

Walsingham Support

Walsingham Support - Supported Living and Community and Home Support Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Walsingham Support - Supported Living and Community and Home Support Service is a supported living service providing the regulated activity personal care to people with a learning disability. Support is provided to people in two separate accommodations. At the time of our inspection the provider was supporting five people.

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

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.

Based on our review of the Safe, Effective and Well-led key questions the service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

People received their care and support at times they chose. Support was provided to people in individual self-contained apartments which were personalised. People's risks were assessed and mitigated and staff knew how to protect them from abuse. The provider ensured that staff were trained to meet people's changing needs effectively. Where people did not use verbal communication, their communication needs were assessed and staff supported them to make choices.

Right care

Staff provided people with person-centred support based on their assessed needs and expressed preferences. People's privacy was protected. Staff administered medicines safely and ensured the environment was clean. People ate well and chose how they received their personal care. Health services were accessed regularly, and healthcare professionals were involved in supporting people's wellbeing.

Right culture

The provider ensured the service was inclusive and empowering for people. Staff felt motivated to support people's individual needs in creative ways. 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.

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 at the previous premises was Good (published 10 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively .

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsingham Support - Supported Living and Community and Home Support Service on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Walsingham Support - Supported Living and Community and Home Support Service

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two '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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our

inspection there was not a registered manager in post. A deputy manager was covering the role with support from the provider's operational managers.

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 30 March 2022 and ended on 1 April 2022.

What we did before the inspection

We reviewed information we had received about 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 all this information to plan our inspection.

During the inspection

We met with one person, spoke with two staff and an operational manager. We reviewed three people's care records, three staff files, quality assurance audits, team meeting minutes and checks of health and fire safety. We also reviewed medicines administration records and medicines audits.

After the inspection

After the inspection we reviewed further information sent to us by the provider regarding quality assurance at the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had safeguarding policies and procedures in place to keep people safe.
- Staff received regular training to safeguard people. Staff we spoke with knew the actions they should take if they suspected a person was at risk of abuse.

Assessing risk, safety monitoring and management

- People's needs were assessed. This enabled the staff to mitigate known risks. For example, where people presented with swallow difficulties were assessed by healthcare professionals. Staff followed guidance from healthcare professionals which included preparing food and drinks to prescribed consistencies.
- Where people lacked awareness around safety issues such as crossing the road, this was assessed, and care plans were in place for staff to follow to keep people safe when in the community.
- Where people presented with behavioural support needs, guidelines for staff were in place to ensure they supported people to remain safe.

Staffing and recruitment

- The provider had robust recruitment processes in place to ensure staff were safe and suitable to provide care and support.
- Checks of potential new staff undertaken by the provider included confirmation of identity, proof of address and the right to work in the UK. In addition, the provider checked employment records and Disclosure and Barring Service (DBS) records. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were trained to administer medicines and managers observed staff administering medicines to confirm their competency.
- Staff completed medicines administration record (MAR) charts. Managers audited MAR charts to ensure they had been completed correctly and that medicines were administered at the right time.
- MAR charts contained people's recent photographs. This helped to ensure the right person received the right medicine
- Where people receive 'when required' medicines guidelines were in place. These included the circumstances in which the medicines were to be administered and the frequency of doses. The protocols for 'when required' medicines were authorised by healthcare professionals.
- People's medicines were reviewed by their GP to ensure they continued to be safe and effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider sought to learn lessons when things went wrong. This included reviewing incidents and sharing lessons learnt with staff.

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. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed. People participated in their assessments and in developing the care plans which met their assessed needs.
- Where required health and social care professionals undertook specialist assessments.
- When people's needs changed, these were reflected in care records and people were supported with reassessments.

Staff support: induction, training, skills and experience

- People were supported by trained staff. One member of staff told us, "I get lots of training."
- Staff training covered areas such as autism, equality and diversity, fire safety, food safety, first aid and managing medicines.
- Staff training was recorded electronically using a system which generated alerts to inform managers when refresher training was due. This enabled managers to ensure staff training, knowledge and skills were up to date.
- Staff were supported with regular supervision from managers. One member of staff told us, "We discuss areas for improvement and the support the company can give me to develop myself."

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

- People ate and drank enough and were supported to choose what they consumed.
- People's nutritional needs were assessed, and people received the support they required to eat and drink.

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

- The provider worked with other agencies to meet people's needs. Staff worked effectively with social workers, healthcare professionals, care commissioners and adult education staff to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives. Staff supported people to access healthcare services whenever required.
- Staff supported people to attend regular health screening appointments, medicines reviews and dental appointments.
- Staff maintained records of appointments with healthcare professionals. These were reviewed by the manager.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity was assessed. Where people lacked capacity to make decisions people were supported with best interest decisions.
- Where people lacked capacity and restrictions to their liberty were required to keep them safe, the appropriate assessments and authorisations were in place.

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 for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager in post at the time of our inspection. However, clear arrangements to cover the post were in place. These included a deputy manager covering the role and a senior member of staff applying to be the registered manager.
- In the absence of a registered manager the most senior person regularly on site at the service was the deputy manager. They provided leadership, organised the team and oversaw the delivery of care and support.
- The deputy manager and senior managers from the provider organisation carried out a range of audits. These covered areas such as medicines, care records and staff training.
- Staff attended regular team meetings. These were used to discuss people's changing needs and how to improve care and support. Staff shared their views at team meetings and records of meetings were retained for staff who could not attend, so they could read them later.
- Formal staff handover arrangements were in place between shifts. Handovers were written as well as verbal and ensured that important information about people was shared between staff.

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

- Staff we spoke with were positive about the support they received from the deputy manager. One member of staff told us, "The deputy manager is good and has been here for many years."
- Staff felt supported by the provider's head office. One member of staff said, "The head office cover closely. We have a working relationship with them. They are not remote."
- The provider gathered people's views through residents' meetings, keyworking meetings and surveys and acted on this information to improve the support they received.

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

- The provider notified CQC and funding authorities about important events at the service.

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

- People's care records detailed how they communicated. The deputy manager and staff used this information to gather people's views, which they used to shape care delivery.

- Where people did not use verbal communication, there were detailed notes in care records describing how they expressed themselves and made choices.
- We observed the interactions between one person who did not use speech and a member of staff. The person and member of staff had known each other over time. We saw the person was comfortable when staff approached them and appeared happy with the way staff responded to their gestures, facial expressions and vocalisations.

Continuous learning and improving care

- Staff received ongoing training and the provider was represented at a number of forums focusing on service improvements.

Working in partnership with others

- Staff worked in partnership with others to meet people's needs. This included health and social care professionals.
- To support people to move to new providers, the service developed anonymised care records for use by care commissioners and care coordinators. This meant people's privacy was maintained whilst the provider worked together with prospective new providers.