

## Walsingham Support

# Walsingham Support - St John's

### 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Walsingham Support – St John's provides accommodation and personal care for up to six people with learning disabilities. It is located in the Teddington area. At the time of the inspection, there were 5 people using the service.

### 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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was an open culture which helped people to achieve the outcomes they wanted to. Staff empowered people to make decisions about their care needs. People had support to build and maintain important relationships to them.

People were satisfied with the support they received and they felt safe living at the service. Relatives were also happy that their family members were living in a safe, caring home.

The provider assessed risk in relations to people's care needs which meant they were able to take part in activities and live in a safe way. There were enough staff employed by the service and they were safe recruitment checks in place. The provider had effective infection control procedures in place, including those in relation to COVID-19.

Staff told us, and records showed that they received regular training and supervision.

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.

The staff supported people with their nutrition and ongoing health support needs.

There was a pleasant atmosphere in the home. People were treated with respect and dignity and staff cared for them in a way that protected their dignity and promoted independence.

Care and support plans were in place and people were supported to access the community to avoid social isolation. The provider listened and acted on any complaints that were received.

There was a new manager and deputy manager at the service. Staff told us the new management team were approachable. Some records relating to people's care and support needs including their risk assessments, and other support plans were past their review date, however the manager acted immediately and updated these after the site visit. We have made a recommendation to the provider about this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

This was the first inspection of the service since it registered with the CQC on 25 July 2019.

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Walsingham Support - St John's

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager currently registered with the CQC. There was a manager who was applying to become registered at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

We did not ask the provider 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.

During the inspection

We spoke with the three people using the service, the manager, the deputy manager and two care workers.

We reviewed a range of records. This included two care records, two staff recruitment files and a variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with two relatives of people using the service and received feedback from one healthcare professional. We continued to seek clarification from the provider 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. This was also the feedback from relatives. Comments included, "I feel safe, I like living here", "Yes, [my family member] is safe, absolutely."
- Staff were confident in recognising and were aware of what steps to take if they were concerned about people's safety or felt if they were at risk of harm or abuse. Comments included, "Safeguarding is protecting the people we support from abuse. Reporting any concerns including whistle-blowing."
- The manager demonstrated an understanding of what steps to take if any safeguarding concerns were to be raised. Safeguarding procedures and contact details were on display alongside an easy read guide to protecting people from abuse.

Assessing risk, safety monitoring and management

- The provider completed individual risk assessments for people, these considered any areas that they were at risk of and what steps could be taken to try and minimise the risk. This helped people to take part in activities in a safe way. Risk assessments included those in relation to personal care, accessing the community, medicines and falls.
- We found some instances where although risk assessments had been completed, they had not been reviewed recently. We raised this with the manager on the day of the inspection and have reported on this further in the well-led section.
- The provider ensured risks in relation to the environment were assessed for safety.

Staffing and recruitment

- We found there were enough staff employed to meet the needs of people using the service, including supporting them to go out if needed. People and their relatives told us there were always enough staff available to help them.
- Staff rotas showed there were two or three staff in morning and in the evening with one sleep-in staff at night. The deputy or manager were also on shift during the day.
- The manager told us they were currently using long term agency staff but were actively recruiting at the time of the inspection. There were three permanent staff due to join in the near future.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people. These included Disclosure and Barring service (DBS) checks for all staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- People received their prescribed medicines in a safe way.
- Medicine Administration Records (MAR) were completed for people and were found to be in line with the stock balances of medicines that were stored.
- There were medicines profiles in place for people and protocols in place where people needed medicines as and when needed, such as paracetamol.
- Training records showed that staff had received medicines training.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors to the service had their temperature taken and asked if they had recently displayed symptoms of COVID-19.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.
- There were systems in place to check staff and visiting professionals vaccination status.

#### Learning lessons when things go wrong

- There were systems in place for staff to record and report accidents and incidents.
- There was evidence that the provider took steps such as completing investigations into what occurred to try and prevent them from happening in future.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home's interior and décor was maintained to a high standard. The premises were kept clean and the property was adapted and arranged to promote people's freedom, independence and wellbeing. For example, there were ramps and wide corridors and appropriate signage and other environmental adaptations. There were both communal and private spaces and an outdoor space too for people to socialise in.
- People's bedrooms were furnished according to their individual taste and personal belongings.

Staff support: induction, training, skills and experience

- Records showed that staff received regular formal one to one and observational supervision on a regular basis.
- Staff told us they received regular training and felt supported and were able to approach managers outside of their formal supervisions if they wanted to discuss anything. They told us, "The training is good, the manager supports us to complete it."
- Support workers were assisted to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Records showed that staff received regular training in a range of topics that were relevant to their role, these included medicines, fluids and nutrition, safeguarding and moving and handling amongst others.

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

- The provider completed a risk assessment when people moved into the service, and considered information contained in support plans that had been received from the commissioning service. This helped to ensure they could provide the appropriate level of care and support for people using the service.

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

- People told us they enjoyed the food at the home and staff helped them with their meals. Staff said they prepared meals for people and always offered them choices in this area.
- There was a menu in place which was planned with the input of people using the service, taking their choices and preferences into account.
- Care plans included individual diet and nutrition support plans, which had information about people's support needs, preferences and level of independence.
- The kitchen was well stocked with good quality food items which were all within their use by date.

## 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was evidence that the provider sought people's consent in relation to their support needs. Decision making agreements were in place, giving information about the type of things that people could make for themselves and those they needed some help or support with. Where people were assessed as not having the capacity to consent and make decisions for themselves, there was evidence that the provider held best interest decision meetings involving people's families, and other professionals. This helped to ensure that any decisions made were in people's best interests.
- All of the people using the service were under some restrictions in terms of accessing the community and also because they were not able to give consent to staying in the home. The provider followed appropriate guidance and applied for DoLS authorisations which had been approved.
- Training records showed that staff received training in MCA. Staff were familiar with the MCA and its application. They told us, "The MCA is about giving people choices, and assuming they can make decisions for themselves. Do not force any decisions on them and don't make decisions for them by yourself."

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

- People's ongoing health and support care needs were met by the provider. People and their relatives told us they were able to access healthcare services if needed.
- Health and medicines support plans were in place, and people had Hospital Passports in place if needed in the event of hospitalisation. Staff completed ongoing checks on people's health including regular weight monitoring.
- There was evidence of external healthcare professional's involvement in people's care, and there was evidence that people were supported to access community health services such as podiatry, breast screening and GP services.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People using the service told us they liked living at the service and it felt like home. They used terms such as, "Staff are nice", "Very helpful" and "I like living here". The feedback we received from them indicated that staff treated them with respect and were kind and caring towards them.
- There was a warm, welcoming atmosphere in the home. We observed staff engaging with people in a friendly manner and it was apparent that people enjoyed being in the company of staff.
- Relatives that we spoke with were also satisfied with the way that staff supported their family members. Comments included, "[My family member] is very happy, she was nervous but has settled in well. They eased her anxiety. Staff are very caring." One staff member said, "I enjoy it very much, it's a nice environment to work in."
- Staff that we spoke with told us they treated and respected people as individuals and treated them as individuals. People's religious needs were recorded in their care plans.

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

- People told us that staff cared for them according to their preferences and respected their choices.
- Care plans were person-centred and included information about people and their individual preferences. This included things that were important to them, likes/dislikes and their morning and evening routines. This demonstrated that people's views were considered, and they were involved in care planning.
- During the inspection we observed staff speaking to people and asking them what they would like for breakfast. Staff told us they were aware of the importance of asking people how they liked to be cared for and respecting their choices. They gave us examples of times they had done this, telling us "Only one person likes their food softened up, we give her the food but she would tell us to cut it for her, she makes that decision."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence by staff who encouraged them to take part in, and be responsible for activities in the service. One person told us, "I do my own breakfast." Staff told us, where possible they supported people to carry out their own chores within the service. For example, helping with laundry and preparing food.
- Staff told us they were conscious about protecting people's dignity and respecting their privacy when supporting them with personal care. They gave us examples of how they did this in practice. One staff said, "We give them personal care in the privacy of their rooms, we make sure the door is locked and we always let them know before helping them. Some of them prefer us to stand behind the shower curtain so you have to respect that."

- People's personal care support plans directed staff to support people in a dignified and respectful manner. They also included ways in which they could encourage people to remain independent in areas of personal care such as bathing, dressing and continence, for example by passing them soap and flannels and asking them to wash themselves.

# 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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual support plans in place which included things that were important to them, things they wanted to achieve and the support they needed. These included all their relevant areas of support including personal care, nutrition and hydration, mobility, health and wellbeing, and social relationships amongst others.
- Care plans contained information that meant staff were able to support that was responsive to their needs. This included important 'need to know' information, their life history and preferences.

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.

- Some people using the service had a disability, impairment or sensory loss that needed extra support in relation to their communication needs. People's care plans included their communication support needs. Communication passports were also in place which included a quick snapshot, presented in a person-centred way of how staff could communicate with people in the most appropriate way.
- A number of records were available in an easy read format, including the complaints procedure, safeguarding and people's care agreements.
- The daily menu was available and on display in a pictorial format.

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

- On the day of the inspection, three people were going out to take part in a show at a local church. They spoke of their excitement about this and how they had been looking forward to this.
- There was a programme of activities on display in the home. These included both group and individual activities. Individual activities for people were in line with their likes and preferences.

End of Life Care

- Although the service primarily cared for younger adults, people's end of life wishes were considered and recorded in line with best practice. These included details about how people wished to be cared for towards the end of their life, including any religious or cultural considerations to be respected.

#### Improving care quality in response to complaints or concerns

- The complaints process was on display in the home, this was in an easy read format for people to refer to if needed.
- People and their relatives told us they did not have any concerns or complaints. Relatives told us they were confident that the provider would listen to them if they had any concerns.
- There had been one complaint received by the provider which had been investigated and resolved to the satisfaction of the complainant.

# 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 as 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

- There was a new management team overseeing the service at the time of the inspection, with a new manager and deputy in place. The previous registered manager had deregistered in September 2021 and the new manager was in the process of submitting an application to register. We received positive feedback about the new management team from people, relatives and staff.
- Although records such as risk assessments and support plans were in place, we found a number of instances where these had not been reviewed or updated. For example, one person had a communication passport in place which had last been reviewed in November 2019. This needed to be updated because they had attended a sensory assessment in January 2021 and their needs had changed. Some risk assessments and other records such as support plans and hospital passport and health and medicines support plans were past their review dates.
- Although the provider had followed the appropriate guidance and sought authorisation when depriving people of their liberty, the provider failed to submit a statutory notification to the CQC notifying us that these had been authorised
- We shared our concerns with the managers who acknowledged the issues and confirmed they would seek to address these immediately. They did produce some more up to date current records. However, these were available electronically and not readily available to staff. We received up to date records after the inspection.

We recommend the provider update their practices in relation to records management.

- There was a quality/operations development team who carried out reviews and audits, including monthly general health and safety checklist. We reviewed the checklist for September 2021 which covered fire safety, environmental hazards and first aid. They also carried out reviews of people's care and support and staff recruitment and training.
- A feedback survey was sent to people and their relatives in October 2020 and the feedback received was positive about the support they received.

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

- We were assured that there was a positive and open culture within the home. This was reflected in the

atmosphere in the home and the feedback we received from people and their relatives. People's feedback about the care they received reflected this.

- The provider met their responsibilities under duty of candour. Investigations into incidents and complaints took place and responded to.

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

- Staff told us the changes to the management had been smooth and not directly impacted on the delivery of care. One staff said, "The change has been fine, the manager when he took over was very welcoming and said we need to work together. It hasn't affected the care that people get."
- Tools to gather the views of people using the service were in place. These included considering their views in terms of their meals and activities of their choosing. Support workers who acted as link workers assigned to people ensured their views were heard through regular meetings with them.
- Staff meetings were held and were used to discuss a number of issues such as people using the service, meals, training, PPE/IPC and link working.

Working in partnership with others

- The provider worked with external health and social care services to support people using the service, this included community nursing teams, GP's and social workers.
- There was evidence of partnership working and correspondence with external professionals in the care records.