

Walsingham Support

Walsingham Support - 18- 20 Richmond Close

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

Walsingham Support 18-20 Richmond Close is a 'care home', registered to provide support for up to eight people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, eight people with learning disabilities were living there. Walsingham Support 18-20 Richmond Close also provides personal care support to three people who live in the community in their own homes. This unannounced inspection visit took place on 21 February 2018.

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 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 ongoing 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. At this inspection, we found the service remained Good.

People continued to receive safe care from staff who understood how to protect them from harm. Risks were managed and people received their medicines safely. There were enough staff to support people, and safe recruitment processes were followed. Lessons were learnt and improvements made when incidents occurred.

The support people received was delivered by staff who had the knowledge and skills to provide effective care. Staff supported people to maintain their physical health and wellbeing and to prepare meals of their choice. The home environment was adapted to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted. Visitors were encouraged and people were able to maintain relationships that were important to them.

The care people received was individual to them and took their preferences and wishes into account. There were various opportunities for people to take part in activities at home and in the community, and this reduced the risk of social isolation. People and their relatives were confident in raising issues or concerns, and the provider responded to these in a timely manner.

The management and staff team were committed to providing good quality care to people, and promoted a culture that was open and empowering. Staff were supported and motivated in their roles. People and their relatives were encouraged to share ideas to develop the service. There were effective systems in place to monitor the quality of the service, and these were used to drive improvements. The registered manager understood their responsibilities as a registered person.

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 - 18-20 Richmond Close

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 checked 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 unannounced inspection was undertaken by one inspector on 21 February 2018.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we also reviewed feedback from the local authority and the food standards agency. We also used information the provider sent us in the Provider Information Return (PIR). 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 the inspection visit, we used a range of methods to help us understand people's experience of living at the home. We spoke with four people who lived in the care home, three people who received support in the community, and one relative. Following the inspection visit, we also received feedback from three relatives by telephone. We spent time observing how staff interacted with people who used the service and watched how staff supported people and cared for them. We also received telephone feedback from a community professional and an advocate. An advocate is an independent person who ensures people's voice is heard if they find it difficult to speak up for themselves.

We spoke with five support workers, the domestic worker, the deputy manager and the registered manager. We looked at four care plans to see if they were up to date and accurate, and reviewed medicine administration records and daily logs. We reviewed one staff file to see how staff were recruited and the records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and reviewed.

Is the service safe?

Our findings

People continued to be safe being supported by staff who understood their responsibilities to protect people from harm. One person told us, "They look after me." And one relative commented, "I have no concerns for my relations safety. The staff know how to do this, and ensure they are there always. It is reassuring for me to know this." Staff were able to explain how they would recognise possible signs of abuse and were aware of the procedures to follow if they had any concerns. One staff member explained, "If there is anything at all we would report and record this. We can also contact the safeguarding team and speak to someone in head office." Staff confirmed they were confident that action would be taken. We saw the registered manager had responded to safeguarding issues and implemented changes to protect people from harm.

Risks to individuals were managed and staff understood the support people needed to be safe. We saw this was done in a way that respected people's choices and did not restrict their freedom. For example, when people went out in the community, staff would accompany them if needed, and we saw staff remind people how to cross roads safely. We saw that there were various risk assessments in place that gave staff guidance about safe working practices. These covered potential risks for people both at home and in the community. For example, staff were given clear direction when supporting people who had epilepsy or needed to use equipment when moving. We also saw staff discuss with people how they could minimise possible risks. For example, ensuring they had their mobile phone charged before going out on their own. We saw that these assessments were reviewed and updated, involving people when possible.

There were enough staff to meet people's needs and ensure their safety. One person told us, "There is always someone available for me." We saw that staff rotas were designed around people's needs and the activities they did. One relative commented, "I have no worries about the staffing levels; they put people at the heart of everything, and there are always staff around to support my relation in whatever they want to do." We saw that staff were available to respond to people's requests and took time to explain when and how various things were happening. When people's needs changed, the provider reviewed the staffing required. The provider had systems in place to ensure staff were suitable to work with people. Staff told us, and we saw that all the required recruitment checks were in place before staff started working at the home.

People received their medicines as prescribed, and the provider implemented systems to ensure this was done safely. There were two staff assigned to administer these for people; one to check that the correct medicine and dose was being given, and another to give the person their medicine. One staff member told us, "This works really well, as we have two of us to make sure that no errors occur. We can also pick up straight away if there is anything wrong." Staff confirmed that they could only administer medicines if they were trained to do this. We saw that medicines were stored safely, and there were effective systems in place if people needed to have their medicines given away from the home.

People lived in an environment that was clean and well maintained. One staff member told us, "We encourage people to take responsibility to clean their rooms and communal areas; it is their home after all. But we also have staff who will do the areas that may get missed." We saw the food standards agency had

awarded a five star rating of very good, which demonstrated that there were effective systems in place to ensure good hygiene standards in the kitchen area. Staff confirmed they received training on infection control and food hygiene. We saw staff discreetly remind people to wash their hands before eating or preparing food. Staff were able to access personal protective equipment such as gloves and aprons easily, and there were no concerns regarding the availability of cleaning equipment for the home.

The staff team reflected on their practice and acted when incidents had occurred. We saw the registered manager had followed up a series of events that had happened at the home previously. They told us, "We are really conscious about the group dynamics here, and how things can have an impact on everyone else. I'm a lot clearer about putting the needs of the people who live here first and foremost." We saw the registered manager had reconsidered the process followed when new people moved into the service.

Is the service effective?

Our findings

People's support was delivered in line with good practice guidelines. This included ensuring that people with learning disabilities were supported to have control in their lives. We saw that people who used the service were enabled to live a life as independent and ordinary as they could. People were treated as adults, and their aspirations were recognised. We saw that people's communication needs were taken into account, and information was provided in ways that helped them to understand and make decisions.

Staff had the knowledge they needed to provide effective support to people. One relative told us, "They will seek advice from other agencies to increase their understanding of people and how to support them best. It's reassuring how this information is shared; they are open to learning, and also learn from each other." When staff were new to the service, they completed an induction to equip them with the skills required. One staff member described how this process had given them an opportunity to observe staff and get to know the people who used the service. They explained how they were assigned a mentor to support them during their induction. Staff received ongoing training, and the registered manager sourced external people to support staff with their learning and development. Staff told us how they valued the opportunities to increase their knowledge, and were able to demonstrate how they put their learning into practice.

People were actively involved in making decisions about their meal times and the food they ate. One person told us, "I enjoy my meals and chose what I have." One relative commented, "The staff will support my relation to batch cook items so they have them available in the freezer for when it's needed." The kitchen areas were open and people were encouraged to assist in preparing their meals and drinks. Staff supported people to go shopping for the food that was needed. Staff were aware of people's specific dietary requirements and promoted healthy eating.

People were supported to access healthcare services. We saw that staff worked closely with people to enable them to make decisions about any treatment required. The staff team liaised with community teams and relevant professionals when needed. One community professional told us, "They are on the ball, and if we give advice to do things differently, they will follow this." One relative described how staff had responded to their relations changing healthcare needs. We saw that referrals were made to healthcare professionals in a timely manner, demonstrating that people were supported to maintain their health and well-being.

The care home was divided into two separate houses, with a shared games area adjoining the properties. People were able to choose the decorations in their homes, and we saw that adaptations were made to ensure the environment was accessible to people. An arts room had been erected in the garden, and the registered manager told us how a ramp was being fitted to ensure all the people who used the service could access this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and

whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff supported people to make decisions about their care. We observed staff gain people's consent before assisting them, and saw that staff respected the decisions people made. If people were unable to make certain decisions for themselves, the registered manager ensured they followed the guidance available. People's capacity had been assessed, and any decisions made on their behalf were shown to be in their best interests. When people were being restricted, we saw that applications to do this legally had been made. When these had been authorised, the provider ensured that any conditions were met, and had informed us as required to do. When people who lived in the community were not able to make specific decisions for themselves, we saw that applications had been made to the Court of Protection so that other people were able to act on their behalf.

Is the service caring?

Our findings

People who used the service were treated with kindness and respect. One person told us, "I like the staff here; they are nice." One relative commented, "All the staff, from management down, are excellent; in fact exemplary towards all the residents. Nothing is too much for them, and they go out of their way for the residents." All the interactions we observed between people and staff were caring and respectful. Staff were patient with people, and gave them time to understand what they were being told. Staff listened to people and knew how people communicated. We saw that staff would use different methods to help people communicate, for example, by writing information down when people had difficulty hearing. One staff member told us how they would use Makaton signs to help people understand. Makaton is a sign language that was developed specifically for people with learning disabilities. Staff were available to offer reassurance to people if needed, and demonstrated that they knew people well.

Staff enabled people to make decisions about their day-to-day care. One relative told us, "It's all about the people who live there; it's obvious that they come first." Another relative commented, "Sometimes my relation will be later going to bed, and the staff respect that they may need a bit of a lie in the following day." Staff had information available to them that described the decisions people could make, and how they communicated their choices. We observed staff offer options to people and they were able to follow the routines that were important to them. Staff were flexible in their approach to people; if one person changed their mind about a certain thing, staff would respond to this and re-arrange their plans to fit with the choices people made. Some people were supported by an advocate. This is an independent person who ensures that people's voice is heard. This demonstrated that people were able to have control in their lives.

People's independence was promoted, and one person told us, "I get my own breakfast." We observed people join in with various activities of daily living. For example, preparing meals and going shopping. Staff were available to ensure this was done safely. Some people were able to describe the various activities that staff supported them to do. One person told us, "They help me with what I need, and don't just do things for me." Staff understood how to respect people's privacy and demonstrated how they valued each person who used the service.

People were able to maintain relationships that were important to them. Visitors were made welcome at the care home, and one relative told us, "It's lovely that my relation is so close by, I can pop in at any time to see them." People who used the service and their relatives described how people would go to social events to see their friends and families, ensuring that relationships were maintained. The registered manager had fostered links with an organisation that supported people to have meaningful relationships with others, demonstrating a commitment to this area of people's lives. We saw that the provider's policies recognised the rights of people to develop and maintain relationships of their choice.

Is the service responsive?

Our findings

People continued to receive care that was individual to them and responsive to their needs. Staff knew people well and understood what was important to each person. One relative commented, "Everything is organised around my relation rather than the other way round." People and their families had been actively involved in the planning and reviewing of their care. One relative told us, "We are all fully involved; but also appreciate my relation doesn't always want us to know everything; we all have to respect that." One relative also explained how their relations care had been changed when their needs had increased. They added, "They certainly responded to the changes quickly, and adapted the support so my relation was safe and happy."

The support plans we looked at were individual to each person, and gave staff information about their backgrounds, histories, abilities and goals for the future. We saw that staff would spend time with people and reflect on their progress and the achievements they had made, showing that people's aspirations were upheld. We saw that the support plans were reviewed with people, and updated in a timely manner. Staff told us how they used these documents to assist them in providing care that was personalised to each individual. The support plans had been written in a way that was understandable for people. For example, by using pictures and symbols to aid understanding. People's needs in relation to their protected characteristics were also considered. For example, their disability, religion or belief and sexuality. People told us how their needs were met in relation to these areas, for example, one person explained how staff would support them to attend church each week.

The registered manager was committed to working alongside people and staff to promote their rights as far as equality and diversity issues were concerned. For example, work had been completed with the local community police to raise awareness in relation to disability hate crime. The registered manager told us that within the recruitment process for new staff, one of the main considerations was the value base that candidates had. We saw that the staff respected and valued each individual who lived at the home. It was apparent that the ethos of the service was to empower people and give them as much control in their lives as possible.

People were supported to follow their interests and take part in activities they enjoyed. This included work placements, social events, clubs and college courses away from the home. When needed, staff were available to assist people with this and help people organise their diaries. One person told us, "I have lots of things to do, I'm busy." When people chose to, they were able to relax at home listening to music, watching the television, and playing games. People were able to initiate these activities themselves, and when needed, staff would support them. This demonstrated staff supported people to relieve social isolation.

People knew how to raise concerns and we saw they were confident to report issues to the registered manager. One person told us, "I'd speak to the staff if I needed to." One relative commented, "Any little thing I know I can ring up; they get things sorted out straight away." We saw the registered manager responded to issues in a timely manner according to their policy, and had taken action to resolve any concerns. Information about the complaints policy was available in pictorial formats to enable people to understand

the process.

At the time of our inspection, the provider was not supporting people with end of life care. However, we saw that people's wishes had been considered as part of the care planning process.

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager was supported by the provider, who undertook monthly visits to the home. They understood their responsibilities of registration with us. They had also notified us of important events that had occurred, which they are required to do. We saw the previous rating was displayed in the home in line with our requirements.

People we spoke with praised the management and leadership in place. One relative commented, "It's a well-run home; the management are involved with everything and know what's happening for each person. It's clear they want things to be the best possible for all the people who live here." We saw that people knew the registered manager well, and it was apparent that they felt confident to speak with them. The registered manager promoted an open, inclusive and person centred culture within the home. One staff member told us, "It's all about the people who live here; they are the most important."

Staff were supported and motivated in their roles, and described how they enjoyed working at the home. Supervisions, appraisals and team meetings took place; and staff were able to use these to identify how to develop their skills further. Staff understood their responsibilities and were encouraged to share ideas to make improvements in the home. The registered manager identified staff members who would take on 'champions' roles within the home. This gave them certain responsibilities to ensure that best practice was always followed. For example, in the areas of safeguarding, medicines and dignity in care.

People and their relatives were encouraged to give their feedback, and we saw this was used to develop the service further. For example, people were involved in the recruitment process for new staff, and their suggestions had been included when staff were being interviewed. Staff had regular discussions with people they were a key worker for. This gave people the opportunity to discuss their support and any changes they wanted to make in their lives. Annual surveys were completed, and the results were shared with people and their relatives. The provider organised annual conferences for people who used the service, and people told us how this made them feel valued.

The registered manager had effective systems in place to monitor the quality of the service. They were supported by the provider in this process, and monthly audits also took place by the organisations quality lead. We saw these systems were used to drive continuous improvements. The registered manager had developed close relationships with other agencies; this not only included the local authority and healthcare agencies, but also community organisations in the local area.