

# Central Bedfordshire Council

## Walkers Close

### Inspection report

Domiciliary Care Agency  
3-6 Walkers Close  
Shefford  
Bedfordshire  
SG17 5DE

Tel: 01462819112

Website: [www.centralbedfordshire.gov.uk](http://www.centralbedfordshire.gov.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Walkers Close provides personal care and support to six people with a learning disability within a supported living scheme. The scheme consists of four flats and an office base in a single building within a housing estate in Shefford, Bedfordshire.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these with people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current best practice when supporting people. They were also supported with regular supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to access a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and

doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Walkers Close

## **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 comprehensive inspection took place on 11 July 2018 and was unannounced. It was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service.

We spoke with two people who used the service. We also spoke with the registered manager, two coordinators and the operations manager.

We reviewed two people's care records, two staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training and were able to tell us what constituted abuse and how and what they would report. The registered manager said, "All staff have been told that if they need to report any suspected abuse they can do so directly, they do not have to go via me. They all know what and how to report directly to the safeguarding team." There was information displayed regarding how to report safeguarding and pictorial information for people who used the service.

People had risk assessments in place to enable them to as independent as possible whilst keeping them safe. Risk assessments included; travelling in the vehicle, using kitchen equipment and loneliness and isolation. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regularly basis.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff told us, "There is enough staff." They told us that if there was any additional activity planned extra staff would be bought in.

Staff had been recruited using robust procedures. Original information was held by the providers human resources department at their head office. They were able to confirm to us that all checks had been completed before employment was offered. Staff personal information, emergency contacts and a copy of the Disclosure and Barring Services (DBS) was held by the registered manager on site.

People received their medication following provider's guidance. Some people did not require any assistance with their medicines, others needed full support. People had their medicines stored securely in their own flats which enabled staff to administer medication privately. A medicines count was carried out at each round of medication to check it had all been administered as prescribed and the Medication Administration Record (MAR) had been completed. This meant that if there had been an error it would be picked up early and rectified.

Walkers Close was visibly clean and concerns were not identified in relation to infection control. People were encouraged to assist staff with keeping their flats clean and tidy. Within people's weekly schedules was a home day to enable them to do their cleaning and laundry with staff support if required.

The registered manager told us that they used any safety incidents, accidents or errors as a learning opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware.

## Is the service effective?

### Our findings

People's needs had been assessed prior to admission in line with legislation and up to date guidance. This information had been used to start their care plans. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed.

Staff told us they received training appropriate to their roles. One said, "The training is good, some is face to face and some is on our electronic system." We saw a training matrix which identified all staff training which had been completed and when it was next due for renewal.

Staff told us they received regular one to one supervisions. One said, "Yes we have supervisions." The registered manager told us that staff had monthly supervisions as well as observed practice. Coordinators had received appropriate training to enable them to supervise support workers, which they confirmed. Evidence of these and annual appraisals were seen.

Some people did their own menu planning, shopping and food preparation without support, others needed more input. Staff told us that people decided themselves what they wanted to eat and staff assisted when required. A coordinator told us that during the recent hot weather they had been promoting additional hydration. When they had called in to see one person they had their jug of juice and told staff they were drinking a lot.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred for additional support in a timely manner. Staff had accompanied them to a variety of appointments including; dentists and GP visits if the person required this. A staff member said, "If we do not go with them we make sure we get a full update on their return so we can update their records."

The premises had been built specifically to be accessible for people. Corridors and rooms were wide enough for wheelchairs and hoists if required. There was level access to a large shared garden. People had tenancy agreements with the housing association who owned the premises.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lived in their own homes this is known as Court of Protection, (CoP). Staff demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity people had. They knew who had a community DoLS (CoP) in place and the reasons for this. People told us staff sought consent from them before they provided care and support. This was observed during the inspection.

## Is the service caring?

### Our findings

We observed that positive relationships had been developed between staff and people who used the service. For example, there was friendly appropriate banter between them. Staff were patient with people who struggled to make themselves understood and used appropriate body language to keep them at ease.

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and how they had developed with achievable goals.

People were involved in any decision making and were encouraged to express their views as much as they were able. The registered manager told us that most families were involved in their loved one's care and support. For those who were not able, an advocacy service was available. There was information about an advocacy service on the notice board.

Rotas were devised to allow for staff to support people without being rushed. A coordinator explained how they allocated staff on a daily basis for people to be supported. They also told us that they would move staff around if required to match an activity a person wanted to access. For example, one person enjoyed going to car boot sales and so did a particular staff member, so that staff member was allocated to accompany the person.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's flat doors and waited to be invited in, they spoke with them in a respectful manner and everyone was introduced to the inspector. One person said, "This is my home and they always wait until I tell them to come in, apart from during the night. I need to be checked so they just pop in to check I am alright."

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required. One person told us they used to need a lot more help but staff had worked with them and now they were much more independent.



## Is the service responsive?

### Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. Staff told us and records showed, people had regular meetings with their key worker. These showed what they had planned for the month and if those goals had been reached. If not, there was an explanation as to why and what they would do to move forward. Where people had communication needs, pictorial documentation had been used. Care and support was individualised and person centred.

People were encouraged to follow their interests. On the day of our inspection some people had gone to a day centre. One person we spoke with told us they went to a resource centre three days a week. They went on to tell us they had an interest in pottery and showed us some things they had made, including a mosaic topped table. The registered manager told us people enjoyed going as they did a variety of activities. Staff told us they helped people to access a variety of activities within the local community. On the day of our inspection, everyone who lived at the service were going to one person's flat to watch a football match together. They told us they would order a pizza to be delivered and have drinks and snacks all together.

There were notices displayed showing a variety of outings and activities planned for people to join if they wanted to. Staff accompanied people on holiday if required.

The provider had a complaints policy in place and people were aware of how to complain. One person said, "I would tell them if I wanted to." They went on to express they had no concerns. There had been one complaint since the last inspection. The registered manager told us that was from parents of one person. They had worked with them and both parties were happy with the outcome.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes. This had been carried out over a period of time using easy read and pictorial information. A coordinator said, "We have one person who did not want to think about it, but we still approach the subject when we do the review."

## Is the service well-led?

### Our findings

There was a registered manager in post who was aware of their regulatory requirements. 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 provider and management had a clear vision of where and how they wanted to progress the service. The providers vision statement was displayed in the office. The registered manager was aware of the day to day culture of the home. Although they were registered at two other services as well, they were on site at least two days a week and had two coordinators to support them. A provider representative visited regularly and was supportive of the registered manager. On the day of our inspection the operations manager visited and spoke with us.

We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computers and paper files were kept locked in the office.

The registered manager held staff meetings. They told us they had changed them from every two weeks to every six weeks. All staff did not turn up before but now they are less often all staff were attending. She also explained that she tried to add a type of learning set to them. Minutes of these were seen. Staff told us they were useful for keeping up to date, although as they were a small service things got discussed on a daily basis. Staff said, "[name of registered manager] is very supportive, even when she is not here we can call her."

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager carried out an annual survey for staff, people who used the service and their relatives. We looked at the responses from the last one and they were all positive and some lovely comments had been made.

The registered manager carried out a number of quality audits. If there had been any issues found, an action plan had been devised and signed off when completed.

The registered manager told us how the provider worked with the registered managers across the region to develop services and continually learn. For example, they explained that the provider is looking at their quality assurance to follow the Key Lines Of Enquiry (KLOEs) which are used by CQC. This would enable them to look at how to provide proof of compliance.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.