Walsingham Support Limited

Walsingham Supported Living North East

Inspection report

Cargo Fleet Lane Offices
Middlesbrough Road
Middlesbrough
TS6 6XH
Tel: 01642 228508
Website: www.walsingham.com

Date of inspection visit: 18-19 November 2015
Date of publication: 06/01/2016

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

This inspection took place on 18-19 November 2015. The provider was given 48 hours notice of our visit to ensure someone would be available to speak with us and provide the information we needed.

Walsingham Supported Living North East is a supported living service for people with a learning disability or autistic spectrum disorder. On the day of our inspection there were 19 people using the service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. The registered manager had recently left the service and a new locality manager had submitted an application to CQC to be the registered manager.

Walsingham Supported Living North East had not previously been inspected by CQC.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

People were protected against the risks associated with the unsafe use and management of medicines.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

People were protected from the risk of poor nutrition.

The homes we visited were clean, spacious and suitable for the people who used the service.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found that it was.

Care records contained evidence of consent to care and administration of medicines.

People who used the service, and family members, were complimentary about the standard of care at Walsingham Supported Living North East.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw there was a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had links with the community and other organisations.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

People were protected against the risks associated with the unsafe use and management of medicines.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

People were protected from the risk of poor nutrition.

The provider was working within the principles of the MCA.

Care records contained evidence of consent to care and administration of medicines.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

Risk assessments were in place where required.

There was a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Good

Is the service well-led?
The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Family members told us the manager was approachable and the service had an open door policy.

The service had links with the community and other organisations.

Good

Walsingham Supported Living North East

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 18-19 November 2015. The provider was given 48 hours notice of our visit to ensure someone would be available to speak with us and provide the information we needed. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and community health professionals. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent questionnaires to people who used the service, family members, staff and community professionals. We received seven questionnaires back from people who used the service, two from members of staff and five from community professionals.

During our inspection we spoke with four people who used the service and two family members. We also spoke with the locality manager, deputy manager and four care workers.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought Walsingham Supported Living North East provided safe care for the people who used the service. They told us, "Yes, she is safe", "The front door is always kept locked. The cleaning products have safety locks" and "She is supported when she makes a drink." In the questionnaires we sent out, people who used the service told us they felt safe from abuse or harm.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the locality manager who told us staff rotas were prepared at least four weeks in advance. Staffing levels depended on the living arrangements and needs of the people who used the service. Staff at one of the houses prepared their own rota, which was sent to the office to ensure it was appropriate and fair. The locality manager told us most staff absences were covered by their own permanent staff, or by the deputy manager, and they were going to recruit bank staff for additional cover. Staff we spoke with told us agency staff were rarely used however if they were, the same staff were used to ensure continuity of care. We discussed staffing levels and absence cover with staff members. No concerns were raised.

We visited two of the homes where people were supported by staff at Walsingham Supported Living North East and saw the homes were clean, spacious and suitable for the people who used the service.

Each person who used the service had a 'House guide' book, which described how staff would keep the person safe. For example staff would, "Keep records of money", "Make sure any health issues are met by talking to doctors and other specialists" and "Follow the rules about protecting vulnerable adults".

We saw one person was monitored during the night by a CCTV camera in their bedroom in order to monitor the person's safety. We saw this had been included in the person's night time care plan and saw a copy of the CCTV justification and agreement record that had been completed by a relevant professional, in consultation with the person, family members and staff.

We saw people had 'How to support me with my behaviour' records and behaviour management plans in place. These included information on the person's diagnosis, what triggers there were for the person's behaviour and what actions staff should take, including following protocols and information in care plans. People had NAPPI (non abusive psychological and physical intervention) care plans in place. These recorded the types of behaviour a person would exhibit, for example, in an agitated or escalating manner, and what action staff were to take to support the person. We saw a 'Behaviour management log' at one of the houses we visited. This recorded any incidents that had occurred, what action had been taken and what the outcome was. All the records we saw were up to date and regularly reviewed.

We saw incident and accident records were recorded for each person and described the nature of the incident or accident, who was involved, action taken and who had been contacted. We saw copies of these records were forwarded to the provider's quality auditor who carried out analysis to see if there were any trends or additional actions that could be taken to minimise risks in the future.

We saw records of health and safety and maintenance checks in files stored at the office and the most recent records stored at the houses, where people who used the service lived. These included fire safety records and fire alarm tests, first aid box checks, water and refrigerator temperature checks, electrical and gas safety records and records of issues reported to the housing provider. All the checks were up to date.

The service had an emergency business contingency and continuity plan, which included a staff contact list for all the premises. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. Additional

Good

Is the service safe?

risk assessments were in place for people who used the service, staff and visitors and fire risk and fire safety, first aid, COSHH (control of substances hazardous to health), lone working and safe handling of medicines. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy and looked at the safeguarding file. We saw records of safeguarding incidents and saw that CQC had been notified of all relevant incidents.

We looked at the management of medicines and saw the provider referred to the 'Handling of medicines in Social Care' guidance from the Royal Pharmaceutical Society. In the houses we visited, we saw locked medicines cabinets in the staff bedrooms. In one house, one person who used the service had their own cabinet, whilst the other two people shared a cabinet between them. Keys to the cabinets were kept in a locked safe. We saw all medicines and lotions had opening dates and the person's name on them.

Each person had their own medicines file, which included a photograph of the person, an agreement form for the staff administration of medicines, list of current medicines, hospital passport, medicines administration records (MAR), protocols for the administration of PRN (as required) medicines such as paracetamol and ibuprofen and records of GP visits and appointments. Staff told us that medicines were checked every night after 9pm. We looked at the records and saw they were accurate and up to date. This meant that medicines were stored and recorded safely and appropriately.

Good

Is the service effective?

Our findings

People who used Walsingham Supported Living North East received effective care and support from well trained and well supported staff. People told us they were happy and well looked after. Family members told us, "It's transformed her life. The situation she is living in is perfect for her", "The carers are lovely" and "He's come on leaps and bounds since he went there." A person who used the service told us, "I love it here" and "It's great". In the questionnaires we sent out, people who used the service told us they received care and support from familiar and consistent care and support workers.

We looked at the provider's training matrix and checked staff files. We saw mandatory training for all staff included health and safety, COSHH (control of substances hazardous to health), fire awareness, first aid, food hygiene, moving and handling, infection control, medicines, mental capacity and deprivation of liberty safeguards and safeguarding. Additional training was provided depending on the role of the member of staff. This included understanding autism, epilepsy awareness, NAPPI and positive behaviour support. The training matrix was colour coded to show whether training was in date, due soon or overdue. We saw the majority of training was in date and refresher training for those people who required it was planned. We discussed training with the locality manager, who told us they were also looking at providing training for dementia and diabetes. Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences.

We saw supervision records in the staff files. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions took place regularly and included discussions regarding people who used the service, health and safety, safeguarding, dignity and respect and policies. Staff also received annual performance reviews. We saw these were up to date and included a review of performance, achievements, learning and development and objectives for the following year. Staff told us they received regular supervisions and appraisals. This meant staff were fully supported by the provider in their role.

People had 'My healthy living' records, which described food the person liked or didn't like, meal suggestions, exercise and a health and hygiene section, including any allergies. We looked at one person's nutrition and hydration support plan and saw the person was following a healthy eating plan to reduce the risk of diabetes and heart disease. The support plan recorded what the person wanted to achieve, for example, "To maintain my weight loss and continue to have foods that I enjoy."

We saw risk assessments were in place for choking, food storage and preparing and cooking food in the kitchen. Weekly meal planners were on the walls in the kitchens we looked in. Meals were chosen by the people who lived in the houses and staff told us menus were flexible if someone decided they wanted something else to eat. We saw that one person who used the service had an eating disorder. We saw the person's care plan and risk assessment were up to date and staff were provided with clear guidance on how to care for the person with this disorder.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We discussed people's capacity with the locality manager and saw capacity assessments had been carried out. Capacity assessments were decision specific and included finances, contributing to risk assessments and support plans, voting, locking the front door and safety locks on the kitchen cupboard. We saw staff had completed training in the Mental Capacity Act. The locality manager understood their responsibilities and had worked with social workers and local authorities with regard to court of protection applications for some of the people who used the service. We saw agreement forms were in place for health and support with medicines. Where these records could not be signed by the person, they had been signed by a representative or member of staff on behalf of the person. This meant the provider was working within the principles of the MCA.

Good

Is the service effective?

People had completed communication questionnaires and we saw a section of the care records was called 'My communication' and included communication charts. These charts described how a person communicated and what they meant by different actions. For example, one person rubbed their tummy with two fingers. This meant they needed to go to the toilet and staff would "Encourage [Name] to go to the toilet and support [Name] through giving prompts and reassurance, and also giving [Name] folded toilet roll." Information was also provided on how people made decisions, for example, how they liked information presented, how to help the person understand the information being presented and when the best time was to ask a person to make a decision. Examples of these included, "I can understand small sentences", "Give me a choice of at least two things as this is important to me" and "Use basic language to describe". This meant staff were provided with information to understand people's communication needs.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Each person had a hospital passport, which included important information about the person should they be admitted to hospital. Care records contained evidence of visits from, and consultations with, external specialists including GPs, dentists, occupational therapists and psychologists.

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at Walsingham Supported Living North East. They told us, "The care that she gets is excellent", "They try to promote independence as much as possible", "They do care about the people in their care" and "He says he loves his life there." One person we spoke with gave us a tour of their home and told us they were very happy living there. Another person told us, "I am well looked after". In the questionnaires we sent out, people who used the service told us they were happy with the care and support they received from the service and that staff were caring and kind.

People we saw were well presented and comfortable around staff. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity and we saw people were assisted by staff in a patient and friendly way. Staff knew how to support people and understood people's individual needs.

Staff knocked on doors before entering people's houses and waited for someone to answer the door. People who used the service told us staff treated them with dignity and respect. Family members we spoke with told us staff respected people's privacy and dignity. We saw dignity was included in the equality and diversity training and staff received supervisions where respecting privacy and dignity was discussed. This meant staff treated people with dignity and respect.

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how people wanted and needed to be supported. For example, they could tell us the individual routines of people who used the service, where they liked to go and what they liked to do. We saw the care records included a section called 'What is important to [Name].' This provided information on things the person liked to do, where they liked to go and important people in the person's life. There was also a section called 'What is the best way to support [Name].' This provided important information to staff, for example, "Get to know her really well", "Don't wear clothes that will upset her (buttons, bracelets etc)", "Give her plenty of time to do things", "Don't talk about things that aren't happening today" and "Wait until I am ready for you to help me (I will say "Ha, ha")". This meant people received care and support from staff who knew and understood their likes and preferences.

People had 'My personal care' records in place which described the person's individual day and night time care. We saw from records that people were consulted about what they wanted to do, what time they got up or went to bed, and activities they wanted to take part in. For example, "I would like staff to offer me a choice regarding my breakfast", "Staff help me to wash my hair. I like to keep my hair short. Staff support me to blow dry my hair after it has been washed", "Staff help me to have a bath and stay in the bathroom with me" and "Ensure I am given choices regarding the activities that I am to participate in".

Individual support plans were in place for nutrition and hydration, mobility, communication, behaviour, health and well-being, my home, relationships, activities, safety and money. These included sections on "What is important for you to know about me", "Things I want to achieve or change in this area of my life" and "This is how I manage my safety and the support I need". This meant people were proactively supported to express their views.

People had a 'My dreams and aspirations' record, which showed people were involved in making decisions about what they wanted to do and what was important to them. For example, "Holidays are important to me" and "To have the opportunity to explore and develop friendships and relationships". This meant information was provided so staff could understand people's individual care needs and likes.

We saw 'My daily living skills' records in place, which described what the person could do in the house, for example, cooking and cleaning, and what support they needed from staff. We saw records that showed some people were supported to be independent in their daily routines. For example in one person's record it stated, "I wake myself up between 7am and 8am. I dress myself without support and independently make my breakfast (I do require staff to observe me whilst in the kitchen to ensure my safety)", "I make my own drinks and food without staff support" and "I like to try new foods and enjoy cooking and helping out in the kitchen". Domestic calendars were on the walls of the kitchens we looked in and we saw they included a rota for domestic chores around the house, including cooking the meals, washing

Good

Is the service caring?

up, shopping and cleaning. We also observed staff asking people who wanted to set the table for the evening meal and one of the people who lived at the house volunteered. This meant that people were supported to be independent.

We saw people's homes and bedrooms were individualised with their own furniture and personal possessions, and people had chosen the decor. We saw one person was supported by staff to make their home "more personalised" by obtaining colour charts and staff were to help with the decorating.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. A family member told us, "They respond to her needs really well", "They've got her doing things she would never have done before" and "If there's ever been a problem, they've always sorted it out."

Each person's care record included an information sheet that contained the person's name, date of birth, contact details, description of the person, diagnosis, prescribed medicines, next of kin and details of relevant professionals. Each person also had a 'House guide' book, which listed all the members of staff involved in the person's care, what training the staff had, a description of the support provided, information on complaints and suggestions and how staff were to keep the person safe. The support provided section was person centred and had been written with the person who used the service. For example, "We will help you with your medication" and "We will help and support you with personal care".

The care records included a 'Person centred plan' that provided information on what was important to the person, who was in the person's life, family background and things the person wanted staff to know about their past.

We saw that people could choose what kind of person they would like to support them with different activities, for example, cinema trips, baking and health support. People listed what characteristics they wanted staff members to have, for example, good sense of humour, communication skills and interest in music.

People had a timetable of activities each week, which had been written with the person to ensure the activities were what the person wanted to do and when. These included, coffee mornings, swimming, going to cafés and pubs, cinema, zumba, going to the beach, drama groups and visits to local community centres. One person who used the service trained with St John's Ambulance and another worked at a local community centre. A family member told us, "They have a better social life than I have."

We saw people had goal plans in place. For example, one person had a goal plan to go bowling. The goal plan recorded when it was to be done by, what had been done so far, any issues encountered, whether the goal had been achieved and when. We saw this goal plan was to be achieved by 30 September 2015 but had been completed on 20 September 2015. A risk assessment was in place, the person was supported to go bowling and the activity was to be offered regularly in the future.

Risk assessments were in place for people who used the service where required and included safety through the night, leaving food open/lids off, supporting independence, using the car, physical aggression, going out in the community, medicine administration and personal care. One person had a risk assessment in place for going out on their own. Each risk assessment included initial/existing control strategies, reactive strategies, the risk rating, review period and the date of the next review. All the records we saw were up to date.

We saw diaries were kept for each person who used the service and contained comprehensive information on daily and night time routines, for example, what time the person had got up, what they had to eat, activities they took part in and personal care carried out. For example, "[Name] went out with [Staff] to sort out tickets for the Take That tribute night." Family members we spoke with told us they were regularly kept up to date and were involved and invited to reviews of people's care and support. People who used the service told us they were involved in decision-making about their care and support needs.

We saw copies of the 'Making complaints or suggestions' easy read procedure was included in the care records. We looked at the complaints file and saw there had only been one complaint recorded in the previous year. This was a complaint from a person who used the service regarding the manner of a staff member. We saw records that detailed the meetings and conversations that had taken place and the action taken. People who used the service told us they knew how to make a complaint. Family members we spoke with told us they did not have any complaints but knew how to make complaints if they had to. This meant the provider had an effective complaints system in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had recently left the service and a new locality manager had submitted an application to CQC to be the registered manager.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, "I have a good relationship with [locality manager]. Everything is fine" and "You can talk to them about anything."

The service had links with the community and other organisations. These included local day services, community and sports centres, a light, sound and sensory service, discos, swimming pools and St John's Ambulance. The locality manager told us they were also looking at voluntary work at a local stables.

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider had 12 quality standards and checks were carried out on a monthly basis. We saw copies of the provider's monthly quality standards report and each report was a different theme and focused on the individual, for example, "Safeguard me from harm and abuse", "Support me to access my community" and "Support me to live healthily". The report for November 2015 was "Listen to feedback about my support and respond" and looked at communication, feedback procedures, innovation and interviews with staff and people who used the service.

Additional monthly checks looked at support plans, finances, medicines and quality calls to family members.

The reports included the areas that were checked, descriptions of the evidence seen, any actions to take and timescales. Actions for November included, "Ensure support plan has signed consent or capacity assessment and signature on [Name]'s behalf" and "Check that all staff have current competency checks".

We saw monthly key worker checklists were completed. These included a check of documents, appointments, finances, complaints, clothing and premises. Any issues were identified and actions recorded, for example, whether support plans required updating.

We saw copies of relatives' feedback forms from June 2015. Family members we spoke with told us they received surveys from the provider so they could provide feedback on the care and support provided by the service. The locality manager told us open days had been held for family members however these had not been very well attended.

The locality manager told us, and we saw, staff meetings were held at each house where support was provided. Additional support was provided to members of staff via supervisions and staff open days, where the locality manager had an "open door" and staff could discuss any issues or concerns.

We saw house meetings took place for people who used the service and discussions included things people wanted to buy for the house, food and activities. People who used the service told us they were asked what they thought about the service provided and that information they received from the service was clear and easy to understand.

This meant that the provider gathered information about the quality of their service from a variety of sources.