

Walsingham Support

Walsingham Support - Supported Living South Yorkshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Walsingham Support Supported Living South Yorkshire is a domiciliary care service providing personal care to people living in their own homes, also known as supported living. The service supports 25 people across eight supported living services. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were not always safe from abuse, staff training and practice needed to be improved.

People did not always receive safe care. We identified some unmanaged risks such as shortfalls in practice when supporting people who had dietary requirements guidelines.

Audits needed to be strengthened and embedded into practice to ensure they picked up and addressed shortfalls such as the ones found on this inspection.

Registered managers needed to ensure they were reporting all concerns to CQC in line with their statutory duty.

Staff training and supervision was not up to date in line with the providers policy.

Record keeping needed to be completed consistently to ensure health needs were being met.

People and relatives said staff were kind and caring but improvements needed to be made to ensure people were given choice and control of community and in house activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

We recommended the provider follow best practice guidelines such as the principles of Right Support, Right Care, Right Culture.

Right support:

- Model of care and setting maximises people's choice, control and independence but this could have been improved for some individuals who had not been given maximum choice.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff need to improve to ensure people using services lead confident, inclusive and empowered lives

The provider has recognised that supported living services are not consistent in their approach to meeting to requirements of Right Support, Right Care, Right Culture and are providing additional support to drive improvements, such as additional training for staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27/10/2019 and this is the first rated inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led domains.

You can see what action we have asked the provider to take at the end of this full report.

The provider told us what action they would be taking to drive improvements across the supported living services under the registration.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment, governance and safeguarding, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walsingham Support - Supported Living South Yorkshire

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers 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.

Notice of inspection

This inspection was announced. We gave the registered manager short notice of the inspection. This was because we needed time for the agency to request permission from people for us to contact them by phone to gain their views of the service. We also wanted to gain permission to visit people in their homes.

Inspection activity started on 30 September 2021 and ended on 12 October 2021. We visited five of the eight supported living services.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke in person or over the telephone with five people who used the service and 11 relatives. We spoke with nine members of staff including two registered managers, locality manager, deputy manager and support workers. We looked at five people's care records. We used the observations of support as a way of observing care to help us understand the experience of people who could not talk with us. We checked records relating to the management of the service including policies and procedures and quality assurance records.

After the inspection

We continued to ask for further information from the registered managers to validate evidence found.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not consistently protected from the risks of abuse. For example, we saw records relating to incidents of a safeguarding nature that had not been reported to the local authority safeguarding team. We asked the registered managers to report four safeguarding concerns to the local authority.
- Staff completed safeguarding training. However, training was not effective. For example, staff did not always recognise the potential signs of abuse or report things that were of concern.

People were not always protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were recorded and monitored by the registered managers to identify any patterns or themes.

Assessing risk, safety monitoring and management; Using medicines safely

- People's health, safety and welfare were not consistently managed. One person was assessed by the speech and language therapist (SALT) with specific advice given that food should be cut into 1.5cm pieces. During the inspection staff were observed not following these instructions.
- We saw professional guidelines were in place from an occupational therapist (OT) for a person to be supported to carry out postural exercises. Staff said they were doing the exercises but there was no record of them taking place.
- Checks had been carried out to ensure the premises and equipment were safe, but records were not always completed when required. For example, we saw that food and water temperature checks had not been regularly recorded.
- We found some shortfalls in relation to the administration of medicine that had not been picked up on the providers audits. For example, we saw a missing signature on medicine administration records (MAR), missing temperature checks and out of date medicine that had not been returned to the pharmacy.

We found no evidence that people had been harmed, however care and treatment were not provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely. Recruitment records such as criminal record checks and identity checks had

been done.

- References for staff had been received and recorded. These checks helped to ensure staff were suitable to provide safe care to people.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was enough stock of personal protective equipment (PPE) in place. We saw staff wearing PPE appropriately when supporting people.
- The provider took action to ensure all staff followed appropriate infection control measures, such as hand washing.
- People were supported to keep their homes clean and communal areas were kept clean and hygienic by staff.
- Regular testing was in place and staff and people were supported to access vaccinations for COVID-19.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed but records were not always up to date. This meant staff did not always have the latest information to allow them to deliver the care and support that people wanted and needed.
- People were supported to maintain their health, and staff worked with external professionals to ensure people had access to healthcare services when needed.
- Health records were being completed but there were gaps which meant accurate checks of people health needs were not being completed. For example, we saw that bowel monitoring records were not consistently recorded.

Staff support: induction, training, skills and experience

- Some training had not yet been completed or was out of date. The registered managers said some face to face training had been delayed due to the pandemic.
- The provider had recognised there were some gaps in staff training and had a training improvement plan in place to address this.
- Staff received supervision and appraisal. However, this was not always in line with the providers policy timeframes. Some staff said they were well supported, and others felt this could be improved.

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

- People were involved in planning their meals. People we talked to said that meals were nice. One person said, "The food is lovely."
- Staff were aware of people's preferences and needs relating to food.
- There were records kept of what food and fluid people had received throughout the day. These were not completed consistently, and did not always give full information that food had been given in line with specialist diets.

Staff working with other agencies to provide consistent, effective, timely care

- Staff gave numerous examples of referring people to healthcare professionals to ensure people received consistent care.
- Where required, staff supported people to access healthcare by raising any concerns with relevant professionals, such as a GP or social worker.

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

- The majority of the services we visited felt and had been made homely. People told us they liked their home. One person said, "Isn't my bedroom lovely. Look at my lovely things."
- Some services we visited did not feel as homely as they could have. These differences had been recognised by the registered managers who said they were working towards bringing all the homes in line with the supported living model of care, where they had previously been registered care homes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Deprivation of Liberty Safeguard (DoLS) applications had been made and followed up.
- Staff had received training in mental capacity. Staff were aware that where people lacked capacity, decisions would be made in their best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff said that one person enjoyed community activities, but they were not always able to use go into the community as the service did not have transport. We asked about people using public transport, staff had said due to one negative experience public transport was not used. We discussed this with the registered manager who agreed that staff would benefit from further training and coaching on active and person-centred support.

Respecting and promoting people's privacy, dignity and independence

- There had been occasions where people's confidentiality had been breached. These concerns were being investigated by the provider and action had been taken to ensure lessons were learnt.
- People told us staff were respectful. One person said, "Staff know me well, they knock on my door every day. When I have a bath, they help me and give me my privacy." Another person said, "The staff respect me."

Ensuring people are well treated and supported; respecting equality and diversity

- We observed some kind interactions, and people seemed comfortable when interacting with staff. One person told us "Staff are very kind, they are lovely."
- We received positive feedback from some family members. One said, "The staff treat [my relative] like any other person, they have a laugh and a giggle. Another said, "The staff are always very friendly and welcoming when we visit."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were supported to access activities of their choice and were involved in decisions about their care. However, there were occasions where this could have been improved. We looked at activity plans and saw the provider was working on improving activities for people. One person's activity was to watch staff cooking. We asked why the person was not involved in cooking themselves and staff said this was because they had epilepsy, which was not a valid reason to prevent the person from being involved.
- Improvements were being introduced to enable people to be involved in more meaningful activities. This needed to be further developed and embedded into practice across all the supported living services.
- Records relating to activities needed to improve to show if the activity had been successful and what alternatives had been offered.
- Relatives and professionals said that improvements were needed to ensure people were living meaningful lives. One relative said, "My loved one has been denied access to activities both inside and outside the home. Other than colouring and watching television [my relative] doesn't go anywhere and staff were not occupying them properly."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication plans in place which gave details on their preferred method of communication.
- Accessible documents were available, such as how to make a complaint and information about people rights.
- We saw that people were mainly receiving communication in line with their needs, but we also saw occasions where this could be improved. For example, we saw a picture board showing what activities were taking place, but this had been left blank for several days.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place around making a complaint.
- There was a record of all complaints and what action had been taken to learn lessons from complaints.
- Relatives gave mixed feedback on how complaints were handled. One relative said, "The house manager says they will get back to me, but they never do." Another said, "I have contacted the manager in the past,

they promise the world, but nothing happens."

- The registered managers told us they were aware of the views from relatives and were committed to working with families to improve communication around complaints.

End of life care and support

- People had been given the opportunity to plan their last wishes and their wishes had been recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Feedback from professional's was negative. One comment was, "Poor leadership, poor communication and a lack of engagement with people."
- The provider had made changes to the management structure of the service to enable greater management presence.
- Systems and processes were not robust enough to identify the issues we found during the inspection.
- The service did not routinely maintain an accurate, complete and contemporaneous record in respect of each service user.
- Auditing required strengthening and improvement. We identified gaps at this inspection in relation to recording accidents and incidents, medicines, finances and health records.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Registered managers had not always made statutory notification to CQC in line with their legal responsibilities.
- Registered managers were aware of the day-to-day culture in the different support living services, including the attitudes, values and behaviour of staff. They agreed that some of the services required more support in promoting choice, control and inclusion.

Systems and processes were not operated effectively to ensure the service was Well-Led. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff told us they were able to raise their opinions and give feedback on the service. They did not always think their opinions were taken on board.
- Staff that had previously worked in registered care settings had not fully developed their knowledge and practice into the model required for supported living services to be successful. For example, some staff felt people needed a bus so they could access activities, when other forms of transport were suitable such as people having their own cars, taxi's or using public transport.

We recommend that the services follow best practice guidelines such as Right Support, Right Care, Right Culture.

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

- We received mixed feedback from staff regarding how they were supported. One member of staff said, "Managers are supportive. We are a good team when we are all together and we have chance to make decisions. If we have anything to say we say it." Another member of staff said, "For quite a while we didn't have a deputy, recently we have a new deputy, this is new so have to see how this goes. A power vacuum had been created and no one was in charge. There's an 'us and them' culture."
- Supervisions were not completed in line with the providers policy. Staff had received training but there were gaps in refresher training and records relating to training were not up to date
- The registered managers told us they were committed to working with families and strengthening communication.
- People were supported to keep in touch with friends and family.

Working in partnership with others

- The service had worked in partnership with other healthcare agencies such as GP's, speech and language therapists and advocacy services to ensure people received care in line with their needs. Approaches to the communication between these healthcare professionals had been adapted due to Covid-19 restrictions such as telephone or video calls to enable people to receive the healthcare they needed.
- Records kept of contact and guidance from professionals needed to be strengthened to ensure advice was recorded clearly and checked to ensure it was taking place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of service users were not consistently managed. Systems to monitor medicines were not robust.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding concerns were not always reported. Staff training in safeguarding had not been effective.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to establish or operate robust systems or processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others, or the quality and safety of the services provided. The service did not routinely maintain an accurate, complete and contemporaneous record in respect of each service user or the management of the regulated activity.

