

Walsingham Support

Walsingham Support - 30 & 32 Church Lane

Inspection report

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Date of inspection visit:

06 February 2019

28 February 2019

Date of publication:

18 April 2019

Ratings

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

Overall summary

About the service: Church Lane is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Church Lane provides a service for up to 12 adults with a learning disability. At the time of the inspection there were 11 people living at the service. Accommodation is provided in two connected houses and on two floors. People have access to communal areas.

People's experience of using this service:

- Some people who lived at the home were able to communicate verbally but for people who were unable to speak to us we observed staff supported them with a range of communication aids, which included sign language and interpreting people's body language with regards to meeting their needs and wishes.
- People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.
- Staff were competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People had their nutritional needs met. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences. One relative said, "[name] loves living at Church Lane as it feels like their real home with staff that care and keep [name] safe and happy."
- People received care that met their needs. Care plans gave details of how people would like their needs met. People took part in a range of group and one-to-one activities depending on their preferences. Information was displayed on how to make a complaint and in a pictorial format, that could be easily understood. Relatives also told us they knew how to complain.
- People, visitors and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. The current manager and staff worked in partnership with other agencies to ensure people got the care and support they needed. One person said, "I think [manager] is a very nice person, I have great respect for job they are doing."

Rating at last inspection: Good (report published 9 March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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 - 30 & 32 Church Lane

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection over the course of two days.

Service and service type: 30-32 Church Lane is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, at the time of this inspection the registered manager was not at work and the service had an interim manager in place to manage and oversee the service. The inspection report will therefore refer to the 'manager' throughout and not the registered manager.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we used our planning tool to gather relevant information and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sends us saying how they are meeting the regulations and any plans for improvement.

During the inspection we:

- Spoke with two representatives of the management team
- Gathered information from three care files which included all aspects of care and risk.
- Two people who lived at the service
- Three support staff employed by the service.
- Looked at three staff files including all aspects of recruitment, staff support and supervisions, and training records.
- Health and safety records.
- Records of accidents, incidents and complaints.
- Audits and surveys.

Following the inspection, we reviewed further evidence sent to us by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The staff received training on safeguarding adults and abuse awareness. A staff member said, "We have good training here, especially about safeguarding and whistleblowing concerns. I know I have to report any concerns I may have about the people I support and care for." One relative told us that they felt their family member was safe at Church Lane and if they had any concerns they would approach the registered manager and call social services if they ever had concerns about abuse.

Assessing risk, safety monitoring and management.

- The manager wrote, reviewed and updated detailed risk management plans.
- The manager directly communicated changes in care needs to staff to ensure understanding. Through daily handover sessions and through regular staff meetings.

Staffing and recruitment

- The provider had robust recruitment policies and processes in place to ensure that staff were suitable for the role.
- Staffing levels were based on people's assessed needs and were sufficient to meet people's needs. Staff vacancies are currently filled with regular and reliable agency members of staff. One agency staff member we spoke with confirmed that they had received a full induction into the service before they commenced working and had been shown all the required information in order to support people safely and effectively. This included medication and fire evacuation procedures.
- Staff had the right skills and experience for the role.

Using medicines safely

- The provider had detailed systems in place for monitoring and auditing safe management of medicines.
- Staff were trained and assessed in medicine administration and theory to ensure competence.
- Each care plan had information on the medicines used and known side effects to better inform staff.
- One person told us, "The staff give me my tablets." We observed a senior staff member administering people their medicines on the first day of our inspection. This was carried out in a competent and proficient manner.

Preventing and controlling infection.

- The provider had infection control and hygiene monitoring systems in place. One staff member confirmed to us, "I always wear the gloves and aprons provided to prevent the spread of infection and then dispose of these safely in the appropriate bins."

Learning lessons when things go wrong

- The service had experienced a recent safeguarding incident. We reviewed the information and

documentation in relation to this incident and found that the provider had acted appropriately and additional safety measures were in place to further protect people from harm. This included updating the protocol for reporting safeguarding concerns and additional staff training in safeguarding and whistleblowing.

- The manager also researches the latest concerns and developments in the wider care environment and uses these to shape the quality of care provided.
- The manager told us, "We always try and minimise the risks to people by ensuring that all the documentation is up to date and has been reviewed. If errors are made, for example the administration of medicines we have a robust procedure to follow which includes staff members having their competencies checked, monitored and reviewed, to avoid further errors occurring."

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

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.

- There were thorough systems in place for conducting initial assessments prior to people moving into the service.
- Assessments covered aspects of choice, preference, beliefs, health and wellbeing.
- Staff wrote people's care plans and risk assessments in line with their assessed needs.

Staff support: induction, training, skills and experience.

- A robust induction program was in place for new staff which included shadowing experienced staff and being observed and assessed as competent before they worked unsupervised. One staff member commented, "I had a full induction before I started here and also shadowed a more experienced member of staff before I worked on my own."
- Staff were provided with training in all areas required for their role.
- The manager assessed staff's skills and experience against people's needs using a person matching form. This helped to show if staff had the suitable skills, experience and training for supporting the people they delivered care to.

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

- People's weights were monitored and any other dietary needs. When required, health care professionals were referred to for guidance; for example, when people were at risk of choking.

One person told us, "The food here is great." We observed the main meal being prepared and served during our inspection. This meal was cooked using all fresh ingredients, which included fresh fish, vegetables and a homemade cheese sauce. Everyone told us that this meal was both tasty and fulfilling. One person said, "I have eaten it all up as its one of my favourite meals." One relative told us that the standard and choice of meals was very good. They said, "[Name] always has one main meal a day which is always cooked from scratch, none of that processed or microwave food." One person we spoke with confirmed that they could choose what they liked to eat and drink.

Supporting people to live healthier lives, access healthcare services and support

- There was clear evidence of referrals being made to a range of health care professionals and their guidance was included in the planned care needs. The GP practice was close to the home.
- Relatives told us they felt informed when healthcare advice was obtained. One relative said, "[name] will go to see the GP when they are feeling unwell or if there are any concerns. I have always found the staff have acted promptly when necessary. I have no concerns on that front."

Adapting service, design, decoration to meet people's needs

- The home had a variety of communal areas which people could access and were involved in choosing the

colour schemes for these communal spaces.

Specialist chairs and equipment had been obtained following an assessment undertaken by health professionals.

- People were able to personalise their own bedrooms. Some areas of the service required re-decorating and updating, this included chipped paint and areas of damp within the shared bathrooms. However, we found that these issues had already been reported and were being actioned for urgent attention.

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

- People confirmed that staff asked for their consent before any care was given. One staff member told us "I would never dream of doing anything with a person before I asked them if it was ok and obtained their consent."
- People currently using the service could make their own decisions in relation to how they spent their time, who they wished to provide their person care needs and administration of their medicine's and these were respected.

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

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. For example, one staff member told us how they had supported a person with choosing which outfit they wanted to wear for their trip out shopping. They explained how they showed the person a range of outfits to choose from. Throughout our inspection we observed staff obtain consent from people before they provided any support or care. This also included knocking on people's bedroom doors before they entered.

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

People were supported and treated with dignity and respect; and involved as partners in their care. Documents reviewed showed evidence of both relatives and people's involvement in their initial assessments. We also saw evidence that formal reviews of people care had been carried out within the past six months.

Ensuring people are well treated and supported; equality and diversity

- Peoples personal beliefs and cultural preferences were respected.

One relative told us "I have no concerns about how staff treat or respect [name]. They are always polite and kind. This is a lovely home."

One person told us that staff were 'kind.' One relative also confirmed that they had always found staff to be respectful, honest and caring.

- Staff received training on equality and diversity. The manager assessed staffs knowledge through both one to one supervision sessions and refresher E-learning.

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

- Relatives we spoke with confirmed they were involved at all stages of care planning for their family members and in consultation and involvement of the people who used the service made their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff received training on confidentiality and information governance.
- The manager securely stored all paper and electronic records.
- Review of care records showed that people's dignity and independence was promoted and maintained.

Throughout this inspection we observed staff knocked on people's bedroom doors before they entered and we also heard support staff speak to people with the upmost respect and patience. For example, one person had become quite anxious by our presence. We saw the staff member gently take their hand and reassure them in a calm and soft voice and offered to make them a cup of tea and sit quietly with the person in the lounge area.

Is the service responsive?

Our findings

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

Personalised care.

- Staff knew people's likes, dislikes and preferences. They were able to explain how a person which to spend their leisure and social time.

People were able to make choices and have as much control and independence as possible, including developing their care, support and treatment plans. Relatives were also involved where people wanted this.

- A pictorial activities programme was on display and people told us that various activities took place. Activities included trips put to the local pubs and restaurants as well a trip to the coats during the summer months. People also attended the local day centre during the weekdays to take part and enjoy the various activities, for example art and craft sessions. We saw that one person was regularly supported to go to watch their football team play at both home and away games with a member of staff. People had also been supported to attend 'Autism' friendly cinema sessions, when possible. One relative told us "We love [name] coming to see us but equally they are always happy to return back to Church lane which they see as their 'real' home.

Improving care quality in response to complaints or concerns.

- Pictorial information on how people could make a complaint about the service provided.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management. The relatives felt that the management would use any complaints received as an opportunity to improve the service. One relative said, "I think the staff and manager do listen if I have a concerns or issue and I feel that I can always pick up the phone and I will receive a prompt response and resolution; however, I have never had to complain in all the time [name] has been here.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people in developing care and treatment plans

Professionals were involved as appropriate. We reviewed two end of life care plans which were written in simple terms and provided clear guidelines for staff to follow with regard to how to best support the person during their last wishes. For example, one care plan stated 'Explain to me in simple sentences what is happening to me and the care plan also described how the person's body language would demonstrate the level of discomfort and pain they may be in and how staff could best support the person in managing their pain. This care plan was written in an empathic and sensitive way.

- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- The service was able to access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.

There were no people living in the service that required this level of support at the time of this inspection.

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

The service was managed and well-led.

Planning and promoting person-centred, quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager and care staff were all caring and committed to ensuring they gave good quality, person-centred care.
- The manager and team had a good understanding of their responsibilities.
- The manager showed an open and honest approach to care provision.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

The manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff team were all able to define their roles and how to put these into practice.
- The manager and staff team understood the impact of good care on the people they were supporting.
- The manager showed a good understanding of legislation and the requirements and their responsibilities within the governance role.
- Risks were understood, safely managed and used to empower people and develop their skills and confidence.

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

- One person told us, "The staff are good and help me go out and about."
- Staff told us, "The manager we have at the moment is very approachable and open. If I have a problem or query about a person the manager's office is always open."
- People and staff gave positive feedback about the manager and care staff.
- Information was in different formats, suited to the individual need.

Continuous learning and improving care.

- The manager used audits and feedback to develop and improve the service and relayed this to their staff team.
- The service used knowledge of the wider care industry to learn when things had gone wrong and evaluate how to avoid the same concerns at Church Lane.

Working in partnership with others.

- The manager showed how they worked with others and external health professionals to help improve the

quality of life for people. For example, the local community learning disability team.

- The service provides a contact record for health professionals so that important updates can be added into a person's care plan or risk assessment.
- The manager told us that they would also attend local networking groups and liaised with other teams to share ideas and find innovative ways to improve the care they provide, if and when possible.