

Walsingham Support

Walsingham Support - Home Counties Outreach Services

Inspection report

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09 August 2023
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25 August 2023

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Walsingham Support – Home Counties Outreach Services is a supported living service providing personal care to people in shared housing in the community. At the time of our inspection there were 14 people using the service.

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. At the time of our inspection, 13 people were supported with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff did not always encourage people to do what they could for themselves.

Staff enabled people to access health and social care support in the community.

Right Care:

People's risk assessments had not always been updated to ensure they reflected their current needs.

Staff understood how to protect people from poor care and abuse. The service had enough staff to meet people's needs and keep them safe. Staff supported people to take part in activities.

Right Culture:

The service had been without a registered manager for a period and during this time the provider had not maintained oversight of the service. A manager had registered recently and identified issues with the service but at the time of our inspection these had not yet been resolved.

Staff were not all up to date with their training, and competency assessments were not always completed.

Staff knew and understood people well.

People and those close to them were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (26 April 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and recommendations

We have identified breaches in relation to risk assessments and incidents, staff training and governance. We have made a recommendation relating to mental capacity assessments.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walsingham Support - Home Counties Outreach Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 August 2023 and ended on 25 August 2023. We visited the location's office on 9 August 2023 and 2 of the supported living flats on 15 and 16 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 15 May 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, 2 service managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to or received feedback from 5 staff, 4 people and 1 relative. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 2 people to tell us their experience. We reviewed 6 people's care records, 2 staff records and documents relating to the management of the service including policies and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had not ensured people's risk assessments were up to date. We found lengthy periods where some had not been reviewed. The registered manager was aware of this and working on them.
- Staff did not always support people as described in their risk assessments. We observed staff give a person food which had not been prepared in line with their SALT (speech and language therapy) assessment. A person's mobility had been deteriorating and whilst there was a risk assessment for this, discussions we had with staff suggested they were not all supporting the person in the same way.
- Staff did not always record incidents. We found examples of incidents which had not been reported. However, staff were aware of the incident process. A member of staff said, "There are forms on the system, we record if anything happens and let management know."
- Managers investigated incidents, where reported, and identified actions and learning. They told us learning from incidents was shared at team meetings. Not all staff were able to give examples of incidents but told us they would be informed. A member of staff said, "A form would have been completed and [manager] would tell me at handover."

Information about risks to people was not always up to date and incidents had not always been reported. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff we spoke with were familiar with people's needs. They were able to tell us of physical conditions people had and how they were supported with them. A member of staff said, "[Person] has epilepsy, no seizures as controlled by medicine but there is a monitor on their bed to alert staff if they had a seizure." Another staff member told us, "[Person] talks during meals and could choke. I keep an eye on them from the door to discourage them speaking to me."
- Staff could recognise signs when people experienced emotional distress and knew how to support them. A staff member said, "If you take too long to do something with [person]...they don't like it if you are too slow." A family member felt staff understood their relative's needs. They told us of potential behaviour which may occur and said, "Staff are aware of it and have a plan – we talked about it."

Staffing and recruitment

- The provider had not always ensured staff were recruited safely. The recruitment process included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we reviewed 2 staff files and found they did not include full

employment history. Following the inspection, the registered manager confirmed risk assessments had been completed for these.

- The service had enough staff, including for 1-1 support for people to take part in activities when they wanted. The rotas were organised around people's allocated hours and plans. A relative told us, "When I visit there is always someone there, sometimes 2. [Person] has allocated time 1-1 in the morning for getting ready. Also has 1-1 in the evening for making tea or a shower etc. Then they give [person] space but are around."
- Staff confirmed there were enough of them to meet people's needs. A member of staff told us, "There is always other members of staff on shift together to help share the work." Another staff member said, "When there is only 1 staff it is manageable. [Service manager] is here frequently – 3 or 4 times per week. Extra staff step in for appointments, otherwise agency is used, but this is rare."

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. A person's relative told us, "No issues, it's always very clean."
- Staff used personal protective equipment (PPE) effectively and safely. A member of staff told us, "It's kept in a cupboard in the hallway. Gloves and aprons are used for personal care."

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it. They were able to describe types of abuse and told us they would report any concerns. A member of staff said, "If I see abuse/mistreatment I would report to manager, if nothing was done, I would report to CQC." Another staff member told us, "If I saw service user neglect I would report to manager. Could be physical, financial, sexual."
- People we spoke with told us they felt safe with staff providing care. We saw people's support plans included information on how to stay safe at home and in the community.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. We reviewed some Medication Administration Records (MAR) and found they were completed correctly.
- Staff we spoke with were able to tell us what they would do if someone refused to take their medicines. A member of staff told us, "I would ask another member of staff to try. Or might try again later depending on the person's mood, then try other staff. If they won't have it, I'd tell the manager and phone the GP."
- People received their medicines safely and as prescribed. A person's relative told us, "Yes [person] has tablets, they filled in all the forms, it is locked in their room."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff were up to date with mandatory training or ensured competency assessments were completed to check they understood and applied training and best practice. There was no log of who was due a competency assessment and when.
- The service provided additional training in conditions some people had; these included epilepsy and diabetes. However, not all staff had received this training.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Supervision was meant to be held every 6 to 8 weeks; this differed across the 4 services and not everyone had received an appraisal. However, most staff had received supervision in some form and found it useful. A member of staff said, "It tends to be regular with [manager]. That's when I say what I need to say. Any concerns I will say in supervision."

The provider had not ensured staff completed mandatory training and were competent for their roles. Staff supervision had not always been completed. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The registered manager told us they received an alert when training was about to expire and informed the service managers and staff it needed to be completed; they were also reminded at team meetings. After the inspection, the registered manager told us moving and handling training had been booked for all staff.
- The registered manager had identified they needed to complete competency assessments for all staff and had a timeframe for these to be completed.

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

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 MCA 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 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.

- Staff had not ensured MCAs were completed and best interest meetings held for all decisions. We found a person was given a few of their cigarettes at a time, to prevent them smoking them all at once. There was no evidence their capacity related to this decision had been assessed.

- People's mental capacity assessments and best interest decision documentation had not always been reviewed. We found files included assessments for various decisions, but these tended to be old, and some included out of date information.

We recommend the provider ensures capacity assessments and best interest decisions are completed for any restrictions and reviews them regularly.

- The registered manager had been in contact with the community assessment team for support and planned to review all mental capacity assessments for everyone in the service. They told us, "I have given myself a timeframe to review MCA and best interest decisions with an aim to be done by the end of October. That sounds long but each person has a lot and I want to be realistic. I won't be doing them all alone – service managers will have to help."

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

- Staff did not always encourage people to eat a healthy and varied diet to help them to stay at a healthy weight. We observed staff give a person a large portion for lunch.

- People were involved in choosing their food, shopping, and planning their meals. Sometimes they ate together; staff confirmed this was by choice.

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way to promote their independence. For 1 person, staff told us, "Staff prepare food for [person] and put it in a plastic box which [person] freezes and can microwave themselves when wanted. They just need reminding to defrost something."

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

- The registered manager completed a comprehensive assessment which included the person's physical and mental health needs. People and those close to them participated in the initial assessment and reviews. A relative told us, "They did involve [person], they were asked questions." A person said, "Sometimes staff read it to me."

- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

- People's records contained a profile with essential information to support them.

- People's support plans did not always have clear pathways to future goals and aspirations. We could not find any goals in 1 person's file and another person had a weekly routine which was not accurate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included details of health conditions they had. However, these were not always prominent in the file.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People's files described input from other services including occupational therapy and SALT.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; 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

- Managers completed audits and identified actions needed. However, we found some actions were overdue and some had been marked as complete where we found the issues remained during our inspection.
- The provider had not ensured service managers were supported during a lengthy period when there was no registered manager. This meant there was not effective oversight of processes to monitor the quality of the service.
- The provider had not ensured incidents were managed well. There was a process for staff to follow, but we found incidents were not always recorded and when they were the required referrals and notifications had not always been made. Following the inspection, notifications were submitted.
- People's risk assessments and mental capacity assessments had not always been reviewed. This meant staff may not have access to the most up to date information about risks to people and how to support them.

The provider's systems and processes to monitor the service had not always been used to ensure quality and safety. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The registered manager had the skills, knowledge and experience to perform their role. They were aware of the issues we found and told us, "I know there is a lot to do here. We are making improvements. I know what needs to be done to make it right, but it takes time."

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

- Staff had keyworker meetings with people; we found the quality of these differed across the services. Some had more detail and clear input from people, others did not. We fed this back to the registered manager who said they would discuss with staff at the next team meeting.
- The provider had an online meeting planned for families but there were no local meetings with people and/or their families to give feedback on the service. We saw an easy read booklet in a person's file about how to give feedback but did not see any evidence this was used. However, a person confirmed staff spoke to them about their care; they said, "They ask me, but it's alright."

- Staff attended team meetings. We saw these included detailed updates on people; other standard agenda items included safeguarding, health and safety and training. A member of staff told us, "We discuss how we are doing, the service users. It's the time to find out anything we need to know."

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

- Staff did not always encourage people to do what they could for themselves. Whilst we observed staff gave people choices, they prepared food and did laundry without involving people to promote their independence. A person told us they would like to do more around their flat; we fed this back to the registered manager who confirmed they would discuss with staff.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A professional told us, "When speaking to the people being supported, they speak highly of their support teams, and confirmed they feel safe and treated with respect and feel staff support them to meet their needs and achieve their goals."
- Managers worked directly with people and led by example. The service managers did 'hands-on' shifts and knew people well.
- Staff felt supported and valued by senior staff and able to raise concerns with managers without fear of what might happen as a result. A member of staff said, "The managers are approachable and very supportive. I would know who to speak to should I ever have any concerns." Another staff member told us, "Colleagues are brilliant, they cover shifts. The manager is very approachable, and the [registered manager] is nice, a lovely [person]."

Continuous learning and improving care; Working in partnership with others

- The registered manager was responsive to our feedback. They were aware of what needed to be done and had set deadlines to complete actions whilst being mindful it would take time. They told us, "What lets us down is the paperwork, they are live documents and I know they are not quite right."
- The service worked well in partnership with other health and social care organisations. A professional told us, "[Registered manager] seems committed to get things right."

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 Information about risks to people was not always up to date and incidents had not always been reported.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to monitor the service had not always been used to ensure quality and safety.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff completed mandatory training and were competent for their roles. Staff supervision had not always been completed.