Walsingham Support

Walsingham Support West Cumbria Domiciliary Care - Unit 20 Moss Bay House

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

This was an unannounced inspection which started on 15 September 2017. We visited the main office on that day and then, by arrangement, we visited people in their own homes on 19 and 20 September 2017. We also met with a group of people on 20 September 2017 in the office at their request.

Walsingham West Cumbria Domiciliary Care provides packages of care to people with learning disability who live in their own properties in the community. Some people live in shared houses in schemes called 'supported living' and other people live alone with support. When we visited there were twenty seven properties where thirty nine people were supported by the service provider. Walsingham provides residential accommodation and community support throughout England. This service delivery was based in an office in Workington.

The service employed a registered manager who was suitably qualified and experienced in managing a domiciliary care service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

A number of changes had been put in place since the registered manager took over the service. The auditing of records was done in detail, people given the opportunity to voice their opinions and action taken when things needed to improve. We saw that talking with people and with staff, checking audits and analysing incidents had led to new focus groups, changes to management work patterns, changes to care planning and new ways of supporting people with medicines. Discussions were being held on introducing assistive technology that would help people live more independently.

We also noted that the provider had identified the lack of good quality properties to rent. They had purchased a number of properties which a different company ran for the tenants. This meant that people had moved to more appropriate environments. We saw that this had made significant changes to a number of people who were now living more independently.

Suitable risk assessments were in place. There had been no reportable accidents or incidents in the service but staff understood how to deal with any issues.

Good arrangements were in place to ensure that new staff were recruited appropriately. Established staff were monitored and any problems of care delivery were dealt with through supervision or disciplinary actions.

People had their medicines reviewed on a regular basis and quality systems were in place to ensure that staff understood how to administer medicines. Staff had received suitable training. Errors were dealt with appropriately.

Staff were aware of how to prevent cross infection and the provider had suitable policies and procedures in place

Staff were given suitable levels of training and support to ensure that each of them were helped to develop in their role. Staff received regular supervision, their practice was observed and they had annual appraisals.

The registered manager understood her responsibilities under the Mental Capacity Act 2005 and was aware of how this applied to people living in their own properties. Some people in the service did have their liberty restricted for their safety. This was done legally and in the least restrictive way possible. 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 were supported to access health care and to follow healthy eating and exercise so that they could stay as well as possible. Staff gave people a lot of support to help them to maintain a healthy weight.

The registered manager was working with the landlord of the main office as people who used services wanted improvements to disabled access. She was also helping people to talk to their landlord about some problems in two supported living settings.

We met very caring and committed staff members who could communicate well with the people they supported. Staff understood the needs of the people they supported and they encouraged them to have meaningful lives. People were encouraged to be as independent as possible.

Good assessment of need was in place. Staff worked with health and social care professionals to understand what people needed and wanted. They did, however, focus on the person themselves and all care plans were written positively and with a person centred approach.

People were supported to follow their own interests, activities and hobbies. They also had the opportunity to socialise with other people that Walsingham supported.

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.

People were given suitable support to protect them from harm and abuse.

Staff recruitment and deployment was suitable to ensure there were enough staff to care for people.

Medicines management was under close review to ensure people had the right kind of support.

Is the service effective?

Good

The service was effective.

Staff were supported to develop within their roles because training and supervision was of a good standard.

Restraint was not used but all staff were trained in how to help people with behaviours that might challenge.

People were helped to have a healthy approach to nutrition.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and as individuals.

Advocacy was available.

There was a culture that promoted equality and diversity.

Is the service responsive?

Good

The service was responsive.

Assessment and care planning was person centred and of a good standard.

People were supported to have meaningful activities and relationships.

There was a suitable complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

The service had a suitably qualified and experienced registered manager.

Quality audits were done in considerable depth and we saw that the monitoring of quality had led to changes.

People's views were sought and improvement actions taken that had their wishes and needs at the centre of the changes.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 September 2017 and was unannounced. We visited the office on this date and after this we met with people in their own homes on 19 and 20 September 2017 and at an arranged meeting on 20 September 2017.

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

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as 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 planned the inspection using this information. We also spoke with social workers, health care practitioners and commissioners of care.

We met with nine people in their own homes and with seven people who came to the office to meet with us. We also met two relatives during our visits.

We spoke with the registered manager, both location managers and with three of the service's deputy managers. We met ten staff, either in the office or in people's homes. We also had some contact with staff by

telephone. We met a project worker from the local authority during the inspection.

We read five care files in the office using both paper files and electronic case notes. We read four different case files in people's homes.

We looked at six staff recruitment, supervision and training files in the main office.

We looked at risk assessments and we also looked at risk management plans for care and support. We saw a number of these that related to supported living settings where people were tenants but who needed support within these environments.

We saw a range of quality management documents which included audits and reports. We also saw training records, supervision notes and training plans.

Good

Is the service safe?

Our findings

We spoke to people about how safe they felt. When we spoke to people in their own homes they told us they felt ,"Fine...quite safe here with staff". One person told us that he made sure people in the shared house were safe, "I check all the doors after staff go...we look after ourselves" We were also told that people felt safe and secure with the staff approach. We met with a group of people who were confident they could, "Get in touch and tell the managers."

We spoke with two relatives who told us that they felt, "Very confident that [my relative] is being treated properly by staff and is protected from harm in the community. We would talk to the [location managers or the registered manager] or to the CEO of Walsingham if we had to."

Walsingham had detailed policies and procedures in place about safeguarding vulnerable adults from harm and abuse. These were available to people in an easy read format. The registered manager also had a local procedure for people and their relatives and advocates. Staff received regular training and some staff had received training from the police on managing issues and gathering information. Safeguarding was an item on every team meeting and supervision agenda. We had evidence to show that the registered manager and the rest of her team understood how to make safeguarding referrals. We also had evidence to show that they managed safeguarding risks to prevent re-occurrences. We spoke to staff who told us that they felt confident in the registered manager and the provider if there were any issues. The staff we met had a good understanding of what was abusive. We had evidence in staff files to show that staff had spoken out when there were concerns.

Walsingham had a policy on whistleblowing and staff told us that they were given suitable support if they reported any concerns. They told us that they could do this anonymously if necessary and that there was a dedicated help line they could contact. Staff were also aware that they could talk to external agencies. The staff we spoke with said that they hadn't done this because any issues were discussed with their line manager. One support worker said, "I haven't been with the company for long but I am impressed with how open it is. Communication is very good and I can talk to any of the seniors." There had been one whistleblowing event which was being dealt with by an operations manager.

Walsingham had suitable arrangements in place to manage accidents and incidents. We saw that the service had suitable general risk assessments in place that covered any potential problems. The service had emergency planning for each of the properties but would liaise with social workers in an emergency. The registered manager kept a log of incidents and accidents and she was aware of how to report any concerns. Logs of any potential concerns were kept and discussed with the operations manager so that suitable action could be taken. Social workers told us that the registered manager was, "Very good at communicating any issues with us."

We looked at rostering in specific properties where the provider delivered the care. We also looked at all the hours provided against the hours purchased by the local authority. The registered manager kept a detailed weekly report of delivered hours, any vacancies and any issues with staffing. We looked at the last three

months of logs and we saw that the service was suitably staffed and that purchased hours were delivered. There had been no missed calls and no incidents where people had shortened visits. We judged that the registered manager managed the staffing levels and deployment very well.

We saw that recruitment was on-going so that there was normally a full compliment of staff available. We looked at current recruitment and we saw that appropriate checks were made to ensure that new staff were suitable to work with vulnerable people. We looked at records but we also asked staff who told us they were interviewed, references taken up and background checks made before they had access to vulnerable people or to any information about them or their homes. We noted that the provider was scrupulous about checking employment history and that they also asked for formal confirmation of candidates who stated they had been unemployed. This ensured that potential staff members backgrounds were thoroughly checked.

We looked at supervision notes and staff records. The registered manager told us that the provider had specific guidelines when there were issues with competence, performance or attitude. We judged that suitable disciplinary action had been taken when necessary. We had an example where the management team had identified some issues with staff and were working on this from a welfare approach before dealing with competency. We judged that there was a good balance in the approach to staff performance.

People were supported to take their own medicines, where possible. Social workers had assessed people's needs for support and prompting. The registered manager kept this under review and staff ensured that people received medication appropriately. They also ensured that medicines were reviewed at least annually. The quality monitoring system and staff themselves had identified some problems. We saw a report of these problems, with the suitable action plans in place to prevent further errors. We looked at some specialist ways of administrating medicines and saw that learning disability nurses ensured staff were competent to give this medicine. An alternative procedure was in place when staff were waiting to have training or competence checks.

Staff received training on managing infection control and we learned that they were provided with suitable, personal protective equipment. The provider had procedures in place to prevent cross infection. Audits of housekeeping and infection control measures were in place in individuals homes. The people we visited were supported to have safe and clean living environments.

Good

Is the service effective?

Our findings

The people we spoke with told us the staff were, "Really good...know how to help me" and we spoke with relatives who were, "Very impressed with their understanding and approach to autism. We didn't really understand it all until [our relative] started to get support from Walsingham."

We asked for, and received, a copy of the registered manager's training matrix. She kept this so that she could ensure that all staff received the training that Walsingham deemed to be mandatory to their role. We saw that staff had received training on safeguarding, moving and handling, medicines management, health and safety, food hygiene and person centred thinking. We also saw evidence to show that senior staff observed how staff applied this learning in practice. Staff received appropriate training and support so that they could meet individual needs. We saw that training was sometimes e-learning and sometimes face-to-face. We learned that the registered manager had sourced training from the police, safeguarding teams, learning disability nurses and psychologists. One location manager was completing a university course to support care planning.

We looked at staff development files and we saw records of observations and also records of formal one-to-one supervision. These, training and the regular appraisals, helped to develop each individual member of the team. Staff told us that they were given extra training and support when, for example, people were living with autism or had difficulties managing their emotions or behaviour. We judged that staff received good levels of training. We met staff who told us that they received comprehensive induction training; were given specialised training when necessary and judged that the provider and the registered manager helped them to develop their potential. We saw good evidence of this in staff files and we met one person who could describe how they had been developed and who had just been promoted. One person said, "I have had so much support and a lot of training and I feel very confident and skilled now. My knowledge of learning disability and autism has increased since I started work with Walsingham."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager understood her responsibilities under the Mental Capacity Act 2005 and was aware of how this applied to people living in their own properties. She worked with the local authority when there was any imposed restriction on people's liberty. Some people in the service did have their liberty restricted for their safety. This was done legally and in the least restrictive way possible. Issues around consent were dealt with appropriately and where decisions needed to be made on behalf of a person this was done as a 'best interest' review. Suitable applications had been made to the Court of Protection and we saw evidence to prove that the provider was complying with any order made by the court.

We had evidence to show that every member of staff received accredited training on how to support people who may have behaviours that challenge. We learned that this focussed on de-escalation, diversion and prevention. Walsingham's policy was not to use restraint and restraint had never been used in this service. We read some plans that showed how to prevent incidents and the records showed that careful planning and handling of situations supported people appropriately and enhanced individual's wellbeing.

Staff supported people in their own homes to prepare food and drink. Each person had support that met their assessed needs. Some people had help with budgeting and food shopping. Staff told us they would seek the support of dieticians and speech and language therapists if people had problems. Some people were being supported to maintain a healthy weight. One person told us, "I go to Slimming World and the staff help me to stay on the plan. I have lots of certificates to show. I have lost three stone because they have helped me." We also saw some new nutritional plans which were based on the positive behavioural approach and we were told that these would be introduced whenever an issue was identified. Staff used nutritional assessments and understood the principles of healthy eating.

We saw from individual case files that staff supported people to stay as well as possible. Staff helped people to attend appointments that would help with prevention of illness. People were encouraged to attend 'well man' and 'well woman' appointments. On the day of our visit to the office staff spoke of an emergency admission to hospital and were making arrangements for discharge so that this person could come home to be cared for. A member of staff had stayed overnight with this person who would have found this admission extremely stressful. People told us that they had a lot of help with their health and were supported to go to the dentist or have eye tests.

The office is in a business park on the outskirts of Workington. Disabled access is limited but a room can be provided on the ground floor if necessary. The registered manager said she was in discussion with the site manager about access arrangements. The offices were staffed from 7am to 10 pm and the provider had suitable telephone and IT systems.

We had evidence to show that staff supported people with their home environments. We saw an action plan for a supported living service where the registered manager was concerned about the environment. She was working with the tenants, the social work team and the landlord to improve these properties.

Good

Is the service caring?

Our findings

People told us they judged the staff to be, "Really good...care about us." The group of people we met gave a 'big thumbs up' to the staff team. Individuals said, "They are great...no problem and we can talk to the ones in the office." We also learned that relatives thought, "The staff who we meet seem to be very caring, respectful and decent. They take a lead from management who are all understanding and very caring. They care about families as well as the people they look after."

We observed interactions when we visited people in their own homes and when staff brought people to the office. We judged that staff understood people's needs and wishes and, where people were living with autism, they followed the routines that allowed people to feel safe and secure. Staff told us that they were, "Very aware of keeping to the care plans so that people get the best care support."

We saw staff working with people who were extremely vulnerable and who were unwell. Staff were caring and concerned and were giving people the right level of physical and emotional support. We also met people who were much less frail and who were being supported to be as independent as possible. Staff used empathy and humour appropriately. We noted that people in the service felt confident enough to tease staff or to assert their wishes. One person said to the staff, "This is what I want because this [the support] is mine and I need it." We saw that people expected, and received, attention and responses to their wishes and needs.

Staff treated people as adults and were polite and respectful. We saw examples of staff encouraging people to work to their strengths. One person said, "My staff give me support to go to classes...and stop me feeling like I can't do things." A social work manager said that the registered manager and the staff had "a can do" approach. We noted the movement of people from different environments because staff at Walsingham and social workers had identified that some people needed to move to more independent living. We saw good examples of people leaving residential care and living in supported living. We also saw plans to help someone live alone with support as they no longer wanted to live in a group of people.

Relatives were involved in care where appropriate and we learned that, where appropriate, they were part of care planning processes. We also saw that the person themselves often had the final say when decisions were made. We observed staff helping people by giving them information in the pace they preferred. We also noted that external advocates were used. When major changes were being planned advocacy was always offered.

People's files were kept in their homes or in their bedrooms in shared properties. Where people did not want this they were kept securely elsewhere. Daily notes and care plans were written objectively and people could access anything written about them. Staff had specific guidance about confidentiality and sharing information.

Staff showed that they had an open approach to matters of gender, sexuality, religious belief, race and culture. Staff were trained in equality and diversity and could support people where necessary. People were

asked about gender preference for support workers and no one had any issues with the diversity of the work force. We noted that Walsingham's policies and procedures promoted equality and diversity in both the people they supported and in their employees.

Staff showed concern about people's wellbeing. They showed an interest in individuals who strived to be healthier, people who were unwell and people who wanted more independence. We heard conversations in the office where staff and management discussed people's wellbeing. We also saw supervision and staff meeting notes where a large part of the discussion was the wellbeing of the individual. The registered manager also had notes of welfare meetings with staff. There was a sense of community in the organisation and a lot of concerns shown by staff for the people they supported and for their colleagues.

Good

Is the service responsive?

Our findings

The people we met talked about their care plans. We learned from one person that, "We all sit down and see what I am going to do...". Relatives told us, "We are fully involved in care planning because we are close to [our relative] and they want us to be involved..."

People also spoke about activities. One person told us, "I go out on my bike, go to slimming class, go shopping and have dinner out. I do lots of things...have done classes too." Another person told us, "I work at a café and at [a residential] home...I live with [another person] and we look after our house and we cook. I go out and I have a boyfriend." One person told us, "I am engaged and I go out with my fiancé and with my friends".

We read a range of care files for people with different needs and wishes. These files contained suitable assessments of need and copies of assessments by social workers who purchased all the support for people in this service. In some files we also saw assessments completed by psychologists, psychiatrists or other specialist health professionals. The registered manager ensured that a detailed assessment of needs was in place before any support started. She also checked that re-assessment was completed on a regular basis. Where changes were seen the registered manager worked with the purchasing social workers to adjust the hours needed. Some people had progressed so well that fewer hours might be needed. Social work managers told us that they appreciated the way that this service was open about changing needs.

The registered manager and the social work team were exploring the use of new technology which would assist people to be alone in their own property. We saw that good planning was in place with people, staff and with families. This would allow people to have time alone in their own properties, whilst remaining as safe as possible. Some people and their families found this to be both exciting and frightening. the registered manager and her senior team were spending time discussing this and reassuring people and their families.

We also read a number of health support plans and 'hospital passports' that helped to set out people's health needs and preferences. There were also risk assessments and risk management plans for both issues small and large that might occur. For example there were good risk assessments for people going out with staff by car, personal evacuation plans for fire and other potential emergencies. There were also detailed risk analysis of things like accidents or incidents where there may have been risks to the person, others in the service or staff. All of these documents were regularly reviewed.

These assessments and re-assessments were used to write the initial care plan and person centred plans. We saw that the care plans were updated after new assessments were completed. We learned that the registered manager and her location managers had been updating the format of these care plans while allowing for people to retain their own person centred plans. Person centred plans were often in an 'easy read' format with photographs of the person involved in activities. These also gave people the opportunity to set out their goals and areas they wished to explore and develop. For example some people wanted to go on holiday, find a paid job or learn a new skill. We learned from people that we met that they had reached

these goals and were planning new targets. We met someone who had completed a challenging race and had also won an 'inspiration' award despite some very complex physical issues. We also saw some paintings done by someone who showed a real talent that had never been explored prior to having Walsingham support.

A new care plan format called Positive Behaviour Support (PBS) plans had been completed with people in the service with the most complex needs. This included plans for people living with autism or for people who, at times, may have had difficulties controlling their emotions and behaviours. These new plans used a 'traffic light' system to help staff keep people where they wanted or needed to be. The green zone showed staff what needed to be done to keep people stable and well. The amber and red zone plans showed staff how to work with people when they, for whatever reason, needed more support. These new plans were much easier to read than the previous format and gave staff and people in the service an opportunity to look at strengths and needs. There was also an area (blue) for reappraisal, review and 'lessons learned'. We judged these plans to be of a very high standard. We look forward to the introduction of a new adaptation of this positive care planning for other people. One of the location managers was working on this with a University. The PBS approach was to be reviewed and analysed once it was more established with a view to other services using this new model.

People were supported to get involved in all sorts of activities and entertainments. People were encouraged, as much as possible, to look after their own homes and to budget, shop and cook. The staff were there to guide and support people but they encouraged people to be as independent as they could be in daily living and personal care skills. We met people who were very independent because they had this guidance. We learned that even when people had barriers to doing these tasks they were still fully involved with decision making about daily life. People were encouraged to make friendships and some people had partners. Staff supported people to make meaningful, yet safe, relationships.

Each person had individual weekly planners, goals in person centred plans and had an opportunity to review or update these at any time. We met some people who had part time jobs and who had learned skills and qualifications while working. Other people told us that they had gone to classes to learn things like basic cooking skills and communication skills. Many people who used the service were comfortable using new technology and people had their own computers or smart phones. Some of the person centred plans showed that other people were doing voluntary work and had a goal of studying or finding paid work.

People were involved in sport and other physical activities. One person had completed a 5k charity run. Lots of people enjoyed the weekly disco they attended. Some people liked cycling, swimming and going to the gym. The registered manager had also accessed someone who could help with drama and singing. People went on holiday either at home or abroad. Staff supported people to go on days out to shop, visit places of interest and to eat out. Two people had attended a weekend music festival where they had the same kind of experiences of other young adults.

There had been no formal complaints received from people or their families. Walsingham had a suitable complaints procedure which people had in an easy read format. Relatives told us they felt they could make informal complaints but also knew how to make a formal complaint to the registered manager. People in the service and their families told us they knew how to contact the operations manager or the head office of the provider. We had evidence to show that this provider dealt with concerns or complaints in a prompt and thorough manner.

We had contact with social workers who were very positive about working with the registered manager and the team. One said, "I have dealt with Walsingham with their supportive living services and have found them

to be person centred in their approach to the client putting their needs first. On a professional level I have found them helpful and easy to work with and view them as a positive provider in our area". Another told us, " Walsingham domiciliary services have been very helpful and supportive when approached, particularly at short notice. The manager has a 'can do' attitude and is always willing to consider creative ways of supporting us and the people we work with. They were very helpful in the recent withdrawal of another service from West Cumbria". We also met with someone doing some project work for the local authority and they told us that the service worked well on projects to transfer people from one service to another. We saw that the staff supported people in transition. They gave people support to be more independent or to find suitable places if their dependency levels had changed.

Good

Is the service well-led?

Our findings

People told us, "A big thumbs up for Walsingham and for [the registered manager]". We also heard people say, "We are part of this...everything is for us and if we need something just for ourselves we know who to talk to...and they listen." We met very assertive people who told us, "This is our [service] we can tell them when we don't like things or we want more..." Relatives told us, "We are very involved with some suggested changes...the manager is discussing it with us so that we can really understand what could change. We have always been consulted."

The service had a suitably qualified and experienced registered manager in place. She was supervised and supported by an operations manager and she was part of a wider team of service managers in Cumbria. Walsingham had made some changes to the management systems. This service had grown in the last two years and the registered manager was now supported by two location managers who had responsibility for all their service users. Each individual setting had a deputy manager who dealt with the day to day support needed. We judged that this new way of delegating tasks had allowed the service to expand safely and was an easily understood system for service users and staff. The leadership, governance and culture were used to drive and improve high-quality, person-centre care.

A staff member told us the manager was "Never static...always full of new ideas about how to get things better for people." Staff told us that the delegation of tasks, the management arrangements, care planning and new opportunities for individual staff "who want to get on" were all driven by the registered manager. Staff told us, "I love working here. The registered manager is very passionate about what we do. She wants to help us develop and she is so keen to get her ideas into practice. People we support love these meetings she does with them and its developed into a real life enhancing plan. This service is just so energised." Another staff member said," I can't believe how lucky I am to work for Walsingham. I have had such good support from the registered manager and the whole team are so committed to giving people with learning disability a good life." A long standing member of staff said, "Before [the registered manager] took over the service we were in limbo. Now we are flying and staff morale is so high. We have had some cracking results with the support we give people who have been written off in the past."

One staff member cited the way Walsingham had purchased new property for people and that one person in particular had "come on so much" living in the flat with staff support that a health care professional had said., "I wish all providers were like Walsingham support in West Cumbria. Amazing results for this person. I can hardly believe it." There were high levels of satisfaction across all staff we met and within staff satisfaction surveys done by the provider.

We met some very assertive people who understood that their needs and goals were the most important thing for the provider and the staff. We also met some quieter people who told us how their views were gathered. We heard that people in the service, staff, families and other stakeholders (including CQC) had received surveys over the years. We noted that the provider also used other ways of consulting with people. This included user events, meetings, social events and discussions, individual interviews and representatives going to national conferences. Walsingham had used a wide spectrum of user engagement systems to

capture the views of different types of people and different stakeholders. We had evidence to show that their national and local service reviews had been strongly influenced by these.

The registered manager was working with people, their social workers and families in relation to using assistive technology so that people could safely be left in their own properties. We saw that good planning was in place and that views were being sought. These plans were progressing at a suitable pace and people were beginning to feel confident about being left alone in their flats in a block of tenanted properties with two waking night staff being in attendance, rather than a staff member sleeping in each person's home.

We were told about Walsingham's quality assurance systems which were used throughout the country in all their services. We looked at the policies and procedures and at quality standards and monitoring records. Each month at least one senior officer of the organisation completed an audit of different aspects of the care and support systems in the service. The staff we spoke to understood the quality monitoring processes and each understood their responsibilities as part of a total quality monitoring process. The registered manager was aware of when these visits were to happen and she held pre-audit meetings to check with staff about the progress in that part of the service

We looked in depth at the quality audits for the service for the year prior to our visit. These were done by the quality and projects officer and the audits were recorded in depth. She checked on how well the service met Walsingham's standards. For example we saw how she checked on the provider's standards "Supporting me to live healthily" and "Supporting me to take risks and live a full life". The evidence for this was gathered by talking to people where possible, interviewing staff and checking on records. We noted that comments were made on evidence found with suggestions made to ensure continued compliance with the provider's standards. We noted that where evidence was scant or the standard not quite met the registered manager was expected to deal with this. The registered manager would be expected to work on an action plan and also, in some cases, to look at a root cause analysis.

We saw good examples of this in place with problems with medication in one service. We saw that staff reporting and auditing of medicines had identified some errors made. These had been appropriately reported to the local authority, a root cause analysis completed and action plans put in place. We saw that checks on competence and refresher training had happened and that the management team also looked at the arrangements in the services and had changed the way staff were deployed to prevent further issues.

Care planning processes had been identified by the registered manager as an area for action because the files were bulky and the plans had been difficult to follow. We could see that considerable effort had been made into streamlining these matters. Files were easy to handle and to read because a new system of planning had been developed. These improvements gave staff a much simpler guide to complex needs and staff felt that this had been a major change that the registered manager had identified and delivered. The work on care planning was still developing and one of the location managers was working with academics at a university.

We were also given an action plan for improvements in two properties. We saw that the registered manager was concerned about issues around the maintenance of the landlord owned property. She had also increased security measures in this supported living setting. We saw that the action plan also covered some improvement to the way support was given. This was due to some issues found during audits, in supervision and in discussions with service users and staff. We saw that quality monitoring had highlighted a need for change, which was underway.

The registered manager had also introduced local arrangements to ensure that good quality care was in

place to everyone who they supported and that people's voices were heard. She had set up a monthly service user focus group which we were invited to. Any person in receipt of services could attend these. There was an agenda and one person took minutes. People had set their own rules for the meeting. This had included rules about safety and privacy, the use of mobile phones and respectful listening. We could see that these meetings were taken very seriously and that a good exchange of information took place at these.

These arrangements had identified that people wanted to meet with a CQC inspector, to talk to someone from the police and to have some discussions with local authority safeguarding officers. These were all being arranged. People also wanted to have more social events so they could meet up with other people supported by the provider and this had developed into party planning and drama and music coaching for a winter party season. We also saw that talking to service users and staff had led to new rostering for management staff. The management team were now rostered to work from 7am to 10 pm every day of the year and were available in the office or out on visits to services. Staff and people in the service thought that this was a real quality improvement and gave everyone good levels of support throughout the day.

The registered manager had also started a contact group for staff where she would invite five different staff every month to discuss their view of quality matters. These had allowed staff to talk about terms and conditions but also about things like training and personal development. These groups were also used to support equality and inclusion throughout the workforce because all support workers were invited in turn to give their view of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups. Staff also told us that they could come to the office at any time to talk to any of the management team. The registered manager also invited staff into the office if there were any welfare concerns or problems in the workplace.

Staff were motivated by, and proud of, the service. We met staff who told us about training and development opportunities afforded to them. We met deputy managers and location managers who told us about how the registered manager had supported and empowered them to take up a leadership role. We heard about mentoring of new leaders and saw an action plan that had been devised to help one new manager to create opportunities for improvement. We noted that the plan covered all aspects of the role and that it included the support and resources available.

We looked at a range of internal audits and saw that these had been done regularly. Staff told us that monitoring was done,"All the time...we do it too not just managers." Money held on behalf of people was checked on a daily, weekly and monthly basis by different staff and was audited by the organisation. People were helped to understand their personal budgets. General household tasks in services were set out for staff who then confirmed that these had been completed. People were encouraged to participate in these tasks and we saw people managing their own lives when we visited. Check lists were analysed by the registered manager, the quality team and the operations manager. People were also asked about their satisfaction levels and any concerns dealt with. This had led to action planning in two services where some issues had been identified. Proactive measures had already taken place to lessen risk and to empower people.

Data and statistics were also checked on by the national team and the outcomes for people in the service carefully monitored by the organisation. This included the quality monitoring reports, returns of things like accident and incidents reports and the way the budget was being used. We also saw that care and support delivery was regularly checked and updated. We met a team of staff who put the lives of the people they supported to the fore and wanted the best quality of care and support for people.

We noted that Walsingham had identified wider issues in Cumbria. These included recruitment and the availability of good quality housing. They now held regular recruitment days which had helped them to fill

vacancies in both community and residential services. People told us that they went to these, "...To make sure [the management team] get staff we will want." Service user involvement in recruitment had, staff told us, "Really helped to identify people with the right aptitude and we can now shortlist the right people."

The provider had also identified gaps in the provision of good quality rented property for people who were ready to leave residential care or who needed to live alone. We saw evidence to show that people supported by this service were now living in apartments and in their own houses which Walsingham had purchased to allow people to have a high quality of life. The homes were handed on to another company and people were not necessarily tied to Walsingham care delivery. One person's relatives said to us, "We couldn't have wished for more for [our relative]...the flat, the staff, the support they give to us as a family...very high quality. We are able to talk about our wishes and we are part of the improvements that are going on." This showed that the service had worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. Leaders, managers and staff had strived for excellence through consultation, research and reflective practice.

We saw a wide range of records. These were up to date and detailed. All records were easily accessible and stored securely. The service was moving to a paperless office set up. The IT systems would allow staff to access care plans and information about people on a secure network. People would still have their own paper based files but all information would also be securely kept on computer.