

## Walsingham Support Limited

# Walsingham - 3 Beacon Way

### Inspection report

3 Beacon Way  
Rickmansworth  
Hertfordshire  
WD3 7PQ  
Tel: 01923 896579  
Website: [www.walsingham.com](http://www.walsingham.com)

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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 

#### Overall summary

We undertook an unannounced inspection of Walsingham – 3 Beacon Way on the 03 June 2015. The service provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection, there were five people using the service.

The home had a registered manager in post. 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.’

We saw evidence that there were systems in place to ensure that staff had undertaken risk assessments. Risk assessments were regularly reviewed in order to minimise potential harm to people using the service.

# Summary of findings

The service had appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. All staff we spoke with were aware of people's needs, and knew how to support people safety.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs.

Staff cared for people in a friendly and caring manner and communicated effectively with them.

People were supported to make decisions for themselves and encouraged to be as independent as possible.

People's choices were respected they were involved in planning the support they required. People were supported to eat and drink well and to access healthcare services when required.

Medicines were managed and administered safely by staff who had received training.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner. People knew how they could make a complaint.

Staff were well supported by the management team to deliver a good service and felt supported by the management team.

There were effective systems in place to monitor the quality of the service.

# Summary of findings

## 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.

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amount to maintain good health and wellbeing.

Good



### Is the service caring?

The service was caring.

People who used the service had developed positive relationships with staff.

People's privacy and dignity were maintained.

Good



### Is the service responsive?

The service was responsive.

Staff were aware of people's support needs, their interests and preferences.

Peoples were supported to maintain relationships.

There was a complaints procedure in place.

Good



### Is the service well-led?

The service was well led.

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.

Good



# Walsingham - 3 Beacon Way

## 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 inspection took place on 03 June 2015 and it was unannounced. It was conducted by one inspector.

Before the inspection we reviewed the information we held about the service. This included information we had

received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service, spoke with the registered manager, two care staff, a relative of one person, a social worker who had visited the service and an advocate. We reviewed the care and support records of three people that used the service, four staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

A person we spoke with told us, “Staff make me feel safe.” Another person told us “I always feel safe”. A relative we spoke with said, “I feel sure [relative] is safe.” An advocate for a person who resided at the service told us that they felt the person was safe living at the home.

Staff we spoke with all knew and understood the importance of keeping people safe. Records reviewed and conversations with staff demonstrated that staff knew how to report any concerns they may have in regards to people’s safety. We saw that there was a process in place for staff to follow should they need to report their concerns internally or externally. There was a policy pertaining to safeguarding people displayed on the office wall and staff we spoke with were all able to direct us to this policy. We also saw that there was a copy of Hertfordshire safeguarding procedure displayed in the hallway of the home. Staff were also aware of the provider’s whistle blowing policy and knew how and who they could contact regarding concerns.

We saw that risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately reviewed. We saw that the registered manager had a procedure in place to minimise the risk of financial abuse. For example, a record of all expenditures with accurate balances had been kept for each person, these were regularly checked to ensure that there were no discrepancies.

The provider had a system in place to ensure that environmental risk assessments and health and safety checks were regularly carried out to ensure that the home was suitable and safe for people to live in. These included a fire risk assessment, gas and electrical checks and fridge and freezer temperatures checks. Staff we spoke with were aware of health and safety checks that they were required to undertake and the frequency as to when these checks were required. We saw that the outcome of these checks were recorded appropriately.

Staff told us that they also referred to the staff ‘handover’ file when they came on duty to check the daily cleaning schedules and to ascertain if there were any outstanding task that they needed to do to ensure that the environment was safe.

The provider had a contingency plan in place, which helped ensure that in the event of an emergency, people using the service were kept safe. This included individual emergency evacuation plans for people who used the service. These plans assessed people’s ability to leave the home safely should the need arise, as well as, the support they would need to do so. Staff we spoke with knew where to find the emergency evacuation plan and were aware of the support each person would need.

The registered manager told us that staffing levels were assessed based on the needs of the people. On the day of our inspection, the home had nine staff members and a deputy manager who also worked at another location. Staffing records showed that there were sufficient number of staff on duty during the day and a ‘sleep in’ staff member at night. During our inspection we saw that throughout the day staff were available to support people when required. The registered manager told us that details of people’s activities were always written on the staff shift planner to ensure that they had the right amount of staff on duty to support people safely

Staff employed at the service were suitable and qualified for the role they were appointed to. We reviewed records pertaining to the recruitment of staff and here was evidence that all staff had completed an application form, references had been obtained and staff had a Disclosure and Barring Scheme (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People’s medicines were stored safely in lockable cupboards in their bedrooms. We reviewed the Medicine Administration Records (MAR) for two people and was able to see that medicine had been given at the correct time and had been recorded appropriately. There was a medicine policy available for staff to refer to should the need arise. We saw that staff had signed the MAR charts to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed.

# Is the service effective?

## Our findings

We saw that there was a process in place to support staff in their personal development as well as providing effective care. The registered manager had undertaken annual appraisals and regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with told us that they were always given an opportunity to discuss concerns and self-development during supervision and/or appraisals.

An agency member told us that they did not receive formal supervision and/or an appraisal from the registered manager as this was done by their agency, however the registered manager had always spoken with them on a one to one to ensure that they were competent in their role and did not have any concerns. They told us “The staff team is very strong and supportive” and “the residents are really happy, staff really engage with them.”

Records reviewed showed that staff had received an induction when they started work, which included shadowing experienced members of staff and reading people’s care and support plans. Appropriate training and refresher courses in areas such as moving and handling, infection control and first aid, health and safety, food hygiene and nutrition and hydration were undertaken by staff. We saw that had utilised their training when supporting people to do task whilst supporting them safely. Staff told us that they found the induction programme and the training they had completed had helped them to provide person centred care and to develop their skills further. We noted that some staff had gain other qualifications in care, such as National Vocational Qualifications (NVQ).

We saw from people’s care plan that they had consented to information sharing with other professionals that were involved in their care as well as consenting to staff administering medicine to them. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that people consented to their care and support. A staff member told us, “Although consent is in the care plan I always ask if it’s ok for me to do something, or if they would like me to help them with something.”

We saw that people’s mental capacity had been assessed and that there was a process in place that was followed should people be found not to have capacity. At the time of our inspection, applications for the Deprivation of Liberty Safeguards (DoLS) had been made. The registered manager had followed the correct procedures and was awaiting authorisations from the local authority supervisory board. Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act 2005 (MCA). We saw evidence that staff had received training in DoLS and MCA and staff we spoke with understood and were able to explain their responsibility under the Act.

Staff had also received training in food safety. We saw evidence that people’s dietary needs were documented and menus were planned taking into account any special dietary requirements. People’s food preferences had been documented within their care support plans and they were involved in planning the menus. An alternative to the meals on the menu was available for people who chose to have something different. To ensure that people were able to make a choice about what they wanted to eat, pictures were used to help them make the choice. A person told us, “I can make the decision about what I want to eat” and “I can make my own food, but [staff member] help me”. Another person told us, “The food is nice”. On the day of our inspection we observed staff supporting a person to make their lunch and a cup of tea, we noted that the task was not rushed and was done at a pace that was suitable to the person.

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. An advocate for a person told us that they were regularly made aware of any health concerns the person had and they also accompanied the person to attend medical appointments. We saw that reasons for and outcomes of people’s appointments were recorded in people’s individual ‘purple folder’. This folder holds details of people’s medical appointments and details of how to communicate with the person. We saw that people were also supported to attend annual check-ups such as dental appointments. A relative we spoke with told us “I have no concerns there, they support [relative] to go to all the medical appointments and they let me know what was said.”

# Is the service caring?

## Our findings

A person we spoke with said “Staff always asks me if I’m ok, they are all nice.” An advocate told us “[person] is very happy there [at the home] and “Staff are very accommodating with [person] needs.” We observed staff interacting with people in a positive and caring way. We saw that they assisted people with task in a way that was caring and patient. We saw that staff had time to socialise, chat and sit with people. A staff member told us “I sit and talk with them [people] to get to know them and to get to know the things they like to do, then support them to do it.” We noted that staff referred people by their names and they were able to hold discussions with them on topics that they found interesting.

Care plans we looked showed what people were able to do for themselves. For example, we noted from one person’s care plan that they were able to wash their own hair but required support to apply the shampoo and rinse their hair. Staff we spoke with understood the importance of allowing people to be as independent as their ability allowed them to. A staff member we spoke with told us that staff with agreement of people always celebrated people’s birthdays. They told us about the importance of making people feel like part of a family. One person said, “It’s my birthday on Monday and [staff member] is going to buy me a cake.”

Each care plan had a section in regards to people’s involvement in the planning process of their care plan. This section stated that people had been involved in the development of their support plan and that it had been read to them and they were happy with the content. We saw that these were signed by people who used the service .

Each person had a key worker who was responsible for ensuring that their needs were met. Key workers spent additional time with people so were more aware of their interests and preferences. We saw that people had details of the keyworker available to them in their bedrooms. A secondary keyworker were also assigned to people to ensure in the absence of their primary keyworker for reason such as annual leave and sickness, people still have a member of staff assigned to them to ensure their needs are still being met. Where possible, the service also sought the input of advocates to ensure that people’s views were being taken into account. People told us that they had been involved in developing their care plans and the staff supported them in line with their individual choices and preferences.

People’s support plans were written in an ‘easy read’ format. To help them understand what was written about the support they needed. We saw that people, and where possible their relatives and/or other professionals were involved in their care planning process. Pictures and symbols were used to assist them to make choices about how they wanted to be cared for. People also had the opportunity to discuss changes to their care and support plan during reviews.

People we spoke with confirmed that staff respected their privacy and dignity . We observed that staff respected people’s privacy and dignity. This included knocking people’s doors and waiting for permission before entering. Staff told us that they ensure that when undertaking personal care, they shut the doors and draw the curtains so that people were supported in private. We saw that some people had ‘end of life’ plans within their care plans, these plans give people the opportunity to express and record their wishes, choices and choices preferences.



# Is the service responsive?

## Our findings

We reviewed care plans and found them to be person-centred and contained comprehensive details of what support people needed. We noted that these were also 'user friendly'. They contained enough detail about people's history, preferences, interests and things they found important. Care and support plans were regularly reviewed and where possible, people and their relatives or other professionals were involved.

Staff told us about the importance of encouraging people to do as much as they could for themselves or as much as their ability would allow them to do. This helped people to remain independent and active. People we spoke with agreed that staff were supportive in assisting them to do things for themselves where possible and support them when required.

Staff we spoke with demonstrated that they understood the needs of the people who used the service and were able to provide individualised person centred care. A staff member we spoke with told us "The home is very person centred and the guys [people] are very capable of telling us what their needs are and it is for us [staff] to make any adjustments to meet their needs." We observed that staff communicated effectively with people and records reviewed showed that people's needs were well documented within their care and support plans so that staff could refer to them should the need arise. A visiting professional told us that their client had been supported well and that staff had been able to meet their needs.

A relative told us "[Staff members] do lots of activities with [relative] like day clubs, paper round, knitting; they do a lot of activities with [relative] they really go out of their way to make sure [relative] has fun doing what she likes to do."

Staff told us the importance of supporting people to access facilities in the community, such as day clubs, cinema and parks. We saw that people had their individual activity plans which were a reflection of activities that was documented in their care plan which people had said they liked to do. People we spoke with all told us that they got to choose what they wanted to do with their day. Regular meetings were held with people to discuss topics such as community activities, health and safety and outings. People were given the opportunity to add other topics for discussion to the agenda should they wish to.

People were supported to maintain important relationships with family and friend. A relative we spoke with told us "The staff are pretty good, they support my relative to visit me at home." A staff member said "I help organise [person] meeting up with their friend... once a month so they keep in contact."

A person told us "I can tell the manager if I'm not happy" and another said "I can tell the manager or staff if I am not happy." A relative we spoke with said "I haven't had any reason to complain but if I needed to, I do know how ". There was a complaints policy and procedure available in an easy read version, which was easily accessible. The policy provided details of how and where a person could make a complaint if needed. The provider had also had available 'concerns and suggestion' forms in a picture format to support people to raise any issues they had. People we spoke with were aware of how they could make a complaint and who they could make a complaint to.

The registered manager told us that the service had had one complaint in the last twelve months. The complaint was properly recorded, and a written response to the complainant informing them of the outcome.



# Is the service well-led?

## Our findings

The provider had a registered manager in place and the service was well-led. There was also a deputy manager who worked alongside the registered manager.

A relative said, “The manager is really good [manager] runs a nice home, [manager] is always busy making the home nice” and “[manager] is easy to talk to.” A professional that visits the home said “The manager is very accommodating and the service seems person centred and enabling.”

Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have in regards to the service and people’s care. A staff member said, “The manager is very supportive.” A new member of staff told us, “The service is very well run ... I might not know something but staff always support me and point me in the right direction, its real team work here.”

People we spoke with felt included in the home and found staff and the management team easy to get on with. People knew who their key workers were and who the registered and deputy managers were. All staff we spoke with knew the names and positions of senior staff, as well as, the management structure of the organisation. They were clear on who they reported to and who within the organisation they could contact to obtain particular information from. Staff told us that there was an ‘open door’ policy in the home so they could speak with the registered manager or deputy manager at any time.

The service philosophy within the home was to support people to have a real say in what they wanted and to support them to live and enjoy full lives and to support them to make decisions that promote their wellbeing. The registered manager told us that regular meetings with staff and one to one’s ensured that the service philosophy was clear to staff. During our inspection we saw that staff were adhering to the service philosophy when interacting with people.

Regular staff meetings were held and a record was kept of these meeting so that staff that were unable to attend could be kept abreast of any changes. The registered manager told us that where suitable, they discussed concerns or complaints about the home or other homes across the region so that it could be used as a learning tool or to improve the service.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as social workers.

Accidents and incidents were recorded and these were reviewed and analysed by the service head office to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. The findings were then discussed at regional meetings to see if other locations managers had any advice that could be shared in order to improvements or minimise accidents or incidents.

The registered manager had carried out regular audits of medicines so that that all medicines were accounted for and to ensure that medicine errors were minimised and that people received their medicines as prescribed.

A copy of the whistle blowing policy had been displayed on the wall in the office and staff we spoke with were aware of the . Whistle blowing is the term used when someone who works for an employer raises a concern about malpractice, risk, wrongdoing or possible illegality, which harms, or creates a risk of harm to people who use the service.

The provider had undertaken a satisfaction survey in April 2014. The results showed that people were 100 per cent satisfied with the service they had received. The satisfaction survey focused on areas such as supporting people to be independent, improving the quality of life, safeguarding, treating people with respect and supporting their health needs.