

Walsingham Support Limited

Walsingham Support - 2 Upper Lattimore Road

Inspection report

2 Upper Lattimore Road
St Albans
Hertfordshire
AL1 3TU
Tel: 01727 858783
www.walsingham.com

Date of inspection visit: 26 November 2015
Date of publication: 23/12/2015

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

The inspection was carried out on 26 November 2015 and was unannounced. At the time of our inspection there were to six people living at the home.

The service provides personal care and accommodation for up to six people who have a learning disability. It does not provide nursing care.

There were enough staff to meet people's needs at all times including evenings and weekends. There were safe and effective recruitment procedures in place.

Staff protected people's privacy and dignity. All interactions between staff and people were caring and respectful, and staff were observed to be patient, kind and compassionate. Staff demonstrated they were comfortable in their contact with people, which was

Summary of findings

reciprocated. Staff were patient when they were assisting and talking to people and waited for people to do things at their own pace to ensure they were not taking away anyone's independence.

People were able to eat and drink a choice of food and drink, and were able to help themselves to snacks whenever they wanted them. Staff supported people to maintain their health and wellbeing.

Staff were able to support people to access activities and be part of their local community. People were able to go out alone and also had some planned activity programmes. These were designed to help people engage with their local community, for example they frequented events at the church, the library and visited amenities such as the local shopping centre and markets.

Care was personalised and people were central to everything within the home. We saw care records showed people's needs were continually reviewed. The care plans ensured staff had guidance and information they needed

to enable them to provide personalised care and support. People and their family members were involved in assessments and reviews where possible with consent from people who used the service.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received. Different aspects of the service were reviewed from a variety of sources including people who used the service, their family and or advocates. This was used to enable the provider to identify where improvements were needed and to implement the actions required.

There was also monthly external monitoring undertaken by the quality monitoring manager, actions were put in place to check that any improvements were completed in a timely way. People's records and confidential information were stored appropriately and only people who were authorised to access them were permitted to do so.

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 knew how to identify and report any concerns, and people felt safe.

Staff were recruited safely and there were sufficient staff to meet people's needs.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were trained and supported.

People's capacity was assessed and consent was obtained.

There was a choice of foods and people were supported to eat and drink sufficient amounts.

People were supported with accessing health and social care services.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and compassionate.

People were involved in planning and reviewing their care.

People were treated with dignity and their confidentiality was respected.

Good



Is the service responsive?

The service was responsive.

People received care that met their needs and care plans were detailed and specific.

People were supported to follow hobbies and activities that interested them.

There was a complaints process in place and complaints were responded to appropriately.

People's views and opinions were sought and listened to.

Good



Is the service well-led?

The service was well led.

The leadership and management of the service was good.

The manager and staff shared the same values and vision for the home.

There were robust systems to ensure quality and identify any potential improvements to the service.

Good



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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 checked whether the provider was 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.

We visited the service on 26 November 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed all the information we held about the service including notifications received by

the Care Quality Commission. A notification is information about important events which the home is required to send us by law. We contacted commissioners and health care professionals to request feedback about the service.

We used our Short Observational Framework for Inspection (SOFI). This meant that we observed how people with complex needs were supported; this helped us assess what peoples experiences were like.

During our inspection we spoke with two members of staff, two people who used the service and the registered manager, we met the operations and development manager at the service. We reviewed records, which included looking at two people's care and support plans and their health records, We also looked at staff rotas, recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they 'felt safe living at the service'. One person said "I have lived here for more than ten years and the staff have always kept me safe and looked after me". Another person told us staff always asked what time they would be home and made sure they brought their mobile phone with them to help keep them safe.

There were policies and procedures in place in relation to safeguarding and whistleblowing procedures. Staff were able to describe what constituted abuse and the process they would follow if they suspected abuse or had any concerns about poor practice. We saw that there were details of the local safeguarding authority and telephone numbers on the notice board in the kitchen, which were both accessible and a constant reminder for both staff and people who lived at the service. Staff confirmed and records showed they had received training in safeguarding adults from avoidable harm.

There were safe and effective recruitment processes in place to make sure staff employed were suitable to work with people who used the service. We reviewed two recruitment files for staff who had recently been recruited to work at the service. We saw that appropriate checks had been undertaken before staff started work. The staff files included evidence that people completed an application form and gaps in employment histories were explored to check any gaps in employment. Pre-employment checks had been carried out, including a Disclosure and Barring Service check (DBS), written references obtained from a previous employer, and evidence received of the applicants' identity. This robust process helped to ensure that people who were employed were the right people to work in this type of service.

We saw there were adequate staff employed by the service to meet people's needs and provide appropriate care and support at all times. We saw rotas demonstrated there was

management cover at all times and a senior person was 'on call' and available to provide support if required. Staff told us they felt the staffing levels were good, and one member of staff told us "We are a small team and can usually cover a shift at short notice to cover any emergency". We saw there was flexibility in rotas to support people with planned activities.

Risks were assessed and reviewed regularly and they provided detailed guidance for staff about how to minimise risks. The risk assessments covered a range of areas and as well as environmental risks within the home there were some risk assessments for when people went out in the community, for example about road safety and orientation. We saw that where a risk identified hazards, actions had been put in place to try to reduce and or mitigate the risks to help keep people safe.

Accidents and incidents were recorded and monitored. This was to help reduce the possibility of incident reoccurring. People had individual personal emergency evacuation plans (PEEP) in the event of a fire or emergency at the home. We saw that there were regular drills so that people were familiar with the process and would help reduce the risk of panic in the event of a real emergency.

There was a procedure and policy for the safe administration of medicines. Staff had been trained to administer medicines safely and were able to describe the procedure. We saw a recent audit of medicines had been completed and no concerns were found. There was a protocol for PRN medicines, these are medicines that people have 'when needed'. We also saw there was a protocol for the application of 'topical creams'. The areas where the cream were to be applied were recorded on a body map. There were different medication administration records MAR charts so for example regular medicines, PRN medicines and topical applications, these processes helped minimise the risk of error. Staff competency was checked periodically to ensure staff maintained 'good practice'.

Is the service effective?

Our findings

People told us that they felt staff had received training to enable them to meet their needs effectively. One person said, “I have been here for years and staff know what help I need.” Another person said, “I have a support plan and we talk about my support.” We saw that there were detailed and individual care and support plans in place to inform staff about the type of support people required.

Staff had received training and had regular supervisions with their line manager. They told us there were regular team meetings which were an opportunity to discuss any concerns, share information and get regular updates on anything that was going on within the service or the wider organisation.

Staff told us they were well supported by their manager and would have no hesitation in approaching the manager if they were concerned about anything. The manager told us they worked some shifts at the weekend to ensure consistent standards. A person who had recently started work at the service told us they “were well supported” and told us the manager was always available and “had a presence at the service”.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that one person was being deprived of their liberty and an appropriate assessment had been completed and was awaiting an authorisation.

We observed that staff obtained people’s consent prior to support being provided and saw that offered people choices. For example we saw staff ask people if they fancied a hot or cold drink and ask them what snack they wanted.

People were able to choose what they wanted to eat and drink and when. People told us they liked the food and told us they were involved in the menu planning. The manager told us if people did not fancy what was on the menu they could always choose an alternative.

If there were any concerns about people’s nutritional intake or if someone was at risk of losing weight they were referred to a dietician for support and management to ensure people’s nutritional needs were met.

People told us that staff went with them if they needed to attend GP or hospital appointments. One person told us “If I need to see my GP the staff make the appointment. People and staff told us people were supported to see other health professionals including dentists, opticians and chiropodist when required. We saw that health care records were maintained in people’s ‘purple folders. For example on the day of the inspection a person had to attend the surgery to have a blood test and a record had been completed by the professional so staff were aware of what was happening in relation to the person’s health.

Is the service caring?

Our findings

We observed that staff were kind and caring when supporting people. Staff had developed positive relationships with people. We saw staff were able to communicate effectively with people and in a way that was kind and patient. For example when people were speaking staff listened actively, looked at them spoke in the right tone and smiled and encouraged people. People told us that staff were kind and caring towards them.

We saw people were valued and treated as individuals, so for example each person was treated in a way they could relate to and understood their various methods of communication. People were comfortable with the staff and we heard people chatting and laughing and have meaningful interactions. People were treated in a caring way and asked what they wanted to do, for example we saw people were coming and going and spoke excitedly when telling staff what they had been doing. One person when they returned from shopping was showing the staff what they had bought.

We saw staff were mindful and respectful of people's privacy. Staff told us they never went into anybody's bedroom without being invited. We saw staff knock and wait for a response. Another person said, "Staff respects my privacy". We saw people were respectful of each other's space and privacy. For example when we were speaking with people in the lounge other people who wanted to come in excused themselves and said they would come back later.

Staff knew what people's individual needs and preferences were in relation to their care and support. We saw people were involved in discussions about their care and where possible and if people wanted relatives, friends or an advocate were able to contribute.

Peoples live histories had been included in support plans and staff again demonstrated how important it was to understand people's individual journeys. They gave some good example of some of the difficult challenges people had overcome. We observed people and staff having meaningful conversations and saw people were listened to and their contribution was acknowledged as being valuable. Staff talked to people with interest and we saw this reassured people. For example when a person was getting ready to go out they were having a discussion with the staff about where they were going and what they planned to do while they were out.

Staff told us they encouraged people to maintain relationships with family and friends outside of the home where people had a good relationship. However not everyone had contact with family and friends and staff told us they respected peoples wishes.

People talked about being part of a family. We saw staff had good relationships with each other and were supportive of each other.

The service promoted peoples independence and gave people the skills and support needed to give them the confidence to assert their skills. We saw that staff encouraged, and praised people for what they achieved.

Information was provided to people in a format they could understand and which enabled them to make informed choices and decisions. People told us that they had individual 'keyworkers' and had regular individual sessions where they could discuss anything they wanted to discuss on an individual basis. People who lived at the home were treated in a kind and caring way, had meaningful relationships and were friendly to each other and staff.

Is the service responsive?

Our findings

The service was responsive to people's needs. People told us they had been involved in their assessments of care and knew about their care plans. They told us they were discussed with their keyworker when they met. One person told us, "I have been involved in my assessment, and staff responds to my changing needs when required".

Staff knew people well and were able to describe people's needs to us. They knew what time people liked to get up. One staff member said, "It is like a family unit and people have routine, set things they like to do, but we always check with people what they want to do for that particular day." We saw that care was provided in accordance with information in people's care plans. Staff demonstrated a flexible approach and told us if people changed their minds about doing something it was fine, they said "We are here to support people who live here, it's up to them what they do and when they do it".

Care records described people's life histories which helped to inform staff about events that may affect people and how best to support them. We saw people's health and well-being needs were also clearly documented and discussed so that staff were kept informed about things that may impact on how people were feeling.

Where people or their relatives had been able to contribute to their assessment, staff had a detailed understanding of people, and how to meet their needs in a manner that was person centred and responsive to their particular

requirement. The manager told us the importance of knowing about people's life histories and said, "Life history enables us to connect with people and talk about things that are important to them."

Staff told us that people were independent with regards to personal care, however if a person was not feeling well they may require prompting and additional support which was readily available and provided.

People were involved in a range of different social activities, and supported to pursue their own hobbies and interests. Most of the social activities were outside the home as most people enjoyed being out and about and attending community events. Where people preferred to pursue their own interests, staff supported them and facilitated this. For example people had contributed to the lease of a car which was available to be used by them. People and staff told us this enabled people to go out and about sometimes on their own or sometimes as a group depending on what they wanted to do. One person told us "Having the use of transport gives us more independence". Another person told us "We have enjoyed going out in the car many times, me and (person) went shopping recently".

People spoken with told us they knew how to raise a concern with the manager. Information was made available about how to raise a concern and what to expect when they did. The complaints information was provided in an easy read format to assist people with the process. We saw there was a complaints log and each complaint raised had been investigated and responded to.

Is the service well-led?

Our findings

The service was well led. People were positive about the leadership in the home. Everyone knew the manager and when speaking about them were positive and happy with the management arrangements at the home. People and staff told us they would be confident to speak with the manager, if they had any concerns. One person said, “[The manager] is always around.” We noted that the manager knew people well and supported people as they needed around the home.

Staff had keyworker responsibilities, a keyworker is a member of staff who undertakes specific role to support an individual, and in addition some staff were given key roles. For example the manager told us that one member of staff was responsible for reviewing and updating care and support plans and this also supported staff development. We saw all checks allocated to staff members were completely consistently and they took ownership of their areas of responsibility. Staff told us that if they found anything that required attention they would discuss it with the manager. The manager said that maintenance in the home was always done quickly and showed us several recent examples including a newly refurbished bathroom.

We saw monthly quality audits, using the key questions that we review at inspection, were undertaken by the quality manager. The manager told us, “We did it to make sure we were still meeting the standards and to make sure we are continually improving”. Staff told us the manager was open and transparent and listened to what they had to say.

There was a good atmosphere at the home and every one played a part and were treated as individuals. The manager had a good understanding of the needs of people who used the service and had a clear vision for the service. People told us they were able to speak at any time and they were always on hand to offer support.

Staff told us they felt comfortable speaking with the manager and felt they had a transparent approach. People told us they had regular ‘house meetings’ where they could discuss aspects of the service and raise any concerns. One person told us they “They had been useful in the past, for getting things out in the open for discussion”.

We spoke to two several members of staff understood their own and other staffs roles and responsibilities. They told us about the various audits t they undertook on a regular basis to maintain standards and also to improve the quality of outcomes for people they supported. For example service user files, medication and H&S to ensure standards were being maintained.

Daily progress notes were completed detailing important and or specific events and also what sort of day people had had and also any significant events. This system supported effective communication.

We saw that people’s confidential records were stored securely and could only be accessed by people who had authorisation to access them Staff records were kept securely and confidentially by the management team.