Walsingham Support Limited

Walsingham Support - 49 Essex Park

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

Overall summary

We inspected Walsingham Support - 49 Essex Park on 3 November 2015. This was an unannounced inspection. Walsingham Support - 49 Essex Park is a six bed care home for people with learning disabilities. On the day of our visit there were six people living in the home.

People told us they were very happy with the care and support they received.

People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly

Summary of findings

discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager had been in post since April 2014. 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 and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards

(DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People participated in a range of different social activities individually and as a group and were supported to access the local community. They also participated in shopping for the home and their own needs, and some people had recently been on holiday together with staff support.

The registered manager provided good leadership and people using the service, relatives and staff told us the manager promoted high standards of care.

Summary of findings

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. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

Is the service effective?

Good

The service was effective. People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and supported people to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views. People were confident to discuss their care and raise any concerns.

People had access to activities that were important to them. People planned what they wanted to do.

Staff demonstrated a commitment to supporting people to live as full a life as possible.

Is the service well-led?

Good

The service was well led. People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service.

Walsingham Support - 49 Essex Park

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.

We visited the service on 3 November 2015. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of our inspection we focused on speaking with people, their relatives and staff and observing how people were cared for.

During our inspection we spoke with three people who lived in the service, one relative, two support workers, and the registered manager. We looked at three people's care records, three staff records, the training matrix, medicines charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person said “all staff are nice, I feel safe.” Another told us “people are nice to me.”

Staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. One support worker told us some people who used the service were not able to verbalise. They ensured they were observant of any changes in behaviour which could mean the person was being abused.

Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said, “You have to make sure everybody is safe. I would become alert if a service user’s behaviour changed or they did not want a particular care worker to support them.” They explained that if they saw something of concern they would report it to the registered manager immediately. We saw on the training matrix that all staff were up to date on their safeguarding adults training. The registered manager told us, “I encourage staff to discuss safeguarding at team meetings and I am confident of their knowledge on this area.”

Staff understood how to whistle blow and told us the different pathways through which they would report their concerns, depending on who their concerns were about. The noticeboard in the hallway had details of the local safeguarding team and how to whistle blow, including the telephone number for the Care Quality Commission.

There were a number of comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual, for example, where a person was likely to refuse their medicines, there was a risk assessment for this, including guidance for staff on how they might respond to this. Another risk assessment clearly set out the circumstances which could lead to the person being financially abused. There was a very clear procedure set out which had to be followed in line with the provider’s policy for managing people’s money. Risk assessments were reviewed annually, in line with the policies and procedures at the service, or when there had been a change in a person’s situation.

We were told by the registered manager that there were three members of staff on duty between the hours of 08:00 – 21:30; and one who did waking nights from 21:15 – 08.15. We confirmed this to be the case when we looked at staff rotas. During the course of our inspection; we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We spoke with one support worker who told us “We are never short staffed.” And another told us “There’s is always enough staff so we can spend time with people.”

Medicines were stored safely. Each bedroom was fitted with a lockable cabinet, in which people’s medicines were stored. There was a thermometer inside, and a daily record of the temperature was kept. Cabinets also contained the individual’s medicine administration record (MAR), their photograph, and any allergies they had and details of their GP. Our checks confirmed that people were receiving their medicines as prescribed by health care professionals. The majority of medicines were administered to people using a monitored dosage system [MDS] supplied by a local pharmacist. The MAR sheets were up to date, accurate and no gaps were evident. Where a person’s medicines were not included in the MDS, we counted the balance of medicines stored against the MAR and found it to be accurate. We were told that two members of staff administered medicines together, “to minimise risk of mistakes being made.” Care workers we spoke with could describe how to administer medicines safely, and we saw on training records that relevant training had been done. We looked at the providers medicines policy which included safe administration of medicines and ‘as required’ [PRN] medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief or seizures, there was sufficient information for staff about the circumstances in which these medicines were to be used.

The home was clean smelling and we saw it being cleaned throughout the day. Infection control measures were in place and we saw staff using gloves and protective clothing appropriately. The registered manager told us “infection control is high on our agenda.”

Staff records were held at head office and so were not available for us to view on the day of our inspection. Appropriate checks were undertaken before staff started work. The provider kept records of these checks at their

Good

Is the service safe?

head office rather than at the service premises, and these were provided to us very shortly after our visit. We viewed the records for three staff and saw that each contained an enhanced Disclosure and Barring Service check demonstrating that the staff member was not barred from working with vulnerable adults. Each staff member's records we viewed contained an application form detailing their employment history and also contained two written references which had been verified by the provider.

We saw there was a Personal Evacuation Egress Plan(PEEP) on each record, specific to the individual's needs.

The fire plan was on display clearly indicating fire exits and escape routes. The fire exit on the ground floor was clear of hazards. We saw an in- date certificate from the company which serviced fire extinguishers, alarms and the fire control panel. The registered manager told us that the London Fire and Emergency Planning authority had done a recent safety audit of the premises which did not indicate any safety issues. This report had not yet been sent to her. We looked at records which confirmed that the emergency lighting and fire alarms were tested on a weekly basis. We saw evidence of a recent fire drill, with details of how people chose to respond.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to support people effectively. All staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The manager told us how the CIS was being replaced by the Care Certificate Standards (CCS) for all newly recruited staff, "to bring us in line with Care Quality Commission recommendations." She said she had just completed training to be an assessor for the CCS and had started the two recently recruited members of staff on the CSS.

The training matrix evidenced the fact that most staff were up to date on their mandatory training, amongst which included Safeguarding Adults, Mental Capacity Act 2005, Nutrition and Hydration, Food Hygiene, Infection Control, Diabetes Awareness, First Aid and Medication. For those whose refresher training was overdue, the registered manager told us she had "made staff aware of this and I expect all training to be refreshed over the next few weeks and have allocated two additional paid hours to staff for each certificate." The manager showed us evidence that a Speech and Language therapist was booked to deliver Dysphagia (difficulties with swallowing) training to all staff within four weeks of our inspection. We discussed with her how a course on 'Inclusive Communication' was listed by the provider as 'not mandatory, but to be completed as required to meet the needs of people being supported' had not been completed by any member of staff. Since this is a service for adults with a learning difficulty, the manager agreed that such training would be relevant for staff to do, in order to enhance their ability to communicate effectively with those whom they supported. She told us she would discuss this with the provider's training department.

The registered manager told us she supervised staff each month, and e-mailed them their notes following the meeting.. Staff told us they received regular supervision and said, "it is useful and helps with this work."

Staff we spoke with were familiar with the Mental Capacity Act 2005, and the need to obtain consent from those who used the service. A member of staff told us how, "you must assume everybody has capacity and support them to make decisions. If not, then we call a best interest meeting with family and professionals to reach the best decision on their behalf." A support worker told us how they facilitated people to make choices, "you get to know people's likes and dislikes and know what to offer them," they also told us how they used pictures of objects or food to assist those with limited communication to make choices. During the course of our inspection, we heard care workers offering choices to people they were supporting, including choice around snacks, activities, music and television programmes.

The registered manager had made appropriate referrals to the local authority with regard to deprivation of liberty safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. It also allows people's movements to be restricted for their own safety. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. We saw evidence of DoLS authorisations on the care records we looked at as well as detailed instructions around how a person should be supported in relation to this.

There were menus displayed in the kitchen area, with a good supply of different types of food in the fridge and cupboards. Staff told us most menus were planned once a month and food was cooked fresh, with people's likes and dislikes respected. A member of staff told us that one person did not like rice and was always offered an alternative. We later saw this was reflected in their care plan. We saw there were specific eating and nutrition guidelines for one person displayed on the wall. The registered manager told us the Speech and Language Therapist (SaLT) had given these guidelines. She told us that staff were very aware of the nutritional needs of people and were aware of how to keep people with dysphagia safe by following the very clear guidelines laid down by the SaLT" One member of staff told us that "all food we serve here is made fresh."

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, doctors and specialists. Concerns about people's health had been followed up immediately and there was evidence of this in records we inspected.

Good

Is the service caring?

Our findings

People told us they were happy with the approach of staff. There was some very positive feedback such as "Staff are very nice, they take me dancing." And "I like it here, they are all my friends." Relatives' feedback was also positive. For example, one person commented, "they look after her as if she was their own."

One person who used the service told us, "I like it here. The staff are kind and take me out." We saw from the interactions we observed that the staff team were thoughtful and promoted positive caring relationships between people using the service. Throughout the course of our inspection day, we noticed how staff took time to engage with those who used the service, and answered frequently repeated questions. We heard lots of conversations and laughter between staff and those who used the service. We heard a member of staff complimenting a person on how they looked and commented on another's new coat. A support worker told us, "I like my job; I enjoy supporting people and helping them to live life to the full."

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes in detail with relatives and healthcare professionals so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in social activities which they liked and chose.

We saw that one person had discussed their end of life plan, supported by a relative and a member of staff. Their wishes were documented and included their choice of flowers and what they would like people to wear to their funeral.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. They had been given training in this area and we saw they followed guidelines which had been developed by a speech and language therapist.

Staff cared for people in a way which respected their privacy and dignity. Each person had their own bedroom. We observed the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately . A relative told us "the care is A1, brilliant " and " the staff are all very kind, they all love her. "

We observed staff interacting with people using the service throughout the day, in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, we observed one person using the service may have become upset because the inspection process was impacting on their usual routine. Staff provided them with constant reassurance to ensure they felt valued and relaxed.

There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff and people with limited verbal communication made physical contact with staff members.

Most people using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us" "sometimes I just want to stay in my pyjamas."

We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported. For example, one support worker told us how people communicated their needs in different ways, both verbally and non-verbally, "I know by one person's facial expressions what they really want; in another, the fact that they refuse to get dressed means they do not want to go out that day."

We asked staff how they offered choices to people and were told "we must offer choices, for example, we show pictures of the food or activity to give them their choice." We were also told how "I show them outfits from the wardrobe so that they can choose what they want to wear."

One member of staff told us caring was about "supporting and assisting," and how they gave personal care "in a way which dignifies the person." They did this by ensuring their

Good

Is the service caring?

privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person's room and they always explained what they were doing in the room.

Good

Is the service responsive?

Our findings

The care and support people received was responsive to people's needs.

Care records contained a pre-admission assessment, done by the registered manager and the area manager, which "formed the basis of the person's care plan." Care plans were detailed; person centred and provided good information for staff to follow. The registered manager told us she had initiated a change to care plans to make information more accessible and they were reviewed "every three months, unless something happens and they need to be amended more frequently."

The care plans included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. The information was easy to locate, as there were three separate files, each covering different aspects of required information.

There was an 'About me' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was recorded how a person contributed to their support plan. For example, support plans included a space, 'how I was involved'. We saw written on one, 'a care worker sat with me and asked me questions. I did not understand everything, but I said what I wanted to say.' There was also a record of how people indicated they were in pain. Behaviours which might indicate pain were clearly documented, a very important feature where people were unable to verbally communicate. We saw that care plans were recently reviewed, in line with the provider's review policy.

There was a keyworker system in operation and a record was made of monthly keyworking sessions. We saw where a person had expressed a wish to go on holiday and we were able to follow the progress of the planning involved, including a pictorial representation of the type of holiday being planned. This culminated in the holiday taking place, which the person told us about.

We saw evidence on care records of multi-disciplinary work with other professionals and in particular a consultation with the speech and language therapists around concerns about a person's swallowing reflex. Hospital appointments were recorded and there was evidence of engagement with a dentist and chiropodist.

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to use the local community. Individual activity programmes were detailed on a weekly activity timetable. The home had its own vehicle and driver. Activities included visits to parks, museums, cafes and going to discos. People also participated in shopping for the home and their own needs. On the day of our inspection two people were away on holiday together with staff support. People were also supported to go to a local day care centre, where there was a wide range of activities on offer, for example aromatherapy, drumming and music therapy. We saw that staff from the day centre gave written feedback to the provider for individuals who regularly attended.

Satisfaction levels for activities were regularly monitored. We saw that people's moods following activities were described in daily logs. We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of deterioration

Good

Is the service responsive?

in people's physical and mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Relatives told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where required. People and their families and friends completed a life story with information about what was important to them. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "we get to know each person very well, it helps us to provide a good service"

People's allergies and dietary needs were noted in their personal information, and each person had a Health Action Plan and Hospital Communication Passport outlining their specific needs should they be taken to hospital. Staff told us they supported people to attend all hospital appointments. Staff also arranged home visits when required.

Each person also had a complete 'Personal profile/ Missing person' information sheet staff could readily hand to emergency services should the person be missing.

There was a clear complaints procedure that was available in pictorial format and we saw that this was displayed on the wall in various areas in the home. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included "I am confident about raising concerns; I can go directly to the manager."

We saw that there had been no formal complaints made in the last 12 months.

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Good

Is the service well-led?

Our findings

People who used the service and staff we spoke with praised the manager and said they were approachable and visible.

The registered manager had been in post since April 2014. She told us, ""My aim is to give as much independence as possible to people. I want to gear the service to their needs and have staff that can enable this and communicate well with people."

Observations and feedback from staff, relatives and professionals showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, "The manager is helpful and approachable." , "the manager is fine, she communicates very well with both service users and staff, she understands." and "she really cares about the people here and is always helpful ." Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Another member of staff told us, "The manager always sorts things out quickly." The registered manager gave us examples where staff had initiated ideas to support people and these had been very successful. For example arranging a holiday for one person who had not been on holiday before and providing travel training for another.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. One person told us "we have meetings and a cup of tea." Annual surveys were undertaken of people living in the home, relatives and professionals. We saw that a new survey format had been devised by head office and this was in the process of being sent out. Regular visits were made by the provider's head office and we saw monthly quality assurance assessments were undertaken by them and that actions arising from these had been carried out, for example the latest audit suggested that staff needed more training in positive risk taking and that all key workers completed monthly review sheets.

There were also regular parent/carer forum meetings that were held at the provider's head office. We saw that the (pictorial) minutes of the last meeting took place in September 2015 and items discussed included how to make complaints and ideas for activities. The provider had also set up an 'involvement conference' that took place on 22 and 23 October 2015. The conference focus was to provide people with support to get involved in politics and to provide employment opportunities.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meetings and from our observations it was clear that she was familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's finances, medicines, care plans and risk assessments.

The registered manager told us she regularly attended locality managers meetings and leadership forums and received ongoing support from the operations manager; she also worked closely with the local authority. She told us she had recently qualified as an assessor for the care certificate and was going to study for the Qualification and Credit Framework (QSF) level 5 in management, with the support of the provider.