

## Walsingham Support

# Walsingham Support - 122 Aldenham Road

### 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?	Good ●

# Summary of findings

## Overall summary

About the service: Walsingham Support – 122 Aldenham Road provides accommodation and personal care for up to six people with a learning and/or physical disability. Accommodation is provided in an adapted residential building with a communal dining area and lounge. People have access to a secure, level garden area. At the time of our inspection six people lived at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People told us they liked their home and they liked the staff. It was clear people and staff were fond of each other and had developed good relationships. People were shown respect by staff.

People could take part in the activities of their choice and there was evidence in people's care records they had been fully involved in their care planning. People were encouraged to be independent and to raise any concerns.

People were provided with the food of their choice and they were supported to be involved in the running of the service through regular meetings. People could personalise their rooms and choose how they wished to spend their time. People had fed back through surveys that they felt safe.

People were kept safe by the robust processes and procedures in place that related to medicines, recognising safeguarding incidents, identifying risks to people and acting on concerns or worries.

People were cared for by staff who received appropriate training and staff who felt supported by management and enjoyed their role.

People lived in an environment that suited their needs and they were assisted with accessing health care professional involvement when needed. People were supported by other professionals to help ensure their quality of life was improved as staff worked in conjunction with other agencies.

We found the service continued to meet the rating of a good service. For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: We last inspected Walsingham Support – 122 Aldenham Road on 31 March 2016 when we rated the service as Good. The report was published on 18 August 2016.

Why we inspected: This fully comprehensive inspection was carried out in line with our inspection

methodology in that we scheduled the inspection based on our previous rating.

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Walsingham Support - 122 Aldenham Road

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Due to the size of the service, the inspection was carried out by one inspector.

#### Service and service type:

Walsingham Support – 122 Aldenham Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an announced inspection which took place on 11 March 2019. As this is a small service we gave the provider 48 hours' notice of the inspection to ensure people and staff were going to be in.

#### What we did:

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some

key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

During our inspection visit we spoke with four people, two relatives and three staff. We also spoke with the registered manager.

We reviewed a range of documents about people's care and how the service was managed. We looked at two care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Preventing and controlling infection and premises

- People lived in an environment that was clean and hygienic. There were no malodours and the condition of the communal areas and cleanliness within the kitchen and bathrooms was of a good standard.
- Staff followed good infection control processes. We observed staff washing their hands before handling food and heard them encourage people to wash their hands before preparing their lunch. Gloves and personal protective equipment was available for staff to use.
- The service participated in a local authority infection prevention and control self-assessment award scheme in which they had achieved a 'very good' rating.

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

- People were cared for by staff who had a good understanding of how to recognise incidents of abuse and any incidents of potential abuse had been reported to CQC appropriately. Where there had been recent medicines errors, the local authority safeguarding team had been alerted.
- Staff recorded accidents and incidents on the provider's system. These were reviewed initially by the registered manager and then by the provider. Learning from accidents and incidents was discussed at staff meetings and action was taken when appropriate. For example, two medicines errors had occurred within a short time of each other. As a result, all staff had undergone refresher medicines training and competency checks.
- There was information in the minutes of the house meetings which evidenced people were spoken to about what they should do if they did not feel safe. A relative told us, "If he didn't feel safe, we'd get a reaction from him. He is always very, very happy to go back (there)."

### Assessing risk, safety monitoring and management

- Risks to people had been identified and documentation was in place recording actions to be taken by staff to help reduce the risk.
- One person was at risk of falling out of their chair and staff had organised a wheelchair for them to use when sitting at the table which gave them added protection as it had arm rests. Other people were at risk of diabetes and staff had involved professionals to give guidance on suitable foods to help them maintain their health.
- There was a contingency plan in place which meant people's care would continue in the event of a fire or an incident which meant the house was not suitable to be lived in. People could be moved to the provider's other locations if necessary.
- Each person had a personal evacuation plan (PEEP) and regular fire safety checks and practice fire drills were carried out. PEEPs were personalised. For example, one person was resistant to leaving their home and there was clear information in their PEEP on how staff should respond to this in the event of an emergency.

### Staffing and recruitment

- Staffing levels were in line with what we had been told by the registered manager and during our inspection we did not see anyone having to wait for support.
- People were supported to go out to their preferred activities, or remain indoors because there were sufficient staff in attendance.
- The registered manager and staff told us they were going through a period of staff shortages as some staff had recently left. Staff told us, "It's a bit of a struggle at the moment, but it's getting better." Another staff member said, "It's down to the good will of staff. There is no impact on people." All staff said that due to good team work, this had not had a negative impact on people and how they spent their time. The registered manager told us active recruitment was on-going.
- People were supported by staff who had undergone robust recruitment processes. Prospective staff had provided employment history, identification, evidence of the right to work in the UK and references.

### Using medicines safely

- People received the medicines they required as staff followed good medicines management practices.
- Medicines were stored securely and the recording of medicines on people's Medicine Administration Record (MAR) was such that it was clear and accurate. There were no gaps on MARs which indicated people had not missed their medicines.
- People's medicines were stored in their rooms in locked cupboards and staff checked the temperature of the room was appropriate for the medicines being stored.
- Where people were on 'as required' medicines, protocols were in place. These are important, especially for people who cannot communicate and inform staff they are in pain.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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.

- People's ability to consent had been checked to help ensure that any restrictions placed on them had been done in their best interests. Decision-specific capacity assessments were in place for areas such as 24-hour care, medicines and finances. There was evidence of best interests' discussions taking place and appropriate DoLS applications submitted for people.
- We read in a recent feedback survey that people had said staff asked for their consent before carrying out any personal care.

Staff support: induction, training, skills and experience

- People were cared for by staff who had undergone induction and training and staff had training that was specific to people's needs, such as epilepsy. A staff member told us, "The training is very good and the manager is always trying to think of new ways of doing things to help people."
- Staff received support through regular supervisions.

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

- People received the food they required. One person was being supported to eat a healthier range of foods and as such staff had recorded their food and fluid intake for a period to monitor what they ate. We read that this had been stopped as the person was, "Eating better foods."
- People were encouraged to choose their own foods both within their home and outside. We heard one person say as they were eating their lunch, "Very nice." Some people went out for lunch on the day of our inspection and when they returned they told us what they had chosen to eat. Those who remained indoors selected their individual lunches.

- No one at the service was at risk of choking, however one person required meals cut into slightly smaller pieces to help them to digest their food. There was clear guidance in relation to this in their support plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving into the service. One person had recently moved in and we read how they had come to look at the home to decide if they would like to live there. Following this they had a meal with people who already lived at the service.
- People's care needs were reviewed annually by the local authority to check that the service was continuing to provide support that was appropriate and effective.
- People were cared for by staff who worked well together. All staff we spoke with told us they worked together as a team.

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

- The environment in which people lived provided appropriate equipment and adaptations for their needs. This included wheelchairs, outside ramps for easy access and an uncluttered environment.
- One bathroom had been adapted to a wet room, with the bath being replaced by a shower, to meet a person's needs. In addition, the person had been moved to a downstairs room which was more appropriate for their reduced mobility.

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

- People received support from staff to access healthcare professionals when needed. There was evidence of involvement from the GP, dentist, optician, occupational therapist and hospital services. During our visit we heard a staff member make a phone call to arrange a dental appointment for one person.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There were clearly good relationships between people and staff and staff knew people well. People told us they liked living in their home. One person told us, "I like it here." When we asked another person what the best thing was about living at the service, they told us, "The house. I like it here."
- Staff showed attentive care towards people. At lunchtime a staff member sat with one person and they ate their lunch in comfortable companionship making conversation. One person told us, "I am happy." A relative told us, "When he comes here, he always looks clean and well dressed."
- In turn, it was clear that people got on well with each other. One person returned from their day centre session and another person welcomed them back and they shook hands. Two other people talked together about their favourite foods and laughed about it.
- Relatives gave positive feedback about the care their family member received. One relative said, "Very, very good. Always been happy." Another told us, "I'm happy with the way they (staff) treat him."

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

- Throughout people's care documentation it was clear they had been involved in their care planning and decisions. People signed their care plan where they could and there were regular meetings with their key worker to discuss achievements, activities, care, goals and aspirations. Goals were realistic and person-centred. For example, one person struggled having too many goals so staff helped them set one achievable goal before discussing any others.
- People were heard to be given choices about food and drink and two people who went out for lunch were asked by staff where they would like to eat.
- Staff took time to introduce us to people and check they were happy to speak to us. Where one person did not want to, staff respected this and informed us as such. We heard a staff member ask if they could join one person for their lunch. A relative told us, "He gets on well with staff and they go out of their way with him."

Respecting and promoting people's privacy, dignity and independence

- Throughout the day we observed staff ensuring people's independence was respected. One person liked to spend time in their room and staff respected this whilst ensuring the person was regularly checked.
- When staff entered people's rooms, they knocked on the door first before entering.
- People's rooms were personalised and reflected their interests. One person had a lot of soft toys in their room. The toys were clearly important to the person who talked about them and showed us their favourites.
- People were encouraged in their independence. For example, one person answered the front door when the doorbell rang and took in a parcel from the postman. Another person was seen putting their used cup back in the kitchen and a third was supported by staff to make their own sandwich at lunch time and a cup of coffee. Throughout, the staff member gave them prompts and encouragement but did not take over.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received responsive care from staff. One person did not have English as their first language and there were translated common phrases and words displayed in the kitchen for staff to refer to. In addition, the registered manager said they were focussing on recruiting a staff member who could converse with the person. Another person did not like going out, but through patience and time, staff had encouraged the person to take a trip out once a week which they were enjoying. A third person suffered from anxieties and as such the registered manager had monitored how often staff had had to administer their 'as required' medicines. From their analysis, the person's daily routine had been changed so they had their bath before receiving their medicines. This had helped maintain a calm atmosphere for the person and had reduced their intake of medicines.
- People's care records contained all relevant information needed for staff to provide appropriate care. This included daily routines, likes and dislikes, mobility, communication and nutrition. One person told us, "I have a good keyworker" who they said helped them. The registered manager told us, "It's important to have good paperwork, but it's a balance (good care is more important)."
- Staff followed people's care plans. One person had a medical condition which meant they needed to have their legs raised and we observed them sitting in a recliner chair with their legs up.
- People had access to the activities of their choice, both inside and outside of the service. One person chose to spend much of their time in their room. They liked to do needlework and we saw pictures of their achievements. Another person also liked needlework and knitting and they proudly showed us the scarves they had made for their soft toys. Another person, who went to a day centre, told us, "I like the cooking, bowling and gardening." A relative told us, "He's kept active – he loves his swimming."
- People were supported by staff who understood the importance of people being able to live their lives. A staff member said to one person, "You'd get bored if you sat indoors all the time, wouldn't you? I wouldn't want to do that. I'd get bored too."
- One person's faith was important to them and we read they were regularly supported to attend church.

End of life care and support

- People had the option to record their end of life wishes. We read that one person had a pre-purchased funeral plan in place, but did not wish to discuss any other details at present.
- People had passed away in the service and the registered manager told us that others had been fully involved throughout. This included from the moment their "Housemate" had become unwell, to discussing death, attending the funeral and being present at the wake. The registered manager said, "They were fully involved and we talked about things."

Improving care quality in response to complaints or concerns

- People were provided with information on how to raise a complaint. There were pictorial complaints

procedures in place and individual complaints forms that people could complete. The registered manager told us they had received no formal complaints since our last inspection.

- People were reminded of how to make a complaint or raise a concern during their house meetings.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was aware of their responsibility in relation to notifying CQC of significant events in line with the requirements of registration.
- We received positive feedback about the registered manager. One staff member told us, "We have a very supportive manager and good team work here." A relative said, "She is very approachable and I always get a good response. She is very good with the staff." A second relative told us, "[Manager's name] is a good manager."
- We noted the registered provider had a 'no-deal Brexit plan' in place which considered what may happen in those circumstances and how they could ensure this would not have a negative impact on people living at the service.

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

- Staff had a clear understanding of their roles and staff organised duties for the day and night during handover meetings.
- It was evident staff worked in a cohesive manner, undertaking their individual duties to keep the service running smoothly. During the morning we saw staff carrying out housekeeping duties and then staff took some people out, whilst others completed administration tasks whilst attending to the needs of people who had remained in the service.

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

- Meetings took place each month for people to discuss items such as dressing appropriately for the weather, how to complain, what happened during a fire drill, dignity and respect and ideas for Easter. The minutes of the meetings were produced in pictorial format.
- An annual survey was given to people, family members and professionals. We read from the 2017-18 survey that the response was positive in relation to the overall care, people feeling healthy and well and access to activities. In addition, an impartial survey carried out by the Hertfordshire Care Providers Association (HCPA) was undertaken. The results showed that people and relatives felt the service was safe, effective and caring. Feedback in relation to responsive and well-led had dropped slightly from the previous years' results, however when analysing the comments this was down to one or two minor individual responses, rather than major concerns.
- Staff also had the opportunity to meet and we noted they discussed medicines errors, audits, important

information about individual people, health and safety, infection control and any safeguarding issues.

#### Continuous learning and improving care

- Regular audits of the service and equipment took place. These included health and safety checks such as checking the first aid boxes, water temperatures, electrical equipment, fire equipment, window restrictors and medicines.
- The registered provider also completed regular audits.

#### Working in partnership with others

- The registered manager described to us how they worked with the HCPA and One Mind (to carry out reviews of psychotic drugs). The community nursing team had been engaged to assess one person to see if they could support them and other people were supported to attend dental appointments at The Peace (a community dental service) as opposed to a high street dental practice, as it was an environment more suitable for their needs.