid boxes and the physical environment of people's homes. In addition, the provider had an internal auditor who carried out monthly audits at each service. Where shortfalls were identified time-framed action plans were put in place to address the shortfalls. The registered manager was responsible for implementing the actions identified during these audits and senior managers within the provider organisation checked to ensure satisfactory completion.

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

- The provider gathered people's views through keyworking meetings, suggestion boxes, the use of advocates and through regularly issued surveys. Survey's posed questions including "Are you happy with your support", and "Is there anything we can improve?" The provider used people's responses to shape and improve the service.
- The registered manager maintained a folder of compliments made by people, relatives and healthcare professionals. The manager shared these compliments with staff at team meetings and during supervision. The folder containing compliments was available for staff to read in the office where they took their breaks.

Working in partnership with others

- The provider engaged in partnership working with a range of other providers and agencies. These included, advocacy services, social services, employment services and other providers.
- The service was represented at a local providers forum where good practice in adult social care was discussed.