

Walsingham Support Limited

Walsingham Support - 86 Baker Street

Inspection report

Walsingham Support
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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 carried out an unannounced inspection on 4 December 2015. Walsingham provides accommodation and personal care, at 86 Baker Street, for up to six people who have a learning disability. At the time of our inspection, there were five people living at the home.

At our last inspection on 22 July 2014 the service was found to be meeting the required standards in the areas we looked at.

The service had an 'acting manager' who was managing the service jointly with another acting manager. There was no registered manager at the service at the time of the inspection. However the operations and

Summary of findings

development manager told us they were actively recruiting to the 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 CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others.

At the time of the inspection we found that where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005. The manager had submitted DoLS applications to the local authority for four people who were being deprived of their liberty in order to keep them safe, and these were kept under regular review.

People had individual care and support plans and we saw that people's needs had been assessed and care plans included information relating to their individual needs. Care plans were personalised and demonstrated people's preferences, and choices. People's care and support packages were amended as necessary to meet their changing needs.

Some of the people who were present at the home during our inspection were unable to communicate with us. We were however able to speak to one person who told us that they felt safe living at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed and there were sufficient numbers of suitable staff available to meet people's individual care and support needs.

The environment and equipment used were checked and maintained to keep people safe. Staff had been trained to assist people take their medicines safely. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Staff received an induction when they commenced their employment at the home and had regular training and refresher updates relevant to their roles. They had regular 'one to one' supervision with their line manager to discuss and review their personal development and performance and to discuss any work related matters that were important to them.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were supported to eat a healthy balanced diet that met their individual needs, and were offered choices.

People were involved in reviews of the care and support provided to them wherever possible.

We saw that staff had developed positive and caring relationships with the people they cared for. Information held about people's medical and personal histories had been stored securely at the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their choices when possible. Staff knew the people they looked after very well, and knew about their routines, likes and dislikes.

People were encouraged and supported to pursue social interests and participate in meaningful activities relevant to their needs, both at the home and in the wider community.

There was a complaints procedure in place and complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

People and staff were complimentary about the management team and how the home was run. There were processes in place to monitor the quality of services provided, reduce potential risks and to achieve continuous improvement.

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?

The service was safe.

There were systems in place to safeguard people from the risk of harm.

There was sufficient numbers of staff to meet the needs of people safely.

People were supported to take their medicines safely by trained staff.

There were robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained to meet people's individual needs.

Consent was obtained prior to care or support being provided and this was also the case where people lacked capacity.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their health needs met.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind, and caring.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs.

People were provided with information about the service, in an easy read format.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support that met their needs and took account of their preferences and personal circumstances

People were supported in accordance with their agreed care plans.

There was a complaints procedure in place and complaints were appropriately recorded and responded to.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service.

Senior management were in the process of recruiting a permanent manager.

Good



Summary of findings

There were quality monitoring audits and checks in place to ensure a continuous improvement of the service.

Staff understood their roles and responsibilities and felt well supported by the acting manager/s.

Walsingham Support - 86 Baker Street

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 4 December 2015 and was carried out by one Inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two members of care staff, the acting manager and the operations and development manager. We viewed people's support plans. We looked at staff records. Policies and procedures for safeguarding people and complaints records. We looked at quality monitoring records including various audits and we reviewed staff support documents, team meeting minutes and individual training and supervision records.

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

Is the service safe?

Our findings

One person told us “I do feel safe living here”, and continued to say, “The staff makes sure we are safe.” Other people had limited verbal communication and were unable to tell us whether they felt safe, however we observed people were kept safe by staff. No one expressed any concerns with regards to their safety in relation to staff and the care they received.

Staff had received training in safeguarding vulnerable adults from abuse. Staff we spoke with described what constituted abuse, how they would elevate concerns and the procedure they would follow if they suspected any abuse. Staff told us they would report any concerns without delay to the senior person on duty and the manager. They had regular refresher training to make sure they were aware of current practice relating to safeguarding people from abuse. We were shown the process that would be used in the event of a safeguarding concern, and the acting manager and staff demonstrated they were aware of their requirements with regards to safeguarding people who used the service. Staff were able to describe the whistle blowing policy and understood why the process was in place.

Care plans provided information for staff as to how the risks were to be managed to ensure the safety of people. For example a person who had a medical condition had clear instructions in the front of their care records which informed staff what they needed to do to keep the person safe.

Staff employed at the home had been through a robust recruitment procedure. This included taking up a minimum of two satisfactory references, a Disclosure and Barring Service (DBS) check and checking people’s identity to ensure they were of good character and were suitable to work with people who lived at the home.

Staff told us they felt there were enough staff on duty, however recently a person’s health had deteriorated and the acting manager told us they were reviewing staffing levels to make sure they remained at a safe level. We observed throughout our visit that people’s needs were met safely. For example a person who required the

assistance of two support staff told us, “Two staff always help me, they use the hoist to make sure I am safe.” They also told us there were always staff around when they were needed.

People had personal emergency evacuation plans (PEEP) in place and staff were aware of how people should be supported in the event of an emergency. Staff completed regular health and safety checks to ensure people were cared for in safe environments. For example, environmental checks included making sure the floor was clear of hazards so as to keep a person with reduced vision safe. Other audits included medicines audits, cleaning audits and food checks and rotation of food.

People were supported to go out in the community and risks had been assessed to make sure they remained as safe as possible when accessing community facilities. For example one person told us they went into town and went to the gym and the library. We saw that their safety had been assessed to check that they were safe travelling on their own and that they were aware of road safety. The person told us they were supported to do what they wanted and to retain their independence.

We saw that care records included risk assessments for people who used the service in relation to their support and care. These were reviewed periodically and also whenever there was a change in a person’s ability of condition. People were supported in a way that promoted people’s independence and lifestyle choices.

Accidents and incidents were recorded by staff. These were reviewed as part of the overall monitoring of the service to reduce the possibility of a similar incident reoccurring, and where possible to put remedial actions in place.

People were supported to take their medicines by staff who had been trained in the safe administration of medicines and staff told us they had their competencies checked to make sure they followed good practice guidance. We saw that people’s medication administration records were completed correctly and these were regularly checked. Medicines were ordered on a 28 day cycle and stored safely in the home. If medicines were no longer required they were disposed of safely or returned to the pharmacy. This process ensured that people received their medicines safely and in accordance with the prescriber’s instructions.

Is the service effective?

Our findings

People told us they received care that was effective and met their needs. One person said, “They are really good and I have lived here for years so they know what support I need.” We saw that staff were confident and clear about their roles and responsibilities. One member of staff told us “I have worked here so long now and I have got to know people’s needs, likes and wishes very well.” The staff we spoke with told us they worked well as a team and they felt that they met people’s needs effectively.

Staff had received the appropriate training to enable them to support people effectively. One person told us, “They staff are so good, here, all of them, and I have a keyworker.” The person told us “This is the best home I have ever lived in, they (staff) know everything about me and are always supportive.”

People told us that staff always gave them choices and obtained their consent before assisting them. Staff demonstrated how well they knew people and said they felt this was really important so that they could provide care and support in a way that suited people. We observed that staff knew people well and were able to assist people effectively with all tasks. For example we observed a person who had woken up and was a little disorientated and agitated, we observed a member of staff spoke to the person and provided reassurance, they offered the person a drink which helped the person to calm down, they appeared reassured by the actions of the staff. The member of staff explained that the person responded well to their voice which was familiar; this interaction by staff was effective in relieved the anxiety of the person.

Staff understood their roles and responsibilities in ensuring that people had consented to their care and support, and were able to describe how they obtained consent.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that four people were being deprived of their liberty to keep them safe and assessments had been submitted to the local authority and was awaiting authorisations. We saw that the people who were being deprived of their liberty required supervision when they went out so that they were kept safe. There were no restrictions within the home such as bedrails.

Staff told us that they felt the training they received was really good and that they had regular opportunities to undertake a range of training. We saw that staff had attended an induction prior to starting work at the home. When agency staff were booked, they were ‘block booked’ to ensure continuity and consistency for people who lived at the home. Agency staff working at the home had been orientated with the home and had also undertaken all the core training to give them the range of skills required to be able to support people effectively. We saw that there was a training matrix which detailed all the training staff had completed, and when their refresher training was due. We reviewed staff recruitment files and saw certificates confirming the dates the training had been completed. Staff told us that they received supervision with their line manager; they also attended regular team meetings which gave them multiple opportunities to discuss the people they supported, training, development or any issues of concern.

People were supported to maintain a balanced diet and they told us they liked the food and always had a choice of what they had to eat and drink. People were weighed regularly and if there were any concerns about people’s weight or food intake this was reported to the appropriate health care professional and appropriate support was provided. We saw that people were supported to eat and drink in a timely and respectful way. Menus were discussed and people were able to contribute to the process. People were able to make choices about what they wanted to eat

Is the service effective?

and were supported to do this by being showed different plates of food and pictures. People told us that they all choose a meal that they liked and their choice was put on the menu, along with optional choices.

People were assisted to maintain their health and well-being. One person told us, “Staff make the appointments and they come with me when I go to see the GP.” Staff told us that they supported people to attend health related

appointments such as GP’s dentists and opticians and also they sometimes had healthcare professionals visiting the home, for example, chiropodist. We saw that people’s health care records were in a ‘purple folder’ which was taken to all health related appointments and was completed by the healthcare professionals. This ensured there were concise and effective records of people`s health history.

Is the service caring?

Our findings

People were supported by staff and managers who were kind and caring. One person who spoke with us told us “I like living here, the staff are lovely, they look after us all so well.” We observed staff to be caring and sensitive when approaching people. We observed staff spoke to people in a tone that was appropriate and staff bent down or stood close to people to facilitate effective communication. We saw that staff interacted positively with people they supported and people looked comfortable when staff were around. Staff who spoke in a specific language had been employed at the home to support appropriate communication for a person whose first language was not English, this demonstrated a proactive and caring approach to the persons individualised needs.

We saw that staff interacted positively with people living at the home. Staff were observed to be gentle when assisting people, for example a person who was not feeling comfortable was assisted to be made more comfortable every so often, we heard staff asking the person if they were comfortable and offering reassurance at regular intervals. We saw that staff explained what they were going to do before touching people or commencing support. People told us that the staff respected their dignity and their privacy. We saw that staff respected the people they were supporting and maintained their dignity. We observed staff respecting people’s privacy they were discreet when offering personal assistance and maintained confidentiality. People told us they trusted the staff and they were happy to talk to us after staff explained why we were visiting the service.

People told us they were involved in planning and reviewing their care. One person told us the staff discussed their care plan with them and checked the details. We saw that care plans included details about people’s preferences, life histories and choices. For example what time people preferred to get up, what they liked to eat for their breakfast and their interests and hobbies.

People were also supported to maintain relationships with family and friends and staff told us that visitors were welcomed to the home at any time they wanted to visit. We saw that people were assisted discretely with personal care in their bedrooms or bathrooms. People were able to choose to be in the lounge or other communal areas however one person told us they liked being in their bedroom and this was respected. Staff regularly knocked to see if the person wanted anything, and asked if they wanted to come to the lounge.

People’s bedrooms were personalised and reflected people’s individual personalities and preferences. For example one person who liked a particular colour had their bedroom painted in that colour and had purchased matching coordinating accessories. Another person had a collection of soft toys and another person a musical instrument.

People were supported to attend personal involvement meetings (PIP) if they wished. This was an ‘involvement group’ where people were able to discuss ideas for the service and be involved in sharing views and ideas for the development of the service. People were able to access independent advocates, one person told us they had been supported by an advocate in the past and they had found this very helpful.

Is the service responsive?

Our findings

One person told us their care needs were met and said “I am happy living here, the staff are great and they do everything for me.” The acting manager and staff told us about how they respond to peoples changing needs. We also saw how the staff responded appropriately to continue to meet the needs of a person whose health had deteriorated quite significantly, and who had expressed a wish to continue to be cared for at the home. We saw that in response to this person`s wish staff rota`s were being reviewed to ensure staffing numbers were adequate to enable staff to be responsive to the persons increased support requirements. This helped with communication and also helped the person to feel more at home.

People`s care plans and risk assessments were reviewed regularly and staff told us if there were any changes to people`s health or wellbeing they were reviewed and updated so that staff had access to relevant and current information. Care plans detailed how support should be provided and staff demonstrated they were familiar with people`s current support needs. Staff demonstrated they understood how to look after people in a person centred way. Support plans contained detailed information about people`s likes and dislikes and their routines.

People told us they were supported to pursue activities and social interests they enjoyed in the home and also in the community. One person told us “I have a lot of different interests and keep busy.” They told us they did something every day and some days they did an activity during the

day and then went out in the evening. People had individual activity plans and some people attended and participated in activities at their day care facilities. One person told us they had been learning about how to keep safe and the Police had come to their day care and spoken to them and given them leaflets to look at to remind them about personal safety.

Staff told us they provided some activities at the home but could do more if people were interested. For example staff told us they played Bingo; however as peoples abilities varied they also spent time doing individual activities, such as hand massages, nail painting and general pampering which people really enjoyed and responded positively to. People attended day care and participated in activities at day care which was why fewer activities were provided at the home.

People were asked for their feedback individually and at regular meetings. Feedback was reviewed and any actions required were put in place to address shortfalls. This demonstrated that the provider was listening to people.

There was a complaints policy in place and people knew who to speak to if they had any concerns. People told us they had no complaints about the service, they were very happy with everything. We saw that the process for recording complaints was appropriate and complaints were properly investigated and outcomes recorded. There was an easy read copy of the complaints procedure in place and this was displayed in the office. Staff told us they would support people if they wanted to raise any concerns they might have about the care provided.

Is the service well-led?

Our findings

There was an acting manager in post, who was managing the service three days per week and was being supported by another acting manager on the other two days a week. The operations and development manager told us they were actively recruiting to fill the post. However they have since informed us that an existing manager who is already registered with the CQC will manage the service under their existing registration, so they will send in the appropriate application to add this location to their registration, this will be done in January 2016. People and staff spoke positively about the management of the home and felt the acting managers were open and transparent. Staff also said the acting managers were approachable and fair. A member of staff told us they were well supported by the manager and it provided some continuity and stability to the home. The service was well managed and no one we spoke to had any concerns about the management of the service.

Staff told us, and our observations confirmed that managers led by example and demonstrated a strong and visible leadership. We saw that people knew them well and they had a good relationship with them. The manager was very knowledgeable about the people who lived in the home, and spoke in detail about their needs and personal circumstances. Staff had clear roles and responsibilities. The manager demonstrated they had a good 'overview' of everything that was going on within the home.

Staff were supported with their personal development and were given the time to complete training relevant to their roles to gain additional skills relevant to the support needs of people who lived at the home. The acting manager and staff had established links with the local community. For example, on the day of our inspection staff from the day centre where people attended contacted the manager to

inform them about an incident involving one of the people who lived at the home. This demonstrated that the relationship was good and therefore enabled them to communicate openly about issues which could be noted and addressed if needed.

The manager told us that they were well supported by senior managers within the organisation. They had regular meetings and were supported by operation and development manager and a quality manager who completed monthly audits at the service.

We reviewed and talked about the various processes that were in place to monitor and improve the quality of care and support of the service. For example the acting managers were monitoring accidents and incidents in the home and the learning outcomes were identified and shared with staff. The manager demonstrated that they used 'reflective' practices which assisted their learning and supported improvement.

There were processes in place to obtain feedback. Questionnaires seeking feedback about the service were sent out to people, staff and other stakeholders.

There were systems in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control and health and safety. Managers also carried out unannounced visits of the home to check on the environment, performance of staff and quality of care and support provided.

The acting manager told us that they felt supported by the provider and said "I can contact them at any time for support." They also confirmed that the operations and development manager visited the service regularly to provide support. Additionally monthly audits were carried out by the quality manager and actions put in place to support and drive continual improvement.