

Walsingham Support

Walsingham Support, Domiciliary Care West Cumbria

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, Domiciliary Care West Cumbria provides care and support to people living with a learning disability or autism, 16 people live alone in their own properties and eight people live in houses with one other person. There are two services with accommodation for five people, four flats where the care is provided on a shared basis and a block of flats for seven people where staff support all the tenants.

Not everyone using Walsingham Support, Domiciliary Care West Cumbria receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service

People told us they felt safe. Staff had received suitable training about protecting vulnerable adults.

Good arrangements were in place to ensure new members of staff had been suitably vetted and they were the right kind of people to work with vulnerable adults. Accidents, incidents, complaints and concerns were responded to appropriately.

People told us they had good support from staff. The registered manager kept staffing rosters under review as people's needs changed. The service had some vacancies but were actively recruiting to these posts.

People told us staff understood their needs. Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

People were happy with the arrangements for medicines support. Medicines were suitably managed with people having reviews of their medicines on a regular basis.

People saw their GP and health specialists whenever necessary. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries and with the learning disability health and social care teams.

Staff carried out assessments of need and reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure assessment and review of support needed was suitable and up to date.

People told us they were supported to budget, shop and cook healthy meals. Some people had specialist support to maintain a healthy weight and staff were reviewing nutritional planning.

The service base was now located near the centre of Workington and the office had space for meetings, training and activities.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People 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 practice.

People told us the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service, their social workers and relatives, where appropriate, had influenced the content. The registered manager had ensured the plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like Makaton or braille.

People told us they enjoyed the activities, interests and hobbies on offer.

The service had a quality monitoring system and people were asked their views in a number of different ways. Quality assurance had been used to draw up a new action plan for the service.

We had seen that the registered manager could deal with concerns or complaints appropriately. There had been two complaints in this service, which had been dealt with by the provider.

Records were stored securely. The team of deputy managers were reviewing and updating records relating to care delivery.

At the last inspection the service was rated Good (published 1/12/2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well-Led findings below.

Good ●

Walsingham Support, Domiciliary Care West Cumbria

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:

The inspection was carried out by an adult social care inspector.

Service and service type:

Walsingham Support, Domiciliary Care West Cumbria provides care and support to people living in the community with a learning disability or who are on the autistic spectrum.

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:

The inspection was unannounced on the first day. Inspection site visit activity started on 8 April 2019 and ended on 12 April 2019. It included visiting people in their own homes and leading a group discussion with service users. We visited the office location on 8 and 12 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection we reviewed the information we held on the service and completed our planning tool.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service.

We also reviewed the information we held about the service, such as quality monitoring reports and 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 spoke with social workers, health care practitioners and commissioners of care during our regular contact with them.

We visited the office in Workington on 8 April 2019 and met with the registered manager and her line manager. We also met six of the acting deputy managers, two support workers and two people who used the service who were visiting the office. On 10 April 2019 we met with three people in their own homes and with four support workers who were with them giving support and care. On 12 April we visited a service for four people, met one of them and met five staff. We also returned to the main office and met 11 people who used services and with six more support workers. We held a group discussion with eight people without staff present.

We had contact with a relative before and after the inspection.

We read three care files and related forms and documents in people's homes and a further six care files on-line in the main office.

We looked at three staff personnel files and had access to three documents related to action taken related to disciplinary or competence matters. We saw rosters and training records for the team.

We saw records related to fire and food safety. We saw quality audits and were sent a copy of an action plan developed from quality monitoring and from a recent complaint.

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 provider had suitable systems and processes and we found staff understood how to protect people from harm and abuse.
- People told us they felt safe and trusted the staff to support and protect them. One person told us, "I am Ok...feel Ok, don't worry about things...my staff look after me".
- Staff confirmed safeguarding was always a topic in supervision and staff meetings. Staff understood how to report any concerns both internally or to outside agencies.

Assessing risk, safety monitoring and management

- The provider had good risk assessments and risk management plans. Risk was lessened because of the planning. Good assessment and good planning had helped people move to more independent living and to take risks.
- People told us they felt, "Fine...they listen to me. I need someone with me and the staff take me out".
- We saw good risk management in care files and spoke to staff who understood these. We saw individual houses had risk management plans for any emergencies.

Staffing and recruitment

- The provider followed good recruitment processes. There were sufficient staff to meet people's needs.
- We saw records and staff confirmed all checks and references were made before they had cared for vulnerable adults. People told us they had been involved in recruitment.
- Managers followed disciplinary and competence processes to ensure swift action could be taken if there were risks to people's safety and well-being.
- Staffing levels met the assessed needs of people. Some staff were based in specific services to allow for continuity but others told us, "I go to a lot of the people and I learn from visiting different people in their homes".

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Detailed recording was in place and the management team checked on staff competency to administer medicines.
- Staff confirmed that they received training on managing medicines and that they checked the records before giving out any medicines. One person said, "I get my pills on time and they tell me what they are for".

Preventing and controlling infection

- People were protected from the risks of infection. The houses we visited were clean, fresh and free from any odours. Cleaning routines were used in services. One person told us, "My house is nice...clean".

- Staff used cleaning materials and protective clothing like aprons and gloves to prevent cross infection.

Learning lessons when things go wrong

- The provider ensured if anything went wrong this was used as a learning opportunity. The registered manager had discussed with staff how valuable a 'lessons learnt' approach could be and staff told us this helped them to continue to feel motivated to deliver good care.
- The provider had investigated a complaint and the registered manager was working with the provider to ensure that lessons were learnt from some of the findings.
- New formats for recording and checking on care delivered were being introduced as part of the lessons learned from this concern.

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

- The provider ensured thorough and ongoing assessment so that the care delivery was of a high standard. People said, "[The staff] help me to do the things I want to do" and "[The staff] ask me how things are and change things if I need more help". We saw examples of good written assessments and reassessments when people's needs had changed.
- People told us they had been helped to move to more independent living. This was after in-depth and ongoing assessment of needs and helping people with options and choices.
- People using the service were living with a learning disability or autism. Staff were aware of individual barriers, strengths and needs.

Staff support: induction, training, skills and experience

- People were well supported by staff who were experienced, skilled and suitably trained. Discussions showed us the staff had received training and had good knowledge of people's needs, preferences and wishes. Staff told us they received regular supervision and appraisal.
- People told us the staff were, "very good...they understand me" and they told us they trusted the staff to support them. A relative had told the service, "I am very impressed with the way [a member of the team] connects with [my relative]. Lovely lady who's clearly in a job she's extremely good at. [My relative is] in very good hands."
- We spoke with staff who had practical skills in care and support but also understood concepts like person-centred thinking, duty of candour and human rights.

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

- People received good levels of support through planning and monitoring to ensure they were getting good nutrition and hydration. People were supported, where possible, to do their own shopping and to prepare their own meals. People said, "I cook and I bake cakes sometimes. I have recipes and the staff help me."
- People were supported to eat a balanced diet where possible but staff were also aware of people's rights to eat treats or fast food. They helped people get the right balance. Some people went to slimming clubs and staff helped them prepare meals that would help with weight loss.

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 good working relationships had been built with health and social care professionals. People had good access to the services that ensured they had healthier lives.
- People saw health and social care professionals, like community nurses, social workers and other professionals. People were supported to attend preventative health appointments.

- One person, living with autism, had displayed pain and distress and the staff, together with health and social care professionals, had ensured the person received dental care. A staff member said, "We think [this person] is much calmer because we tackled the problem. We knew there was an issue with pain because we monitored [the non-verbal signs] and worked with other professionals to help [the person]. Couldn't have done it without this team approach".

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

- The provider had ensured the service met people's needs in terms of environmental considerations.
- The provider had improved the office location and facilities so people had easy access to management. Individuals and groups came to the office on a regular basis to use the kitchen, the skype room or to meet in groups in the meeting room.
- The provider had reassessed people's needs and had approached commissioning bodies to suggest people might benefit from different environments. One person said, "I live on my own. Its better and I like it."

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Consideration had been given to people's mental capacity and no one had any unfair restrictions imposed on their liberty. We observed staff asking permission and helping people to make decisions. People had, where possible signed records to show they consented to care and treatment.

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.

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

- The provider had suitable systems in place to gain people's views and to influence decision making. People confirmed they or their family members were involved in any decisions.
- We saw staff engaging well with people, asking them their views and taking into account their needs and wishes. One person told us, "I can say what I think and they listen to me...I do what I want to do". We saw 'best interest' review meeting minutes and notes on records showing people's views were taken into account and included in care planning and delivery.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. Their private needs and wishes were respected. People were helped to live independent lives. Support hours had been reduced because some people were managing their own lives really well.
- We observed discretion and appropriate support when people needed help with personal care or with managing their emotions.
- People were supported to make meaningful relationships. One person spoke about wedding plans and said, "The staff are happy for us".

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

- People were treated with respect and their diverse backgrounds and culture were taken into consideration. Equality and diversity were part of induction and ongoing staff development. Staff treated people with dignity and were non-judgemental and accepting of difference.
- We saw people having received caring and affectionate, yet professional, support. People said, "I am me...they know me and what I want".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider ensured person-centred care was provided and people's needs and wishes were met, wherever possible. People told us assessment and care planning had helped them, "Get on with my life...get a new house and now they are helping me find a job".
- We saw care plans were being reviewed and improved so staff had more clarity and could follow people's needs in detail. One person said, "I have goals I want to meet...it's in my plan". Staff could talk, in-depth, about the content of care plans, the person's life history and their needs and strengths.

Improving care quality in response to complaints or concerns

- The provider had a suitable approach to concerns and complaints and understood managing complaints could lead to change and improvement. People and their relatives had access to the complaints procedure. This was available in an easy to read format.
- There had been two formal complaints which had been investigated thoroughly by the provider and changes made, where necessary.

End of life care and support

- The provider had end-of care policies and procedures which could be utilised appropriately at this life stage. People and their families had started, where appropriate, to have conversations with the registered manager about future wishes, fears and hopes for the last stages of life.
- People were supported through grief and helped with the ageing process and with any health care issues that were life changing or life limiting. One person told us, "They take me to see my relative in a nursing home as I worry about her...she is getting old. Staff talk to me and help me with this."

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 consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager ensured that care and support was person-centred, of a good quality and appropriately planned. People told us they were always given full information in a way they understood. The registered manager understood how families were involved in care and ensured she included them, where appropriate.
- The provider had been open with people, and their families, when things had gone wrong.

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

- Further clarity about roles and responsibilities, managing risk and complying with legislation, was being developed through a new action plan for the service.
- The service was part of a charitable organisation operating throughout England and representatives of the provider visited on a regular basis to undertake quality audits and to support the registered manager. The registered manager was appropriately trained and experienced in care and management and continued to update her knowledge and skills. She had a good understanding of her legal responsibilities and ensured the service was compliant with legislation.
- People told us the registered manager was, "good", "fine...helps me", "Is a friend to me and I can come to the office to talk to her" and "I high five her and she knows I am good". Staff told us they respected the registered manager and they were very clear about the quality standards expected of them.

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

- The service had an open and equitable approach to all individuals and had strategies for consultation and involvement. People told us they had participated in recruitment, had completed surveys, attended house meetings and reviews and were encouraged to comment on quality.
- People from a consultation group "Your say" wanted to contribute to the inspection process and they visited the office to meet with the inspector.
- Professionals said, "I am impressed with Walsingham...always happy to work with them".

Continuous learning and improving care

- The service constantly sought to learn about good practice and to improve the delivery of care. Changes were being made to the service and a new action plan was in place, with a new staffing structure and improved systems being rolled out.

- Staff were keen to learn and to help people to get the very best care and support. The registered manager talked to us about how she kept up with good practice by attending courses, doing research into care delivery and had recently completed a university course on 'Positive Behavioural Support'.
- Questionnaires and meetings were used to gauge quality and improving care delivery. Staff confirmed records were audited and the registered manager made sure things like training, care planning, cleaning and catering were always of a high standard.

Working in partnership with others.

- The service had built good partnerships with health and social care practitioners. Visiting health care professionals told us, "They work with us and call us out appropriately". A social work manager told us, "They do respond to any problems and are prompt at informing us and working with team members".
- One person, who needed extensive dental care, had been supported through best interest meetings and the practical support of health and social care providers to become pain free.