

Walsingham Support

Walsingham Support - Supported Living Doncaster

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Walsingham Support Supported Living South Yorkshire is a domiciliary care service providing personal care to people living in their own homes, also known as supported living. At the time of our inspection, 31 people were using the service across eight supported living services.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People received person centred support and the management team and staff ensured people were enjoying their lives.

Risks associated with people's care were identified and actions were taken to minimise risk and keep people safe. People received their medicines as prescribed by staff who were trained and competent in the safe handling of medicines.

Accidents and incidents were recorded and analysed to ensure risks were identified and mitigated and lessons were learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

The atmosphere in supported living services we visited was welcoming and homely. People were involved in aspects of their life.

People told us they enjoyed living in the supported living services and felt staff were kind, caring and supported them well. Relatives were complimentary about the support and care their family member received.

Right Culture

Several activities and social events took place to ensure people had the opportunity to lead a fulfilling life.

Systems in place to monitor the service were effective and instrumental in identifying concerns and taking

appropriate actions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 12 November 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

When we last inspected Walsingham Supported Living – Supported Living Doncaster, breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Walsingham Supported Living – Supported Living Doncaster on our website at www.cqc.org.uk

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Walsingham Support - Supported Living Doncaster

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 8 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave 48 hours' notice of this inspection. This was because we needed to

be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives. We spoke with 7 members of staff including the registered manager, supported living manager, and support workers. We looked at 3 people's care records. We observed care to help us understand the experience of people who could not talk with us. We checked records relating to the management of the service including policies and procedures and quality assurance records.

After the inspection

We continued to ask for further information from the registered managers to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- At our last inspection we found people were not always protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.
- People were safeguarded from abuse and avoidable harm.
- People and their relatives told us the service was safe. One person said, "I feel safe and happy here." A relative commented, "Absolutely and completely [safe here]."

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.
- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Relatives were content knowing staff knew their family member well and kept them safe.
- Statutory checks on equipment and the building were maintained.
- There were some maintenance works required in some of the supported living properties we visited. These issues had been raised with the housing association and were in the process of being actioned.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.

Using medicines safely

- People were supported to receive their medicines safely by staff who were trained and competent to administer medicines.
- Medicines were appropriately stored, and temperatures were taken of the store room and fridge used for medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People were supported to keep their homes clean and communal areas were kept clean and hygienic by

staff.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager had a system in place to monitor and review accidents and incidents. This helped them identify trends and patterns to mitigate future risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Support plans showed people's needs had been assessed and information was kept up to date and reflected people's current needs.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff felt supported and valued by the management team and their colleagues. There was a sense of good teamwork throughout the supported living services.
- People and relatives said staff were knowledgeable. One relative said, "Yes I do think they are well trained; they've had new people move in and they've all got equipment to suit people's needs with moving and handling and that seems fine."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff were aware of people's individual food preferences and supported people to be involved in shopping and preparing their meals where possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- People's health records identified accurate checks were being carried out to ensure people received appropriate healthcare.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Deprivation of Liberty Safeguard (DoLS) applications had been made and followed up.
- Staff had received training in mental capacity. Staff were aware that where people lacked capacity, decisions would be made in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and treated with respect.
- People were happy and content in the presence of staff and they shared appropriate and friendly banter.
- Relatives were complimentary about the care their family member received. One relative said, "The staff culture is one of personal care, all of [relatives] friends living there have different nuances and the staff know them all. You can see it from the way they [staff] converse." Another relative said, "It's amazing, they [staff] cater to [relative's] needs and they feel totally at home."

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

- People were supported to express their views and make decisions about their care.
- We observed some kind interactions and staff offered choices and respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The registered manager told us people were at the centre of their care and support and the provider recognised everyone as individuals and ensure protected characteristics were respected.
- Staff told us they carried out all care with as much privacy and dignity as possible.
- Staff supported people to use assistive technology which helped maintain their independence and positively impacted on people's quality of life.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Support plans were person centred and captured people's likes and dislikes.
- People had choice and control over their lives. One person was keen to speak with us about a group they were involved in. This was a group instigated by the provider which gave people a forum to discuss aspects of the service. One person said, "It's about what I want."
- People and their relatives told us staff knew people's likes and dislikes. One relative said, "I feel like [relative] is given what they need." Another relative said, ""It's a lovely, warm and welcoming environment [the supported living service]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People and their relatives told us people had the opportunity to engage in social events. One relative said, "[My relative] goes to the local café or to the pub and the local garden centre. They [relative] goes out when they want to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- Accessible documents were available, such as how to make a complaint and information about people rights.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had a policy and procedure in place around making a complaint.
- There was a record of all complaints and what action had been taken. The registered manager used

complaints to learn and improve the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection we found systems and processes were not operated effectively to ensure the service was Well-Led. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- An improvement since our last inspection has been the introduction of supported living managers being based at the services rather than remotely. This has supported better family communication and involvement. One relative said, "[Supported living manager] is very supportive which is so important to me, I can phone them late at night and they answer if I have concerns, they are addressed."
- The provider understood their responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.

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

- People and staff were involved in the running of the service and fully understood and took account of people's protected characteristics.
- People and their relatives were confident the management team would listen and act on feedback.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had a system in place to monitor and improve the service.
- The management team completed regular audits to ensure any issues were identified and actioned in a timely way.

- The registered manager was keen to learn and improve the service as a result of the auditing process.

Working in partnership with others

- The provider worked in partnership with others.
- The management team could demonstrate they were working in partnership with others to meet people's needs and develop the service.