Walsingham Support Limited

Walsingham Support

Inspection report

2 Ashley Close
Bennets End
Hemel Hempstead
Hertfordshire
HP3 8EH

Date of inspection visit:
25 August 2016
26 September 2016

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10 November 2016

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

We undertook an unannounced inspection of Walsingham, 2 Ashley Close on the 28 August 2016.

The service provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection, there were six people using the service.

The home had 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.

There were systems in place to keep people safe from harm. Staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care. Staff were well supported to deliver a good service and felt supported by each other and their management team.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. This also included agency workers. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Medicines were administered safely by staff who had received training.

Staff cared for people in a friendly and caring manner and knew how to communicate effectively with people. Staff supported people well and spent time with them. We observed staff engaging in meaningful activities with people.

People were supported to make decisions for themselves and encouraged to be as independent as possible. Where people were not able to make decisions for themselves, best interest decisions were made on their behalf which involved advocates and other professionals. People's choices were respected and we saw evidence that people, relatives and/or other professionals were involved in planning the support people required. People were supported to eat and drink well and to access healthcare services when required.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner as well as an effective system to monitor the quality of the service they provided.

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

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

Is the service caring?

Good

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.

Walsingham Support

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.

This inspection took place on 25 August 2016 and was unannounced and we received information from a professional on 26 September 2016. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with one person who used the service, two managers, one being the registered manager and the other was visiting the service. We also spoke with two care staff and two relatives and a medical professional that visited people in the service. We reviewed the care and support records of two people that used the service, two staff records and records relating to the management of the service.

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

Good

Is the service safe?

Our findings

A person that we spoke with told us, "I feel safe living in this home." We spoke with staff about how they kept people safe and one member of staff told us, "Being observant is important in keeping people safe, for example [service user] was going to get a drink, they opened the cupboard to get a cup out and placed it on the side, [person] was going to turn back and would have hit their head on the open cupboard door, however as I was watching, I quickly shut the cupboard door." A relative we spoke with said when asked if they felt their relative was safe living at the home, "Absolutely safe living there- [relative] has their own door key, the home is nicely tucked away." Another relative said, "Staff are very good I think they definitely keep [relative] safe."

Staff we spoke with were all able to give examples of how they kept people safe and were aware of possible triggers that could change people's behaviour and put them at risk of harming themselves or others. Staff were aware of where they could find written information on triggers and talked us through how they would update such information to support themselves and their colleagues in keeping people safe. Staff explained how they could diffuse potential situations at an early stage. These included escalation techniques. We noted that care plans contained detailed 'triggers', as well as clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques.

Staff were aware of where they could locate information within the home to report any concerns they had about people, this included either internal or external organisations such as the local authority. We saw that the policy pertaining to safeguarding people was displayed on the wall in the registered manager's office. Training records we reviewed showed that staff had all received training in safeguarding people.

Staff we spoke with all knew where to locate the home's whistle-blowing policy. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

Regular risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately reviewed and updated when required. For example where a person was at risk of falls when getting out of bed, the risk assessment provided clear instructions for staff to follow which included encouraging and supporting the person to use the grab rails to support themselves.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people; these included a fire risk assessment, regular gas safety checks and portable appliance testing. There was a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy.
The provider had a contingency plan in place, which helped ensure that in the event of an emergency, people using the service were kept safe. This included individual emergency evacuation plans for people who used the service. These plans assessed people's ability to leave the home safely should the need arise, as well as the support they would need to do so.

We were told by the management team that staffing levels were assessed based on the needs of the people. On the day of our inspection, the home had three staff on duty. We were told that the home sometimes used agency staff but additional hours would be offered to permanent staff first to try and maintain consistency. We looked at staff records covering a four week period and these showed that there were always a minimum of three staff on duty during the day. During the night, there was one 'waking' staff on duty at the weekends during the summer months there was an additional staff member who did activities between 10am- 5.30pm. Relatives we spoke with all felt that there was enough staff on duty. During our inspection we saw that staff were available to support people when required.
Staff employed at the service were suitable and qualified for the role they were being appointed to. All staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for two people, covering the period of 10 August to 25 August and 19 August to 25 August 2016. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held details of any allergies. Records were also kept for PRN medicines. These are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed.

Medicines were stored securely and audits were in place to ensure they were in date and stored according to the manufacturers' guidelines. For example, monthly audits were undertaken by the registered manager as part of the provider's quality monitoring processes, and there was also an annual audit undertaken by a pharmacist in April 2016. There was a medication folder which held details of the medication protocol and samples of staff signatures which would make it easy for the manager to identify which staff had administered medication should the need arise.

Good

Is the service effective?

Our findings

A person told us, "It's not bad living here." A relative we spoke with told us, "Yes my [relative] is very happy living at the home. My [relative] has their own room and it's well-maintained. I wouldn't mind living there myself."

Staff we spoke with knew and understood the needs of the people who used the service. We saw that staff were able to communicate with people effectively. We saw that details of people's needs were well documented within people's care and support plans so that staff could refer to them.

The registered manager had undertaken annual appraisals and regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with confirmed that they were always given an opportunity to discuss concerns and self-development during supervision, and appraisals and could discuss issues with the manager if the need arose at any other time.

Staff we spoke with and evidence reviewed showed that staff had received an induction when they started working for the service, which included training, shadowing experienced staff and reading people's care plans. Appropriate training such as health and safety, infection control and first aid were undertaken by all staff. Regular refresher courses were undertaken to ensure that staff were abreast of any changes. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC). One member of staff we spoke with said "Training helps me to think and reflect about things I've done in the past and how I can do it better next time."

Staff had also received training in food safety. Some people who used the service required a special diet. Where that was the case we saw that there were guidelines that staff followed to ensure that people had a well-balanced diet.

A person using the service told us, "If I don't like the food I tell them – but the food is nice." People's food preferences had been documented within their care support plans. Where possible, people were involved in choosing the menu. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. Staff we spoke with told us that they strived to provide people with a healthy choice of foods they liked and ensured that people were offered plenty of fluids throughout the day. A relative we spoke with said, "The food is amazing it's like home from home. The staff have got [relative] to try new things which is a positive."

A person that we spoke with told us that staff always asked for their consent prior to providing care and support. We saw that were able, people signed their care plans to indicate that they had consented to the care and support staff provided as outlined within the care plan. Other care plans had been signed by relatives. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that

people consented to their care and support. A staff member told us, "For someone that is non-verbal I watch their body language to see that they consent."

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS) . Were required best interest decisions had been made on behalf of people following meetings with relatives healthcare professionals and the manager and these were documented within peoples care plans. Staff understood and were able to explain their responsibility under the Act. Records showed that staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required. The home's communication book held details of appointments that people required support to attend. Staff told us that they read the daily logs in the communication book each time they came on shift to ensure that they were aware of any appointments people had.

Good

Is the service caring?

Our findings

Throughout the day we observed staff interacting with people in a positive and caring way. We saw that staff had time to sit and talk and assist people where required. We observed a staff member playing a broad game with a person in the communal area. The person told us that staff often played games with them. A medical professional told us that they found "The carers and manager to be very warm and welcoming. The service users appear to be happy with their surroundings and the interactions they have with the carers during my visits."

A relative we spoke with was very positive about some staff. They told us that, "There are some amazing staff there that care and there are some staff that are there because it's a job." And that, "The home itself is lovely the majority of the staff is lovely."

Staff we spoke with told us how much they enjoyed their job. A staff member said, "It's really important to read people's care plans, spend time talking with them as well as observing them so you can make sure you know their likes and dislikes." Staff members we spoke with all told us the importance of encouraging and being patient in allowing people to be as independent as possible to retain skills that they already had and to encourage them to learn new skills. A relative told us, "My [relative] has a key worker who is excellent, they are out of this world, she is brilliant she has encouraged and inspired [relative] all the way, she has boosted her confidence."

Each person had a key worker who was responsible for ensuring that their needs were met. Key workers spent additional time with people and so were more aware of their interests and preferences. A person told us that they would talk to their keyworker if they needed anything, and that if their keyworker was not available they could talk to any staff on duty.

People's support plans were written in an 'easy read' format so that they could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in their care planning process. Pictures and symbols were used to assist them to make choices about how they wanted to be cared for.

People were encouraged and supported to decorate their bedrooms to their liking. We saw that all bedrooms were homely, individualised and decorated with items that people liked and reflected their individual personalities. Decorations included soft furnishing and personal effects such as pictures of family members.

During our inspection we observed that staff respected people's privacy and dignity. A person told us, "Staff knock my door and I say come in or wait a minute." Staff also confirmed that before they entered people's bedrooms, they would knock on the door and wait to be given permission to enter. Staff told us that they ensured that when undertaking personal care, doors and curtains were shut so that people were supported in private.

Good

Is the service responsive?

Our findings

Care plans were person-centred and contained comprehensive details of the support people needed. Care plans were 'user friendly' which meant that people who had the ability were able to read and understand their care plan. They contained enough detail about people's history, preferences, interests and things they found important. Two care and support plans were not always regularly reviewed, we spoke with the registered manager about this and they stated that they would take immediate action to rectify this. However we noted that for the other care plans, where possible, people and their relatives or other professionals when undertaken were involved in the review and the care planning process. We noted that care plans detailed characteristics that staff would need to have to support each person, this helped to ensure that staff and people were well matched. Care plans also detailed what a 'good' or 'bad' day looked like for each person. Staff confirmed that this information helped them to consistently support people in a way which promoted their happiness.

People had regular meetings with their keyworkers during which they would explore if people's needs were being met and if any changes to care and support plans were needed. Details of peoples histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences. We were told that most people were none verbal therefore group meetings were not held.

People had been supported to attend activities within the community and at the home. We saw that the home had a vegetable patch and people were encouraged and supported to grow vegetables. On the day of our inspection we observed a member of staff supporting a person to put on sun block before their trip out. Staff told us that people all had their individual activity plans which were based on people's likes and interest. Activities which included visits out in the community were also discussed with people and their keyworkers.

A person that we spoke with said, "If I'm not happy with something I would see the manager." A relative said, "I have had reason to complain and have spoken to the area manager most of the time it's a positive response." There was a complaints policy and procedure available in an easy read version, which was displayed in the communal areas of the home as well as in the main office. The policy provided details of how and where a person could make a complaint to the provider. The provider had undertaken a survey to obtain the views of people who used the service, professionals who work with people who use the service and relatives. People were happy with the service they had received.

Records reviewed showed that there had not been one complaint in the last six months. We saw that the complaint had been recorded investigated and responded to in a timely manner. Following the complaint the service implemented an action plan to ensure that the service users' needs were being met. This was then discussed at team meetings to enable the service to improve the care and support they provided to people.

The provider had regular management meetings where best practice ideas where shared amongst the

managers and then cascaded to staff during their monthly meetings. Staff we spoke to confirmed this.

Good

Is the service well-led?

Our findings

The provider had a registered manager in place and the service was well-led. Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have had in regards to the service and people's care. A staff member said, "The manager is very passionate about the service and the service users. She has organised loads of fund raising events which brings families, service users and staff together." Another member of staff told us, "Management are very supportive." Staff described the registered manager as, "Caring and honest".
A person we spoke with confirmed that staff and the management team were "easy to get on with." They knew who their key worker was and who the registered manager was. They also told us about a chart that was displayed in the communal area which displayed the photography of the staff members that were on duty on any given day, which they liked. A relative we spoke with said, "The manager is very lovely but she's managing two sites at the moment therefore in my opinion neither site can be managed efficiently as she is not able to give 100 percent to either.

The registered manager told us that they had an open door policy, meaning that people, staff, relatives and professionals could speak with them at any time. Staff we spoke with knew the names and positions of senior staff, as well as, the management structure of the organisation. They were clear on who they reported to and who within the organisation they could contact to obtain particular information from. A staff member told us that the philosophy within the home was to, "Support people to live as individuals and to put their choices and opinion into every decision made."

The registered manager undertook monthly staff meetings and these were recorded so that staff who were unable to attend could be kept abreast of any changes. The manager was visible throughout the home and was also involved in providing support to people who used the service. The registered manager told us that where it was suitable, they discussed concerns or ideas that had been raised in staff meetings so that they could be used as a learning tool to improve the service.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as social workers.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. These were discussed at manager's monthly meetings and cascaded to staff during staff meetings. The provider's also undertook un-notified regular 'spot checks' of the home to ensure that people were receiving a high standard of care and to identify any areas where improvements would be required. The last day 'spot check' was conducted on 11 June 2016 and the last night audit was undertaken on 29 April 2016.