

Walsingham Support

Walsingham Support North Cumbria Domiciliary Care

Inspection report

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Date of inspection visit:
29 August 2019
02 September 2019
04 September 2019
27 September 2019

Date of publication:
29 October 2019

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

About the service

Walsingham Support North Cumbria is a supported living service providing personal care to 20 younger and older adults with a learning disability and/or associated conditions in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were supported in their own homes in smaller groups.

People's experience of using this service and what we found

Some of the people who used the service had complex needs and they did not express their views verbally about the service. During the time we spent with people we saw they appeared comfortable with staff.

Staff supported people to ensure they received care that helped them develop. Staff received training and support to help them carry out their role.

Some people displayed distressed behaviours. Not all staff had completed training in this area before supporting people. We have made a recommendation about this.

Most people and relatives said they felt safe and were positive about the care provided. We have made a recommendation that staffing capacity is kept under review to ensure people are kept safe and person-centred care is provided.

Staff knew the people they were supporting well. Detailed care plans were in place that documented how people wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

Information was accessible to involve people in decision making about their lives. Most 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 for people.

Some areas of improvement were required to strengthen the governance system. Improvements had been made as a result of recent safeguarding incidents raised due to the management of some behaviours that challenge, but they needed to be actioned in a more timely way.

As a specialist service, moving forward, more robust systems need to be in place to successfully manage such behaviours, including people's transition to the service, to ensure people enjoy a good quality of life and keep all people safe.

Regular audits and checks were carried out. These however, had not identified the issues we had found at inspection to ensure care and support was provided safely and in a person-centred way.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

People were supported to enjoy activities in the community and to go on holiday.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and staff were positive about the management of the service and felt valued and respected.

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

Rating at last inspection

The last rating for this service was good (published 28 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Walsingham Support North Cumbria Domiciliary Care

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert-by Experience who carried out telephone interviews. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service provides care and support to people living in their own home and in six 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 August and ended on 27 September. We visited the office location and visited two houses on 29 August 2019. Telephone interviews took place between 2 and 27 September 2019.

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 contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, quality assurance manager and four support workers.

We reviewed a range of records. This included three people's care records and two medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the site visit we spoke with four people and five relatives of people who used the service and five support workers. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Most people and relatives said there were enough staff. The registered manager told us staffing capacity was determined by the number of people using the service and their needs. However, we considered staffing hours should be reviewed to ensure people were cared for safely and flexible care was provided.
- At times during the day and evening only one staff member was available to support people including people who may have behaviour that challenged or needed two people for their moving and assisting support. We were told in one house two staff members were not always available to support a person, with moving and assisting needs for bed rest.

We recommend staffing hours are kept under review to ensure people are kept safe and person-centred care is provided.

- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff or people require advice or support. A person said, "I have the number of a person to call if I need to."
- Systems were in place to ensure only suitable people were employed.

Systems and processes to safeguard people from the risk of abuse

- Systems were being strengthened to ensure people were cared for safely.
- Several safeguarding incidents had taken place at one of the houses and were still being investigated by the local authority safeguarding team. The registered manager was putting in place measures to ensure people were supported safely and safeguarding incidents were reduced. Other people and relatives told us they were safe in their homes. A relative said, "[Name] is in safe hands with Walsingham staff."
- Training had now taken place with some staff about people's needs including positive behaviour support to keep people safe. A staff member told us, "I've done positive behaviour support [PBS] so I know more about what people are communicating when they're anxious and why they behave in certain ways."
- A staff team was being created to provide consistent support to people. A relative commented, "I do worry as the house needs the same staff for consistency and how the home is managed." A relative for another house said, "For the last three years [Name] has had the same staff and they have got to know their ways and know what they will do before it happens." We discussed people's comments and the registered manager told us a regular staff team was being created including matching staff with people they were to support to ensure their compatibility.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place that were regularly reviewed and evaluated in order to keep people safe. They included risks specific to the person using the service and to the staff supporting them. We advised people's personal evacuation plan PEEP should be evaluated more regularly than six monthly to ensure they accurately reflected people's needs.
- People's individual circumstances were recorded in each risk assessment and staff were given the guidance how to protect them from harm. One person told us, "I can bath myself, but the staff are there to make me safe."
- Positive risk taking was supported with people.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed individually to identify trends and patterns to reduce the likelihood of their re-occurrence.

Using medicines safely

- People were supported with their medicines safely. One person told us, "Staff give me my medicines because sometimes I forget."
- Staff did not administer medicines until they had been trained to do so.
- Medicines records were clear and accurate.

Preventing and controlling infection

- There was a good standard of hygiene. Staff supported people to follow safe infection control practices such as hand washing and to keep their home clean.
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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.

- Most people, where required, were subject to restrictions under the MCA, as they required constant support to keep them safe. However, we identified that certain restrictions for some people had not been authorised, we discussed this with the registered manager who told us this would be addressed.
- Staff had received training about the MCA.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where people did not have capacity to consent, records showed who was responsible for decision making with regard to care, welfare and finances, when formal arrangements had been made with the Court of Protection.

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

- Before people received care, their needs were assessed to check that they could be met.
- Assessments included information about people's medical conditions and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.
- We were told a long process usually took place to check that people wanted to live at the houses and that they were compatible with people who already lived there. The induction included visits and was carried out at the pace of the person. However, this process had not taken place robustly for a recently opened house and unfortunately a person's placement had broken down. The registered manager told us lessons had been learned from this and the transitional period to the service in the future would be done at a pace that

suited the household and the individual.

Staff support: induction, training, skills and experience

- Staff completed an induction programme at the start of their employment including shadowing regular staff members to learn about their role. We considered that as some of the houses supported people with behaviours that challenged staff should receive training in this area before they started working with people to give them more understanding.

We recommend staff receive training about any specialist needs and behaviour that challenges before supporting people so consistent care and support is provided.

- Staff received regular supervision and appraisal to discuss their work performance and personal development. A staff member told us, "I'm well-supported and management are always approachable."

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

- People had a variety of food and drink to meet their needs. One relative told us, "A staff member rang us and asked if we thought [Name] would like Indian food for a change."
- Some people were responsible for their own menu planning, food shopping and cooking their food. They were supported by staff where required. A relative said, "Staff help [Name] to make healthier choices with food as they would just eat junk food if left on their own."
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.

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

- People were supported, where required, to access community health services to have their healthcare needs met. One person commented, "Staff will take me to the doctors."
- Staff worked alongside local community and medical services to support people and maintain their health.
- Staff made sure people were supported, if needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist bathing equipment, beds or mattresses. One person told us, "Staff arrange my bathing chair for me."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were provided with kind and compassionate care. Most people and their relatives were very positive about the care provided. Their comments included, "I'm absolutely fine, the staff are lovely", "I have no issues with staff they do their best in difficult circumstances" and "I'm very happy here, staff are great." Where people were not so positive their concerns were being addressed by the management team.
- Records contained information of people's likes, dislikes and preferences and staff had a very good understanding of this information.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff worked with people investing time in ensuring they were given the right level of support to promote their understanding and to decrease behaviours that could be considered challenging.
- Staff communicated with people in a caring way. Staff gave people time to respond, listened to them and provided sensitive support to ensure people's needs were promoted.

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

- People were supported to express their views so that staff understood their preferences, wishes and choices. People were directed to sources of advice and support or advocacy.
- People who may need support with decision making were encouraged to make choices about their day-to-day lives and staff used pictures and signs for some people to help them make choices and express their views. A relative commented, "Staff encourage [Name] to make their own choices about what to eat and what to wear."
- Information was accessible and was available in a way to promote the involvement of the person. For example, people who may not read had copies of their care records, including social profiles made accessible by use of video, pictures or symbols, which also gave them ownership.
- People were supported to get involved in the running of the households. They selected menus and leisure activities.
- People's families said they felt involved in their family member's care. A relative commented, "Staff keep me informed, no worries at all. The carers seem very competent and know [Name] well."

Respecting and promoting people's privacy, dignity and independence

- Care plans provided detailed information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves.

- Staff understood their role not just to support people and provide care but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives and to learn new skills, whatever the level of need.
- People helped themselves to drinks and food independently and told us about their role in menu planning and keeping the home clean. A person told us, "Staff help me prepare the food I want and take me shopping, I like to help around the house."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was delivered by teams of staff who knew people. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Records detailed what was important to the person and how they wished to be supported to achieve their goals.
- People were involved in the development of their care plans. Individual meetings took place to discuss their care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information such as care records, activities and some policies such as complaints, fire awareness and health and safety were available in pictorial format for people who may not read.

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 encouraged and supported to maintain and build relationships with their friends and family.
- People all went out and spent time in the community. Some people went out independently others were supported by staff. They all enjoyed a range of activities. One person said, "I've been to Newcastle twice and on a day trip to Blackpool. A relative commented, "Staff arrange a hire car and take [Name] out when they want, [Name]'s been on holiday with them. I couldn't think of anything better for [Name]."
- People were supported to go on holiday. Holidays included to Benidorm, Blackpool and Edinburgh. The organisation also had a caravan that people could use.
- Some people were supported to attend local further education colleges and some chose to attend a day service.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support although palliative care had been provided to a person previously.

- People's care records contained detailed information about their religion and wishes at this time.

Improving care quality in response to complaints or concerns

- A complaints procedure was available in an easy-read format and people were asked at their regular meetings if they had any concerns or complaints.
- A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was not always well-led.
- We considered improvements were required to ensure robust arrangements were in place to try to ensure the safety and person-centred care of people who used the service. Regular audits and checks were carried out. These however, had not identified the issues we found relating to the MCA, training, staffing and transitional arrangements to ensure care and support was provided safely and in a person centred way.
- Accidents and incidents were analysed but recent safeguarding incidents showed that where issues had been identified action had not been taken in a timely way, including recommendations from the safeguarding meetings to prevent their re-occurrence.
- The registered manager understood their role and responsibilities to ensure most notifiable incidents were reported to the appropriate authorities if required. CQC had received notifications about incidents that affected people's well-being, but the safeguarding incidents that had taken place in one property, and were open to safeguarding, had not been submitted in a timely way.
- Staff shared the vision of the organisation to provide person-centred care and to put people first, wherever possible. One staff member told us, "I enjoy working for the company."
- Staff were encouraged to develop their skills through training and personal development.

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

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- Staff and people said they were supported. They were positive about the registered manager and all said the manager was approachable and they were listened to.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.

- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. People were consulted on an individual basis. Regular group meetings also took place with people.

Continuous learning and improving care; Working in partnership with others

- There was a focus on learning and improvements and keeping up-to-date with best practice.
- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.