

## Walsingham Support

# Walsingham Support

### Inspection report

2 Ashley Close  
Bennets End  
Hemel Hempstead  
Hertfordshire  
HP3 8EH

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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 is a residential care home providing personal and nursing care to six people with a learning disability at the time of the inspection.

Walsingham support accommodates six people in an adapted building. Each person has an individual bedroom and communal space which consists of kitchen, lounge, dining room, bathrooms, conservatory, and laundry room. There is an onsite office where the registered manager is based.

The service has been developed and designed in line with most 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.

There were deliberately no identifying signs, intercom, cameras, industrial bins, or anything else outside to indicate it was a care home, however the building is situated on a hospital site. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe in the home. There were care plans and risk assessments in place to make sure people's health and wellbeing were met effectively.

There were enough staff to meet the needs of people being supported. People were supported to manage their medicines and health professionals were actively involved and had positive experiences with the home.

People were supported to do things they enjoyed. There were times where staff encouraged people's independence, however this could be expanded on.

People had a choice about decisions made in the home they lived in and staff encouraged this. Staff were kind and were dedicated to making a difference to people's lives.

There was clear quality assurance monitoring in place from the registered manager, provider, and local authority. Staff felt supported by the manager and were able to approach the, with any concerns.

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.

We recommended that this was developed with the details of peoples wishes and wants of they were to fall ill which then resulted in palliative care.

The service applied most the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 14 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsingham Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Walsingham Support

## **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 team consisted of one inspector.

#### Service and service type

Walsingham support is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. 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

This inspection was unannounced.

Inspection activity started on 12 June 2019 and ended on 19 June 2019. We visited the office location on 12 June 2019.

#### What we did before the inspection

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 on-going monitoring such as information received from the service since the last inspection. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with two members of staff including the registered manager, deputy manager and care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

# 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 now remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.
- Staff had received safeguarding training. The staff knew how to identify and report concerns relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us "If people go quiet I know there is a reason for it. Or if there is any change in how they are it might be a sign. If I witnessed someone or didn't like the way someone was talking to someone I would flag it up."
- A relative said, "[relative] would really like to be home with us, but we can't as it's not possible for us. They are safe and there are people around all the time."
- The provider had an easy read guide for people who used the service to be informed on how to report abuse and what abuse meant.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We saw staff supported people safely and patiently. One staff member was able explain about individuals support needs in the event of someone becoming unwell.
- People's care plans and risk assessments identified what was important to them and that they had the freedom of choice and control to take positive risks. For example, the care plans described specific details that were important to people when getting ready in the mornings.
- The provider ensured equipment used in the home was regularly serviced and well maintained.

Staffing and recruitment

- The registered manager was proactive with the recruitment of new staff to meet the needs of the growing business. Where necessary regular agency staff were used and completed thorough competency check. This meant that there was a regular staff team which gave people continuity of care and support from a constant staff team who knew them well and understood their support needs and preferences.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.
- There was a mixed view of how people felt about staff having the right skills and values when supporting. One relative said "Overall staff have the skills. Some staff are learning on the job. They all have qualification. It's sometimes the personable skills that need to be developed for some staff."

Using medicines safely

- Staff received training to safely administer medicines for people. Staff's competency was checked to ensure they were skilled and confident to administer people's medicines.
- People received their medicines when they needed them. People had reviews of their medication and detailed protocols were in place to ensure medicines were not used inappropriately. One professional said, "I was pleased when discussing a plan to support [service user] because the staff were clearly in favour of avoiding sedating medication if possible, however they also wanted to know they had access to some medication to reduce risks if they needed it."
- The provider had recently been involved in a campaign about stop the over medication of people (STOMP) with learning disabilities and or autism.
- The registered manager ensured regular audits and spot checks of the staff's working practices were completed when administering medicines.

#### Preventing and controlling infection

- People were protected from the risk of infection, staff received training and followed guidance.
- Systems were in place to ensure infection control was managed. The environment was clean and tidy.
- Staff had training for food hygiene and correct procedure were in place and followed. For example, staff checked fridge and temperature checks daily. Separate colour coded chopping boards were provided.

#### Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people to improve across the service. This was then spoken about in team meetings which ensured the staff were aware of the lessons learnt and what improvements if any was needed.
- Staff said they felt comfortable in speaking up when things may have gone wrong and this would be discussed with how they could learn from it.

# 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 now remained the same 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

- Peoples voice were clear throughout their care plans. This identified what the person wanted, what they could do for themselves to maintain their independence and how this made them feel. For example, people were supported to go on their annual holiday which they enjoyed.
- People's care plans highlighted their physical, mental and social needs and detailed what outcomes the person wanted. This included a comprehensive approach which involved other professionals which ensured all the persons needs where met.
- The registered manager kept up to date with current care standards and guidance. This was reflected in how people were received their support.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in area's which the provider had identified as relevant to their role. One staff member said, "We continue to extend our training, for example end of life, we move with the person needs. We get mandatory training. The manager will always look at different training."
- Staff felt supported by their manager and had opportunity to discuss their professional development and wellbeing through individual supervisions and appraisals.

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

- People told us the food was good. When we observed meal times people seemed to enjoy the meals that were presented to them. One person said, "I have two breakfasts and I like ginger biscuits, [staff] always say what would you like."
- Menus were developed weekly with people who lived at the home. This meant their likes and dislikes were taken into account and a balanced menu was produced. People were able to change their mind on the day and have something else if they wished to.
- Where people had to have their food modified there was speak and language guidance, when speaking to staff they were aware of how to prepare the food and was confident with this.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well which ensured the care delivered met people's needs consistently. Staff were proactive in supporting people with all aspects of their support. During the inspection there was limited involvement where staff promoted people to be involved in encouraging them to be independent.

- The staff team have worked together with other health professional to provide person centred care. One professional said, "[staff] had a good rapport with [service user] and treated them respectfully. They had a good knowledge of [service user] and had clearly taken their time to get to know them and their needs."

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

- Bedrooms were personalised, and the communal areas were clean.
- People had access to all communal spaces as well as their own bedrooms.
- Appropriate signage was around the home as well as notice board with information of activities for the people living there.
- The registered manager said they had plans to develop one bathroom into a shower room to offer choice and to make adaptations for the changing need of the people living there.

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

- People had annual health checks as well as access to other health professionals to meet their health needs.
- One professional said, "Staff are keen to make adjustments to accommodate service user needs; when I was last involved with the home 18 months ago, staff received lots of input for a service user who presented with significant challenging behaviour (e.g. shouting/hitting out at staff). Despite the challenges that this placed on the service, the staff worked closely with professionals (e.g. Speech and language therapy/psychology) to put strategies in place for this service user."
- The registered manager ensured that where people had to have support with their nutritional needs that people's weight was reviewed.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed in relation to their care and best interest decisions were recorded.
- DoLS applications were made appropriately to ensure peoples safety. However, a DoLS application was made some time ago and needed to have additional information in the DoLS to detail the change in people's support needs. The registered manager spoke about how they 'chased 'these applications up.
- Staff understood what the mental capacity act meant and how to support the person in making particular decisions.

# 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 now remained the same, Good. 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 we spent time with at the inspection gave positive indicators that they were happy about the support, For example, people were laughing and having regular conversations with staff. When asked if the staff were kind one person smiled and nodded.
- Although there were mixed views from relatives, one person said "There are some staff here that really care. I think everyone is kind and approachable, but some do the basics. You can spot someone that cares and spot someone who does the job." Another relative said "The staff are really kind and caring."
- The provider had accessible ways for people to express their views. with people. Pictures and easy reads were available as well as staff adapting their ways of communication to reduce barriers of communication.
- Staff were attentive to people and we could see staff were passionate about caring for people. One staff member told us "I like my job, I really like the people that I support, and I also have a good relationship with the family."

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

- People were able to make choices about the care they received. Staff asked people for their choices throughout the inspection.
- People and relatives were involved in reviews of their care. One relative said, "We have reviews last year, social services come in. If I feel things, I say it."
- The registered manager said that at this time no one required the input from an advocacy service, however this had been accessed in the past If people need an advocate they are aware of who to contact. People who lived at the service have relatives that are involved with the person and the staff team make sure decisions are made in their best interest.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people.
- People were being treated with kindness and respect. A relative said "I think they are kind and caring. There are those that really care and will do anything to make sure people are achieving thing even just a small step."
- People who needed support by staff were dressed appropriately.
- Staff responded to people when they said they had physical pain and ensured they acted appropriately.
- Relatives were able to visits when the person wanted them to. Staff played an active role in supporting people. At the time of the inspection staff were completing tasks for people living there, however there were

times where staff would prompt people to do things for themselves to aid their independence.

## 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, Good. 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

- Peoples care plans were personalised and set out how people liked to be supported to meet their individual needs and preferences.
- Everyone who lived in the service was encouraged to attend community groups in the local area as well as going out to places of interest.
- Where people were unable to communicate verbally staff were able to be aware of the people's needs through body language and getting to know the person. The service used personal objects to choose from. For example, showing people objects they own to give a choice of what to wear or eat.

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 careers.

- The provider has accessible information available, however some of the people living there were not able to understand the content.

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

- The service encouraged and supported people to maintain relationships that matter to them. For example, where relatives lived far away staff organised visits to see them. Staff encouraged people to celebrate their relatives and people who were important to them birthdays.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately and actions were clearly documented and highlighted once improvements have been made.
- People were supported compassionately, and staff were aware of what people liked and didn't like. Where people were unable to express their views, they had relatives to speak up for their best interest.
- Relatives told us they knew how to make a complaint and that they felt they would be listened to. One person said, "I have complained about particular carers if I think it's wrong I'll say and the manager listens."

End of life care and support

- The service was not currently supporting anyone with end of life care. However, the registered manager confirmed that arrangement could be made to support someone at the end of their life.

- The care plans had end of life care plans, however these care plans detailed what peoples wishes were once they passed away. Although these were very detailed, and the people were involved in the development of these there was not any detail of their wishes if they were to become ill which resulted in their end of live care.

We recommended that this was developed with the details of peoples wishes and wants of they were to fall ill which then resulted in palliative care.

- Staff recently had end of life training due to the changing needs of the people they supported.

# 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 now remained the same, Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us, and we also saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "The manager is on the phone and always around to talk. I feel supported. I have learnt so much from the manager."
- The provider developed objectives for staff which were developed by the people who used the service, this meant that the core values and goals of the staff were what the people being supported wanted.

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.

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

- The registered manager was organised, open and knowledgeable about the service and the needs of the people who lived there. People and relatives were comfortable to approach the manager. "The manager is very nice I couldn't be happier."
- The provider carried out regular quality checks. Both registered manager and provider had an open and honest relationship which meant that the service received the dedication from all management involved. For example, the provider had monthly audits from their quality team which linked to their key performance indicators.
- Where things went wrong the manager spoke about this openly with the people using the service and their relatives.

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

- People and their relatives were asked for feedback about the service. Impartial surveys were sent out yearly for people to give their views/
- Staff told us they take part in team meetings and could feedback about the service.

Continuous learning and improving care

- The registered manager ensured that the service was continuously improving and was involved in a quality audits throughout the home.
- The service had external quality audits completed to ensure an independent party assessed the quality of the care being received.

- The registered manager attended management meetings with the provider and other registered managers as well as attending external conferences.

#### Working in partnership with others

- The registered manager had links with various agencies which included local authority and the local care providers association.
- The registered manager and staff team had strong links with other health professionals to make sure people had positive health and well-being outcomes. One professional said, "My experience of Walsingham has been very positive. On visits, advice that is given from our dietitian and speech and language therapist are being followed and adhered to. [manager] and their team have worked hard in fortifying foods and following supplement advice to get this person back to baseline and giving feedback as appropriate. [manager] and their team have been easy to work with the best interest of service users that they are working with."