

Walsingham Support

Walsingham Support - 45a Hampton Road

Inspection report

45a Hampton Road
Teddington
Middlesex
TW11 0LA

Tel: 02089775406

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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 45a Hampton Road is a small residential home that was providing personal care and accommodation to up to five people. People living at the service have a range of complex needs including learning disabilities. At the time of this inspection five people were using the service. The service had been developed and designed in line with the values that underpin the CQC Registering the Right Support policy 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.

People's experience of using this service:

- People were protected against the risk of abuse because staff received on-going safeguarding training which enabled them to identify, respond to and escalate suspected abuse.
- Comprehensive risk management plans were developed and gave staff clear guidance to mitigate known risks. Risk management plans were reviewed regularly to ensure they reflected people's needs.
- Incidents and accidents were managed in such a way to identify trends and patterns and ensure lessons were learnt to minimise repeat incidents.
- People's medicines were managed in-line with good practice. Medicines were stored safely, recorded and disposed of appropriately. Medicines audits were carried out regularly to ensure errors and issues identified were acted on in a timely manner.
- Sufficient numbers of suitably vetted and qualified staff were deployed to keep people safe. Records confirmed all staff underwent a robust pre-employment check.
- The provider had developed a comprehensive infection control policy that minimised the risk of people being exposed to cross contamination.
- People received care and support from staff that underwent regularly training to enhance their skills and knowledge.
- People were supported to access sufficient amounts of food and drink that met their dietary needs and preferences.
- People's dependency levels were regularly assessed to ensure the support provided enhanced their independence.
- People are 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 support this practice.
- People received care and support from staff that treated them with compassion and kindness.
- People and their relatives were encouraged and supported to engage in their care. Care plans were person-centred and detailed people's health, medical and support needs.
- People were encouraged to participate in community based activities to enhance their social skills and experiences.
- People confirmed they knew how to raise a complaint. The provider had developed pictorial complaints procedures. No complaints had been received in the last 12 months.

- No one living at the home required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
- The provider ensured the service was regularly assessed through internal auditing systems.
- People were supported to share their views.
- The acting manager actively sought and encouraged partnership working to drive improvements. Guidance and support provided was then implemented into the delivery of care.
- People confirmed they enjoyed living at the service and their relatives and staff found the acting manager approachable and supportive.

Rating at last inspection: The service has not previously been inspected as they were registered on 9 April 2018. This is their first comprehensive inspection.

Why we inspected: This was a planned inspection in line with our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Walsingham Support - 45a Hampton Road

Detailed findings

Background to this 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:

This inspection site visit was carried out by one inspector.

Service and service type:

45a Hampton Road is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager had applied to de-register with the CQC; a new manager had been appointed and had applied to register with the commission.

Notice of inspection:

Our first day of the inspection was unannounced. We notified the service when we would return. The inspection site visit commenced on 7 February 2019 and concluded on 11 February 2019.

What we did:

Prior to the inspection we reviewed information we held about the service, for example, notifications we received from the service and information shared with us from members of the public. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people, two staff members, the acting manager and the registered manager. We also spoke on the phone with one relative. We looked at three care plans, three staff files, two medicine administration records, the complaints file, health and safety records and other records relating to the management of the service.

After the inspection we spoke with one relative. We also contacted a healthcare professional to gather their views of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People living at 45a Hampton Road told us they felt safe living at the service. One person told us, "I feel safe, because the [staff members] look after me. They come with me when I go out and that makes me feel safe." Another person said, "I do feel safe." A relative told us, "Yes, [my relative's] definitely safe, I don't think I've seen anything that suggests anything otherwise, the staff are on the ball and there are no signs of abuse."
- The acting manager and staff team were aware of their responsibilities in safeguarding people from abuse.
- Staff members received safeguarding training and were aware of how to identify, respond to and report suspected abuse. One staff member told us, "I would report any concerns immediately to the [registered] manager. I would contact the operations manager and I would whistleblow. I'm confident to do it because we are here to keep [people] safe."
- The provider had a detailed safeguarding policy in place that gave staff clear guidance on reporting suspected abuse.

Assessing risk, safety monitoring and management

- The provider had developed robust personalised risk management plans, that were regularly reviewed to reflect people's changing needs.
- Risk management plans gave staff clear guidance on how to mitigate identified risks, for example, eating and drinking, mobility, behaviours that others may find challenging, medicines and accessing the community.
- Relatives confirmed the service shared risk management plans with them and people and their relatives were encouraged to develop them.
- Staff had sufficient knowledge of people's safety risks and were aware of the importance of sharing any new identified risks with management immediately.
- The environment was continually monitored by the service and by workmen instructed by the landlord to ensure the service was safe. Issues identified during the monitoring had been escalated with senior management, however the landlord did not always complete these issues in a timely manner. We shared our concerns with the manager, registered manager and senior management, who took immediate action to ensure the landlord responded swiftly to future issues identified. We were satisfied with the manager's response.

Staffing and recruitment

- People living at 45a Hampton Road told us there were enough staff deployed to keep people safe. Records confirmed what people told us.

- Staff knew people well and the registered manager ensured only competent and familiar staff were allocated shifts, to ensure continuity for people living at the service. One person told us, "If I need [staff] they are there for me." When asked if they felt there were enough staff available, one person nodded their head confirming they did. A relative said, "There have been times when there are less staff on duty. The staff work very hard and we are grateful for the care they give our relative. I think on a Sunday they could do with an extra pair of hands, but it is under control."
- The provider had taken reasonable steps to ensure only suitable staff were employed. Pre-employment checks were undertaken and staff files contained satisfactory references, photo identification and a Disclosure and Barring Services (DBS) check. A DBS is a check employers undertake to make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely in-line with good practice. One person told us, "[Staff members] help me to take my medicines. If I don't feel well they take me to the doctors." A relative said, "It's [relative's medicine] being managed very well. We have visited when [relative] is being given her medicines, so I know she is getting it regularly." Another relative said, "They [the acting manager and keyworker] let me know if there's any changes. I know [my relative] has had a medicines review in the last four months."
- Staff received training on safe medicines management and had their competency assessed, prior to administering medicines.
- Robust medicines audits took place daily, ensuring any issues were identified swiftly and action taken to minimise the impact on people living at the service
- Medicines were stored safely and systems and processes in place ensured surplus medicines were disposed of in line with good practice.
- Care plans detailed people's medicines needs and gave staff clear guidance on how to administer people's medicines in line with their needs and preferences.

Preventing and controlling infection

- People confirmed staff used Personal Protective Equipment (PPE) when delivering personal care. Staff told us there were sufficient supplies of PPE available.
- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place.
- Cleaning schedules in place ensured the home was free from malodour and appeared clean.
- Staff were aware of the provider's infection control policy and knew the importance of hand hygiene.

Learning lessons when things go wrong

- Accidents and incidents were managed in such a way to ensure lessons were learnt to minimise the risk of repeat incidents.
- Senior management reviewed accidents and incidents that took place at 45a Hampton Road, an analysis of trends was carried out and action taken to address these swiftly.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- The acting manager and staff members had adequate understanding of their responsibilities of MCA and DoLS.
- People were not deprived of their liberty unlawfully. Where the supervising body (the local authority) had authorised DoLS applications, we found that the authorisation paperwork was in place and regularly reviewed.
- Staff were aware of the provider's MCA policy and records confirmed staff members received on-going training in MCA and DoLS.

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

- People's needs were regularly assessed. Initial assessments detailed people's preferences to care and support they received as well as their medical, social and health needs. These formed the foundation of care plans and risk management plans.
- Information from previous placements, relatives and stakeholders was sought and helped devised people's care plans.
- Care plans were person-centred and care delivered in line with people's preferences and assessed needs and were reviewed regularly to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff received on-going training to enhance their skills and experience and deliver effective care. Training records confirmed training included, for example, safeguarding, equality and diversity, life support and medication awareness. A relative told us, "The staff seem knowledgeable and they know each of the

[people's] needs and people are well cared for."

- Staff confirmed training provided was put into practice and enabled them to deliver effective care and support to people living at 45a Hampton Road. One staff member told us, "There has been a lot of training and I'm up to date. Some are class room [based] and some are e-learning. After having all the training I have more knowledge and I use it every day in my work."
- Newly employed staff underwent a comprehensive induction to familiarise themselves with the service, people and the provider's policy.
- Staff reflected on their working practices through regular one-to-one sessions with the acting manager. Supervisions gave staff the opportunity to speak about their work performance, additional training required and set goals for the coming months.

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

- People confirmed they received sufficient amounts of food and drink that met their dietary needs, requirements and preferences. One person told us, "If I don't like what's on the menu I get a choice of something else. Sometimes I help to cook things, sometimes I make soup." Another person said, "The food is lovely, my favourite is sausage mash and gravy. The staff cut it up for me and are really nice [that they do that]." A relative told us, "I would say the food is wholesome and healthy and they appear to cook everything from scratch. The food meets [my relatives] preferences, they know what she likes and dislikes. I have no worries." Another relative said, "I've been in the kitchen to watch the food being prepared. [The foods'] lovely."
- People with specific dietary requirements were catered for. For example, advice and guidance provided by the Speech and Language Therapists (SALT) ensured people were effectively supported with their meals.
- People were encouraged to help devise the menu within the service.

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

- The service was clean and had a warm atmosphere. The service had been suitably adapted to meet people's needs. A relative told us, "They [the service] have purchased a [specialist turning] bed. My relative doesn't need to be woken up to turn during the night, the bed does it."
- The service had the use of hoists and specialist baths which were regularly maintained.
- People's rooms were personalised to their preference. People were encouraged to decorate their rooms with personal items of their choice. For example, one person had photographs of relatives, personal effects and pictures of their favourite musician throughout their bedroom.

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

- The service worked in partnership with other healthcare professional services to support people to live healthier lives.
- People confirmed they were supported to access a wide range of healthcare professional services to maintain and monitor their health and well-being. One person told us, "They [staff members] take me to the doctors when I'm not feeling well." A relative said, "[My relative] does have access [to healthcare services], I know the G.P. has been [to the home] and blood tests have been done recently. When [my relative] has been in hospital, the staff have stayed with her and given us regular updates. [My relative] has regular check-ups and medicines reviews."
- Records confirmed people accessed routine appointments, for example, the optician, physiotherapist, dentist, chiropodist, G.P., SALT and epilepsy nurse.
- People's care plans detailed their health needs and contained guidance for staff to effectively meet these.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives spoke positively about the care and support they received at 45a Hampton Road. One person told us, "They [staff members] are lovely, if I have a problem they come and help me. They have a lot of time to come and talk to me. They couldn't do anything better here." A relative said, "I would think [staff members] go beyond their duties, they are very caring and you can see that they do care and are very fond of the people they support. [Staff members] are very hands-on and make sure [people] get what they need." Another relative said, "You can see there's real affection [between staff and people] and it's not just for show. The permanent staff have built up a rapport with people and it's like a family."
- People were treated equally and had their diversity encouraged and celebrated. One person told us, "I used to go to church but I don't want to anymore, no."
- Staff received training in equality and diversity and were aware of the provider's equality and diversity policy.
- Although no one at 45a Hampton Road had expressed any desire to follow a particular faith or culture, the service was in the process of arranging a day to visit a temple to further integrate people into the community, should they wish to participate.

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

- People continued to be encouraged to express their views and make decisions about the care and support they received. One person said, "They [staff members] do ask me what I think." A relative told us, "We've never had any concerns. Consent wise, I know they do ask [my relative]. I don't think [staff members] would do anything against [relative's] will."
- Where possible people, their relatives and healthcare professionals were supported to help develop their care plans. Records confirmed people's views were regularly sought and care plans amended to reflect this.
- People who had complex communication needs were encouraged to express their views in a way they were comfortable with.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported to remain as independent as possible, where safe to do so.
- People's dependency levels were regularly reviewed to ensure the support delivered reflected people's needs. Changes to people's needs were reflected in people's care plans and shared with staff. A staff member told us, "I always ask if [people] want to help. I give them positive feedback, because it encourages them and boosts their confidence and self-worth."
- Throughout the inspection we observed staff knocking on people's bedroom doors seeking permission to enter prior to doing so.

Is the service responsive?

Our findings

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

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 received care and support that was person-centred. A relative told us, "I know my [other family members] have attended [review meetings]. It would be better if they gave me more notice. I know his views are taken on board." Another relative said, "They do talk to me about what aspirations we have as a family for [my relative] and what aspirations she has for herself. They [the service] have reviewed the care plan with me and they do let me know if there are any changes, then they give me a copy."
- Care plans clearly documented people's health, medical, communication and support needs. For example, one person had specific requirements in relation to moving and handling. Guidelines were comprehensive and succinct and enabled staff to deliver care that was responsive to their needs.
- Care plans were regularly reviewed to reflect people's changing needs. Changes identified were shared with staff in a timely manner to ensure care provided was current and in people's best interests.
- People continued to be supported to access both in-house and community based activities that met their preferences and social needs. One person told us, "I go out to the shops, I go to Kingston. I go to a day centre – Ellery Hall every Friday and talk to people." A relative said, "I think there are enough activities offered. There used to be a minibus that took them out a lot but that doesn't happen at the moment. They are doing their best and get [people] to go into town. They're engaged and that's since the [acting] manager has taken over."
- Activities available to people included, for example, day centre, shopping, trip to a sister home for sensory sessions, day trips, holidays and meals out. During the inspection we observed staff supporting someone to use their iPad and one person was being supported to plan a holiday in Europe.

Improving care quality in response to complaints or concerns

- People were encouraged and supported to raise concerns and complaints. One person told us, "I would tell my keyworker that I'm not happy and they fix things for me." A relative said, "I haven't personally had to raise a complaint."
- The service had developed easy read documents that gave people living at 45 Hampton Road guidance on how to raise a complaint and what to expect in response to their complaint. This also formed part of the service user guide which was given to people when moving into the service.
- Keyworker session and day-to-day conversations enabled people to share their concerns in an informal setting.
- Records confirmed there had been no complaints received in the last 12 months. The acting manager and staff were aware of the provider's complaints policy and the need to ensure all complaints were investigated, resolved and appropriate action taken in a timely manner.

End of life care and support

- At the time of the inspection people were not receiving support with end of life care.

- The provider had a policy on end of life care and support, which the acting manager was familiar with. A relative told us, "The home now has proper instructions as to what is the way forward with regards to end of life care for [my relative]."
- Plans documenting people's end of life care wishes were being devised, in a sensitive manner. The acting manager confirmed the plans would be completed by the end of March 2019. We will review this at their next inspection.

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

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; and how the provider understands and acts on duty of candour responsibility

- People and staff members confirmed the acting manager was committed to delivering an inclusive, person-centred service that offered high-quality care and support.
- People, their relatives and staff spoke positively about the acting manager and how he was approachable and available to offer support and guidance at all times. One person said, "He's [acting manager] lovely and helpful." A relative said, "He's [acting manager] a breath of fresh air. He is absolutely approachable, since the moment we met him. He has some fantastic ideas." Another relative said, "I think that he has come in very gently and has his finger on the pulse. He has already made improvements. It seems very professionally run and he is approachable. He will always come back to me within 48 hours if I email, but he is on the phone if needed. He seems to get involved and works on the floor and is hands on."
- One staff member told us, "When [acting manager] notices someone isn't their normal self he will call us to the office and make sure we are okay. He's fair, he wants our opinion, especially during keyworker meetings and team meetings." Another staff member said, "I can be myself with [acting manager]. If you're having a hard day he will make it better. I feel comfortable approaching him at any time, even outside of office hours. He has every confidence in the staff, if he wasn't there it would be a very sad place."

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

- The acting manager had clear understanding of their role and responsibilities in line with the Health and Social Care Act 2014. The acting manager submitted statutory notifications to the Commission in a timely manner.
- The acting manager and staff were aware of the provider's employee structure and staff confirmed they received guidance and support through the induction procedure to familiarise themselves with the provider's policies, values and expectations.

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

- A relative said, "He [acting manager] will email us to let us know what is going on with our relative, we never had that before and keeps us informed. He doesn't hold back on information." Another relative said, "Anything and everything will be discussed with me that needs to be discussed. They take my views on board, very much so. I can't say I've asked for anything that hasn't been discussed."
- The provider continued to seek people, their relatives, staff members and healthcare professionals' views to drive improvements within the service.

- Regular well attended team meetings and keyworker meetings gave staff the opportunity to gather further guidance and support and share their views. Reviews included, for example, medicines management, shift plans, duties, handovers, people living at the service and safeguarding.

Continuous learning and improving care

- The acting manager carried out regular audits of the service to continuously drive improvements. Records showed audits included for example, medicines, care plans, finances, accidents and incidents.
- Another locality manager visited the service regularly to carry out an internal audit. Issues identified were acted on in a timely manner. However during the inspection we did identify that issues relating to the fire safety had not been completed as the landlord had not completed the actions. We shared our concerns with the acting manager and senior management who completed some of the works themselves the following day and had liaised with the landlord to ensure the remaining works were completed swiftly. We were satisfied with their response.

Working in partnership with others

- The acting manager worked in partnership with other stakeholders to improve the service provision. The acting manager told us, "We work [in partnership] with speech and language team, epilepsy nurses, occupational therapist, local authority and general practitioners. Partnership working is about learning new things, not just about support. It's so that we can better support people and is a great way to learn and share ideas."
- During the inspection we observed the acting manager speaking with the local authority learning disabilities unit (Your healthcare) regarding concerns about person's health and wellbeing. The acting manager requested their services and to come and visit, to reduce the likelihood of a deterioration in the person's health.
- Records confirmed guidance provided by healthcare professionals was implemented into the care provided.