

Walsingham Support Limited

# Walsingham Support - Sycamore House

## Inspection report

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Date of inspection visit:  
12 May 2016

Date of publication:  
23 June 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 12 May 2016. This was our first inspection of the service.

Walsingham Support - Sycamore House (Sycamore House) contains eight flats where people have their own tenancies. The flats were purpose built for people living with disability. Walsingham Support provide care and support from this location to eight people who live in these tenancies. The organisation has office space in the building. People who live in Sycamore House can also access support from other providers if they choose to do so.

The service had a registered manager. 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.

Risk assessments were carried out and plans put in place to reduce risks to people's safety and welfare.

Staff working in the service were aware of different types of abuse and knew how to report it. The service had clear policies relating to safeguarding.

Medicines were stored in people's own homes and managed appropriately. People received support with their medicines from appropriately trained staff.

Staff had been provided with mandatory training. Staff had undertaken additional vocational qualifications. The service could access different types of training to ensure they met people's needs.

The service assessed people's nutritional and hydration needs and provided support accordingly. This included helping people to maintain a healthy lifestyle.

Staff had developed good relationships with people and communicated in a warm and caring manner. People who used the service were complimentary of the way staff cared for them

Staff were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.

Support plans were easy to read and based on assessment and reflected the needs of people.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with.

The management team had a clear idea about the future of the service and were keen that people were

supported to be as independent as possible.

We made a recommendation that the service reviewed its storage of archived records.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

We found that there were sufficient staff to meet people's needs

Risk assessments were carried out to help people access the appropriate support required to minimise risk to their safety and wellbeing.

Staff knew how to identify and report potential abuse.

### Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training.

Staff had undertaken additional vocational qualifications.

People received adequate support with nutrition and hydration where necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People told us that the staff who supported them were kind and caring.

There were plans and procedures in place to ensure that people's privacy was protected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access the local community.

**Is the service well-led?**

The service was well led.

Staff told us that they felt supported by the management team.

There was a quality assurance system in use.

We asked the service to review how they stored some records.

**Requires Improvement** 

# Walsingham Support - Sycamore House

## **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 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 the 12 May 2016 and was unannounced.

The inspection was carried out by one adult social care inspector and a specialist professional advisor. The specialist advisor was an experienced and well qualified occupational therapist who taught the subject at degree level.

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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with four of the people who used the service and six members of staff including the locality manager who had leadership responsibilities within the service. The registered manager was not present at the inspection.

We looked at four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

# Is the service safe?

## Our findings

We spoke with people who used the service and asked if there were sufficient staff within the service. They told us, "There are always enough staff, I can go out when I want to." We asked staff the same question and they assured us that there were. One member of staff commented, "No we are not short, we are never short."

In addition people told us that they felt safe within the service, one person said, "I always feel safe and secure within the building."

During our inspection we looked at how staff were deployed. There was a small group of staff providing varying levels of support to people who used the service. There were no issues with staffing levels within the service and both the locality manager and registered manager had arrangements in place to cover staff if they were on annual or sick leave. Staff were able to meet the identified needs of the people who used the service.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example some people required additional support with their mobility which was provided.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had received training that ensured they knew how to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at recruitment procedures in the service. The service ensured that all candidates for employment underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. We looked at staff records and saw evidence that confirmed this.

We looked at how the service managed medicines. The service had made arrangements that enabled people to store their medicines securely in their own home. If people required assistance with the administration of medication this was provided by staff who were trained and competent to do so. Training records confirmed this.

There were arrangements in place to ensure that all staff were aware of good infection control practices including a robust policy and appropriate training. Sufficient personal protective equipment was provided.

# Is the service effective?

## Our findings

We spoke with people who used the service and asked if they felt staff were able to support them correctly. People told us that staff knew what they were doing, one person said they were, "Happy with everything."

We spoke with staff and asked them if they felt well supported and correctly trained. Staff agreed that they were correctly trained to carry out their roles. One member of staff told us, "Yes, we get well trained."

We looked at staff training records. We confirmed staff had completed what the provider deemed to be mandatory training and had attended additional courses relevant to their roles such as positive behaviour training. We saw that the provider procured training for their staff from a variety of sources which helped to enable them to meet people's diverse needs.

New staff were provided with an appropriate level of induction which included shadowing experienced members of staff for between three and six months. During this period their competencies were regularly checked by senior staff.

In addition, all staff had undertaken some level of additional vocational courses related to health and social care.

We looked at supervision and appraisal records for staff. The registered manager and the locality manager were ensuring that supervision and appraisal were carried out as per the provider's policy. We noted that supervisions were comprehensive and linked to training and competencies of staff.

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.

We examined how the service supported people to make their own decisions. We noted that there were people who used the service who had full capacity to make all of their own decisions along with people who were not able to do so. People we spoke with lived as independently as possible within their local community. We saw that the service assessed people's decision making skills to ensure they offered the correct levels of support. The staff told us their aim was to ensure they supported people to live as independently as possible.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that assessments had been carried out to establish people's nutritional and hydration needs. Where concerns were identified the service acted to meet people's needs. For example one person had asked for additional support with their nutrition. Staff were providing support by documenting what this person was eating for each meal. This enabled the person to analyse their diet and make changes if they chose to do so.



We saw from the written records the service regularly involved other health and social care professionals in people's care. We found evidence that staff escalated people's health problems to the appropriate specialists including GPs and the local community learning disability team.

## Is the service caring?

### Our findings

We spoke with people who used the service and they told us that staff were caring and treated them with respect. One person commented, "Nothing needs changing, everyone is nice." Another said, "The staff are more like a group of friends, I feel as if I have friends for life." They added, "Some staff are able to pick up when I'm stressed, they help me to deal with things."

We spoke with staff who told us they had built appropriate therapeutic relationships with people over many years.

We were able to visit communal areas of the flats and, with permission people in their own homes during our inspection. We observed staff speaking with people in a friendly and caring manner. It was clear that staff got along well with the people who used the service. On the day of our inspection a party was being organised by the staff and they were ensuring that those who wanted to attend were going.

We saw that people were encouraged to express their views about their care and their likes and dislikes. Staff used this information to ensure that people were supported in the manner of their choosing.

We noted that people who used the service were involved in making decisions about their care. We found evidence that demonstrated the service always respected people's rights to make these decisions. Advocacy services were promoted by the service if people wished for additional support to express their wishes.

The service ensured that people lived as independently as possible and their support plans reflected this. Some people had jobs others chose to spend their time in different ways. The service ensured that people's independence and right to choose were upheld. One person commented, "Even if the rota has to change the manager comes and discusses it with me so I can make alternative arrangements."

We found evidence in people's support plans that the service endeavoured to respect people's privacy and dignity while providing care in their own homes. We observed staff knocking on people's doors and asking permission to enter.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

Though the service did not offer specific end of life care services they were able to work alongside other agencies if the need arose.

# Is the service responsive?

## Our findings

We spoke with people and asked if the service was responsive to their needs. One person told us, "If my health needs change the staff will give me extra help."

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life.

We looked at the standard of support plans in the service. We found evidence that the service was formulating clear and concise support plans that were easy to understand. Staff had written daily notes that corresponded with people's plans of care.

We found an exemplary support plan that outlined how a person preferred to communicate. The support plan included a comprehensive list of words and phrases used by the person who used the service. The list included what all the words and phrases meant. In addition it also outlined what action staff were to take when certain words or phrases were used.

People who used the service had access to their support plans as a copy was kept in their homes. Reviews of support plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were involved where appropriate.

We noted that the service ensured that people were supported to access their local community with appropriate support. We noted throughout the day of our inspection that people were going out with the support of staff, some for the day others to run personal errands.

We asked people if they knew how to raise concerns about the service they received. All the people we spoke with knew to raise concerns to staff, their relatives or the registered manager.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection there were no outstanding complaints. The locality manager told us that she liked to resolve issues informally wherever possible.

## Is the service well-led?

### Our findings

People who used the service did not comment on this aspect of the service.

We looked at how the service managed their records. We were aware that records pertaining to people who used the service were held at the services office within the service's location as well as in people's homes. We noted all records contained suitable information but we judged that the care files were somewhat unwieldy and that there was often unnecessary duplication. In addition we found that records waiting to be archived were not always stored securely in the office. We spoke with the locality manager and she agreed to move these records to a secure location immediately.

We recommended that records management be reviewed in the service and that changes to archiving and duplication be considered

We spoke with staff and asked them if the service was well led, one person commented, "100 percent definitely." Another added, "The management are very approachable."

We spoke with the locality manager and her deputy and asked about their vision for the future of the service. They told us, "We want people to fulfil their dreams and goals in a safe environment, we want them to be happy."

We looked at the management structure of the service. The registered manager had a locality manager in place and a deputy locality manager. The management team provided on-call cover for the service. We judged this sufficient for the size of the service.

We saw evidence that questionnaires were sent to people who used the service. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created. For example people had commented that the front of the building needed cleaned and was uninteresting. The staff had worked hard to ensure that the area was cleaned as well as improving the garden and adding shrubbery.

Audits and checks were undertaken regularly. These included paperwork audits, a training audit and observations of the staff's performance. The outcomes of audits were analysed by the registered manager of the service who then used them to improve the way the service was run.