

Walsingham Support Limited

Walsingham Support - Lister House

Inspection report

Lister House - Walsingham Office
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Carlisle
Cumbria
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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?	Requires Improvement ●

Summary of findings

Overall summary

This was the first inspection of this location. The visit was unannounced and started on Monday 1st of February with a second visit the next day where we met all the tenants and the inspector attended a tenants meeting.

Lister House is a block of flats where people have their own tenancies. The flats were purpose built for people living with disability. Walsingham Support Limited provide care and support from this location to fourteen people who live in these tenancies and to three people who live elsewhere in the local area. The organisation has office space in the building. The staff based at Lister House provide personal care but also support people to access the community, deal with their daily living needs and give people support in a variety of other areas. People who live in Lister Court also access support from other providers. Walsingham provide similar support across England and also run residential care homes.

The service has a registered manager who is responsible for this service and other services in Cumbria which provide domiciliary care, care in supported living settings and in three housing with care locations. 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. The day to day operation is delegated to a locality manager.

People in the tenancies told us they felt safe in their own homes. They had opportunities to talk to senior managers in the organisation. Staff we spoke with had a good understanding of balancing risks and supporting people to be as independent as possible. Staff had received training in safeguarding and were confident about how they would manage any concerns. Walsingham had a confidential whistleblowing line which staff could access easily.

Individual risk assessments were in place where appropriate. General risk assessments were also available and these covered risks to staff and environmental risks while operating the project.

We saw rosters for this location and these showed that there were enough staff to give people the support they had purchased. Staff were recruited appropriately and the organisation had disciplinary and grievance procedures in place.

Staff had been trained to support people who needed assistance with medicines. Self administration was encouraged. Suitable records were in place.

Staff had received training in infection control measures and had access to equipment and chemicals when necessary.

We looked at the records of training and at staff supervision and development records. Staff in the team had

received good levels of training and support. Staff said that they felt their training helped them to support people appropriately. Staff displayed good levels of skills and knowledge.

Staff understood their responsibilities under mental health and mental capacity legislation. No one in the service had any constraints on their liberty. Restraint was not used in the service. Most of the people who lived at Lister House were assertive and they told us that they directed their own support and that consent was not an issue.

We had evidence to show that people were supported to shop and cook for themselves. Staff gave support and helped people to have a balanced diet.

Most of the people who Walsingham supported dealt with their own health care arrangements. One or two people needed staff support and we saw that this was done in a timely way. We had evidence to show that people were well supported if they needed to have hospital admissions.

The flats people lived in were specially designed but we saw that the staff had supported people to redecorate, buy furniture and access specialist equipment and adaptations.

We met staff who treated people with dignity and respect. Staff and service users had developed supportive relationships. Staff worked with people in an equitable way and understood people's rights to diversity and independence. We attended a tenants' meeting and we saw that people were proactive in decision making with the Walsingham staff and with the housing association who managed the property.

Each person had an assessment of support needs which included strengths and risks. Person centred plans were in place and people told us that they directed the care planning. Many of the tenants held their own support budgets and made decisions about how they would use this funding. Care plans were of a high standard. They gave staff guidance, looked at ways to support independence and included personal aims and goals.

People who lived at Lister House enjoyed some shared activities but every person also followed their own hobbies, entertainments and interests. Some people were involved in voluntary work, education and community action groups. People went out to shop and to socialise. We judged that the Walsingham staff supported people to have a meaningful life.

There were suitable arrangements in place to deal with complaints. There had been no complaints received about care and support.

We had evidence to show that people had been encouraged to use their direct payments to build their own support packages. Walsingham had worked with service users and with social workers to support people who wanted to use their funding in a creative way.

The service was well led. This location was managed by an experienced and suitably trained registered manager. The locality manager was responsible for the day to day support people received. She was also suitably trained and experienced. Together they had developed an open culture that followed the vision and values of Walsingham.

There was a comprehensive quality monitoring system in place and the organisation responded to any issues that this identified. Good forward planning was in place and much of this was directed by people who used the service.

We judged that records management needed to be reviewed and we made a recommendation about how records were managed.

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.

Staff understood how to ensure that people were safe from harm and abuse.

Staffing levels were suitable with ongoing recruitment in place.

Medicines support met people's needs.

Is the service effective?

Good ●

The service was Effective.

Staff received good levels of induction, training, supervision and appraisal.

People were supported to eat well and to also go out and eat so that they could have different experiences.

People had good support to manage their own health care support.

Is the service caring?

Good ●

The service was Caring.

Staff knew individuals well and had made supportive relationships with them

Independence was being promoted on a daily basis.

People could access advocacy when necessary.

Is the service responsive?

Good ●

The service was responsive.

Person centred thinking and planning was apparent in this service.

People were supported to have meaningful lives with varied and interesting activities.

People were encouraged to consider the possibilities of finding work or attending college.

Is the service well-led?

The service was not always Well -led.

The service had a suitably qualified and experienced registered manager.

Staff were encouraged to reflect on their practice so that their work was in line with the vision and values of the service.

Some work needed to be done in relation to records' management.

Requires Improvement ●

Walsingham Support - Lister House

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 1st and 2nd February 2016 and was unannounced. This was the first inspection of this location.

The inspection team consisted of the lead adult social care inspector and a specialist advisor. The specialist advisor was an experience and well qualified occupational therapist who taught the subject at degree level.

Prior to the inspection we sent out questionnaires to people who used the service and to relatives and visiting professionals. We had a good response from these. We also received a provider information return. This document gave us full information about the service and was well written and gave suitable details of all aspects of the service. We also asked the local authority and local health care practitioners about the service during one of our regular meetings with health and social care professionals.

When we visited the service we met with thirteen of the fourteen service users in Lister House. On this occasion we did not contact the three other people who received care in the local area. We met with two relatives who were visiting during our inspection. We read all of the care plans for the service users. We looked at six care files in depth and spoke to these people about the content of the plans. These included assessments of support needed and the specialist advisor looked at moving and handling assessments and management plans. We observed care delivery with two people who found it difficult to discuss their care needs.

We spoke with the registered manager, the locality manager and to staff. We also had contact with the

operations manager after the visits. We saw six staff files, including the files for two recently appointed members of the team. The specialist advisor looked at the training and competence records for staff in relation to moving and handling. We did this to ensure that these met the often complex needs of people living with a physical disability.

We were given copies of the last four weeks' rosters. We reviewed copies of the record of training received and a training plan for 2016.

We were sent quality monitoring reports completed by external officers of Walsingham and we saw a wide range of quality audits for the service. We checked on medicines managed on behalf of people. We also saw risk assessments for the service which included food and fire safety records. We discussed the management of money for two people who needed extra support with this.

Is the service safe?

Our findings

We asked people about how safe they felt being supported by Walsingham staff. People told us that they were "Perfectly satisfied...no worries." People told us that they were comfortable talking through any issues with the staff or management of the service. They also said that there were enough staff on the roster to meet their needs and to deal with any emergencies or issues.

We had evidence to show that were the registered manager and the locality manager to have any concerns about a person's safety or well-being they contacted the local authority. We had a very good example where we saw that the staff team had felt concerned about a member of the public from outside the service who may have not had a person's best interest at heart. They had reported this through the safeguarding processes of Cumbria County Council. They had also worked with the person taking the approach of a concerned friend. They had discussed and advised the person about the issue and supported them to make their own decision.

We also saw that the staff team understood potential vulnerability when people went out in to the community. They had worked with people in relation to relationships, sexual health and safe sex and again had spoken to people as part of the supportive relationship. The staff we spoke to also understood that people could, like everyone else in the community, make their own decisions that were not always the best. We had evidence to show that the staff team kept a watching brief but allowed people to make their own decisions and learn from them. We judged that this meant that people were kept safe but were allowed to be as independent as possible.

We spoke to staff on duty about safeguarding and we looked at training records, supervision notes and team meeting minutes. We saw that safeguarding was high on the team agenda. All of the staff had received recent training about safeguarding vulnerable adults. Staff told us that they could use their E learning if they wanted to refresh their understanding. Most of the staff said that they would discuss concerns with the management team and would be guided by them.

There were no current safeguarding issues in the service. We saw the policies and procedures that were in place. The organisation had a dedicated 'whistleblowing' line where staff could report any concerns in confidence. Staff said they trusted the registered manager and the management team to deal with safeguarding promptly and efficiently. We had evidence to show that management staff would make safeguarding referrals appropriately. We spoke to staff who said that depending on the issue they would contact the police or the out of hours social work team if they were concerned.

Staff also said that they would respond to accidents in a specific way. The service had clear guidelines about accident and incident reporting. Risk assessments were in place for all aspects of the service. Where risk of accident or incident was notified suitable risk management plans were in place to lessen or reduce risk. We noted that two of the risk assessments needed updating and the locality manager said that updates were being completed for everyone.

We looked at the daily allocation of staff hours and compared them to the hours that had been purchased and these were covered appropriately. Staff said they felt that there were enough hours to deliver appropriate care and support and that there was always a manager around even at the weekend. They said that there was also an on-call manager they could contact out of hours. There were two staff awake at night and one asleep on the premises. They felt this "covered all the bases" and that "It is well staffed and we are all committed to what we do".

We looked at a number of recruitment files. We had evidence to show that Walsingham had robust recruitment processes that were dealt with centrally. Walsingham had on-going recruitment in place so that all the services in the area would be appropriately staffed. The files we looked at showed that suitable background checks had been made, that interviews had been held and that new starters had no contact with service users until all the relevant background details were in place.

We checked on the arrangements in place to deal with any matters of grievance or of a disciplinary nature. Walsingham had good policies and procedures in place, management staff had received suitable training and support. Senior managers were in regular contact with the service and would act as investigating officers if necessary. There were no matters of a disciplinary or grievance nature when we visited.

Medicines were suitably managed. We saw that the staff monitored people who self-medicated and gave them support and advice. They also prompted some people and administered to others. The medicines administration records were up to date. Staff encouraged people to have medicines reviews when necessary. There was suitable security around the storage of medicines for people who lived in the service.

We asked staff about infection control and they had good working knowledge of how they would tackle any problems in the service. They had access to a local plan and to Walsingham policies and procedures if there was a problem. We saw a good reference file with guidance on use of equipment and cleaning fluids. We were told that there had been no problems with cross infections and no outbreaks of infectious diseases. We saw that staff supported people to keep their homes clean and free from infection.

Is the service effective?

Our findings

The people we met told us that they judged that staff received suitable training and development. They told us "The staff are very good at helping me to move around and they deal with my equipment properly...wheelchair, hoist and everything". Another person told us that "Staff understand what cerebral palsy is...and they know that it doesn't mean we are incapable." People thought that staff were well trained in both practical and theoretical subjects.

We asked for copies of the training received. We saw that all staff had undertaken the training that Walsingham deemed to be mandatory. This included safeguarding, moving and handling and infection control. The specialist advisor checked on all the arrangements for supporting people with their mobility and found that staff were suitably trained. All of the staff had received training in managing medicines and in matters of equality and diversity. They had completed training in understanding physical disability, mental health needs and in person centred thinking. Staff were registered to complete qualifications that related to their job role. Staff with supervisory or management roles had suitable qualifications.

We looked at supervision notes and at appraisal records. Staff in the service received regular formal and informal supervision. They were observed by senior staff while working with service users and were also given the opportunity to discuss their work, training needs and any personal issues in formal meetings. We spoke with a staff member who told us how the manager had helped them with a personal issue so that they achieved a better work/life balance.

Staff also received training about the Mental Capacity Act 2005. We spoke with staff who understood their responsibilities under this legislation. No one in the service had any deprivation of liberty issues and there was no restraint in the service. Staff had received full training on supporting people who may display behaviours that challenge.

People told us that nothing was done without their consent. Care plans were signed where possible. People were given options and choices about how they led their lives. We had evidence to show that people could direct the way their care was delivered and that Walsingham staff respected their wishes.

We met two people who, prior to moving to Lister House, had lived in a large residential care home for many years. Neither of these people had known how to cook but the Walsingham staff had supported them to attend classes and had cooked with them at home. Both of them now cooked independently. Staff did some cooking for people and they helped people to budget, shop and cook healthy food. The staff said they could assist people to get support from dieticians if necessary and were going to help someone attend a slimming class where they would get group support and could also socialise. Nutritional planning was available but not necessary when we visited.

People told us that the staff would access health care support in an emergency. A relative told us how a person had become unwell on holiday and how the staff supported them. "They went with (my relative) to hospital and took it in turns to stay for the whole time...they were wonderful as (my relative) was quite

distressed and unwell. They even brought him back to Cumbria when he was well enough." We saw in files that people saw their GP and community nurses on a regular basis. People had support from specialists and consultants. Preventative work was also done with people being guided and supported to have check ups and to have treatment when there might be a risk to health.

The people at Lister House lived in their own tenancies but we saw documentation that showed that staff had advised them when adaptations were needed. The manager had helped someone to have some major work done to their bathroom so that they could be more independent. We also saw that staff helped people to decorate and to buy new furniture. People had brought furniture from the residential home they had lived in but with help from staff they had gone out and bought modern furniture. Our specialist advisor judged that people had been given good support to ensure their environment helped them to be as independent as possible because suitable equipment was being used and specific adaptations had been made to meet individual needs.

Is the service caring?

Our findings

We measured this outcome by talking to people who lived in Lister House and who received care and support from Walsingham. People told us that they were happy with the support they received. One person said "Nothing needs to change, everyone is nice". People said that the staff team treated them appropriately. Another person said "They do the things I need to be able to manage in the flat alone. They support me to do what I want, not what they think I want."

We met with a relative who told us that "the staff couldn't be nicer. (The locality manager) is very good... understands what people need and works with them. (My relative) settled very well because of this respectful and caring approach."

We observed staff who worked with people in an equitable way. They did not see physical disability as being a barrier to people having their needs and wishes met. People were treated as people first and staff were able to assert the needs of people in a way that respected their human rights. We saw that it was accepted in the team that people who used the service had the same rights as everyone else in the community. We had evidence to show that staff supported people to use community services and to participate in activities that everyone takes for granted. Where there were difficulties the staff supported people to access appropriate services or to raise complaints. People who used the service were assertive and able to ask for the things they needed. We saw this in action when we attended a tenants meeting. People had ready access to advocacy but most people had been empowered to manage their own affairs.

We saw that staff had developed appropriate relationships with people. They were caring and sensitive to people's needs. They understood each person's past history, their needs and strengths and their wishes for the future. Staff took a person centred approach to the support they gave. We observed interactions that helped people in a dignified way. We also heard and saw evidence of staff empowering people in all aspects of their lives.

People told us that they trusted staff to maintain a good level of confidentiality and that their flats were "my own private space and staff don't intrude." We had evidence to show that independence was supported. People were encouraged to go out, to manage their own finances and to have a private life. Some people had decided to employ their own personal assistants using direct payments and they spent this in the way that suited them best. This showed that the staff team had encouraged people in becoming independent.

We spoke to people about how the support was given and they confirmed that the staff "are really just like friends rather than helpers and I don't feel awkward when they support me out in the community". People said that their key workers were chosen to have empathy with them and that they felt that their support was given in a non-patronising way. One person said "I have a man as a key worker and we have similar interests and tastes. It is like friendship but there is a line the staff don't cross." We had evidence to show that staff maintained appropriate professional boundaries yet had a caring approach.

Is the service responsive?

Our findings

When we arrived at the service on the first day we met someone on their way out. They said: "I can't stop long because I am going to a rehearsal at Prism Arts." This person then went on to tell us that they had been out the day before to a FA cup match. A little later we met someone who was on their way in their wheelchair to the supermarket. The staff member told us that: "we just go on the bus..." As the day went on we met people who told us: "I have been on holiday every year since I came here. This year I went in the sea for the first time. Staff came with us and helped us organise everything."

Most of the people we met had previously lived in residential care and we had evidence to show that the service used person centred thinking and planning to help people achieve personal goals and to move towards independent living. One person spoke to us with some emotion and said "I didn't really have a life until I came here but with lots of support I now have the kind of life you have and that everyone wants. I now need a job and maybe a relationship if I can find the right person. The staff have given me confidence."

We looked at care files for people who lived at Lister House and who received care and support from the Walsingham staff team. Each care file contained suitable assessments of need and these were reviewed at least annually. Where the staff team felt that the hours purchased were no longer suitable they reviewed the arrangements with the person. When necessary they would involve purchasing social workers, family members and advocates.

We learned that these on-going assessments of support needs had led some individuals to take control of their own support needs through Direct Payments. This meant that they controlled their own budget for their support. Most people in the service continued to have some support hours from Walsingham but they then decided on what kind of extra support they needed and wanted. We saw that some people had interviewed and employed their own personal assistants. Some people used their direct payments to pay for support to go to classes, to go on holiday or to go out for the evening. This showed good assessment of need and also showed that this staff team had encouraged people to take control of their own lifestyle.

Everyone who was in receipt of support had their own support plans in their flat. We saw that these person centred plans included a detailed guide to the support needed and also described the individual goals that people wanted to achieve. The files we looked at gave staff strategies for helping people to be as independent as possible. The files in individual flats gave staff good levels of guidance and allowed people to record their wishes and aspirations. For example they stated how people needed to be helped to mobilise, what support they needed in personal care, cooking, budgeting and shopping. They also outlined activities and entertainments people wanted to attend and the support they needed.

We spoke to staff and the people who used the service and we learned about a variety of activities and entertainments that people were supported to become engaged in. We judged that the staff team in this service tried to help people to have the same kind of experiences as everyone else in the community. We saw that staff worked very hard to find ways to support people to gain access to all sorts of community resources.

We saw that people living with physical disabilities used public transport and that they and their support workers did not find this a problem. We also learned that some people chose to pay Walsingham to take them to activities. People went shopping for themselves, went out for meals and entertainments. These included going to the local football ground and to away matches all round the country. Some people went to the centres for people with physical disability and some people went to a local arts group. People who used the service also went to local pubs and clubs or just simply went for lunch or a night out. The staff team supported people to have the kind of lifestyle they wanted.

We also noted that people followed their own interests and hobbies. We had evidence to show that people had been supported to use computers, learn to cook for themselves, learn to swim and to attend any other classes that they wanted to join in with. One person was currently following a further education course and several other people were being supported to access adult education classes. Some people had already attended independent living classes and three people had completed basic catering courses.

The service manager and her staff team were encouraging people, where appropriate, to look for paid or voluntary work. On the second day of our inspection we joined a tenants meeting where a guest speaker had been invited to give them advice on how to enter the job market.

We spoke to someone who told us that they were an advisor to Carlisle City council about disabled access and that they had attended full council meetings with the City and with the County Council. A group of people also attended Walsingham conferences and were part of an advisory group for the organisation. We heard people giving their opinions at the tenants meeting and we saw that people were assertive and able to contribute in a creative and meaningful way.

We judged that the Walsingham staff team empowered people who had spent many years in institutions and who had previously not had the opportunity to voice their opinions. The people who lived at Lister House were confident that they had a place in the Walsingham environment and that they also had a role to play in the wider community.

No one during the inspection had any concerns or complaints about Walsingham but several people brought up issues with the landlord during the tenants meeting. This was done in a polite yet assertive way with people having notes and bringing concerns up appropriately. People told us they had no concerns about care and support delivery but would not be worried about voicing any concerns. A relative said that they would go to the manager first but that if nothing was done they would go directly to the chief executive. People had copies of the complaints procedure and had telephone numbers of people they could contact if necessary.

We spoke to representatives of the local authority and health services. One person felt they would like even more feed back but said "The service provides person-centred responses to my client's needs and have grown a detailed understanding of how to meet the challenges they're posed by specific ...issues."

Is the service well-led?

Our findings

People we spoke with knew the registered manager and the locality manager very well. People said "Really nice people...very good support" and "I just go to (the locality manager) she is so lovely and nothing is too much trouble". Other people said "The staff team are very well managed and I don't think there is anything that needs changed." The specialist advisor noted that "every person that I spoke to (staff, tenants or relatives) spoke in the highest terms of the locality manager. It was clear that the locality manager and the registered manager had a wealth of knowledge about every tenant and had a clear focus on person centred care."

The staff team understood the vision and values of the organisation because, as one person said, "I take my lead from (the locality manager and the registered manager)...as well as reading the policies and going to training. The managers help us to translate these into practice." Staff we spoke with understood concepts behind the delivery of support to people living with disability. This meant that staff did not see any physical limitations as being anything but the 'norm'. They and the people who used the service expected to be able to access public buildings, public transport and other amenities without any problems. When they met any barriers they worked together to challenge public bodies to change their approach. We learned that staff and people who used the service together had worked with the landlord to make changes to individual flats that would increase individual's levels of independence.

Staff told us that they had regular meetings with management and on-going supervision. They also told us that there were 'ad hoc' discussions about how they delivered care and that they were encouraged to reflect on their practice. We saw evidence of this in staff meeting minutes and in individual staff files. During the inspection we heard staff discussing their practice together. Staff told us that this form of 'peer support' was normal and that they could challenge each other in a safe and comfortable way.

People told us that they had monthly tenants meetings, that their care plans were reviewed and that any individual or group issues were taken seriously and dealt with appropriately. They told us that they received annual surveys from the organisation and were invited to meetings about quality. Several people told us that they were part of a wider quality monitoring group and they felt that they were consulted about future planning. People were also involved in reviewing policies and procedures and played a part in recruitment. We heard at the tenants meeting that proposals for change made by the organisation were always discussed at these regular meetings. A proposal put forward was not very popular and the tenants put forward alternative ideas which were to be forwarded to Walsingham.

We were sent a copy of the external quality reports for the service. The operation was monitored at least monthly by the operations manager and by a quality manager. They ensured that things ran smoothly in the service, that people were consulted and that the quality standards of Walsingham were being met. We saw that the monitoring showed that the service met the quality standards well. If any targets were not met an action plan was put in place and these were checked for progress in a timely way. We also saw internal audits which included medicines management, the delivery of hours and the monitoring of training and supervision. There were no outstanding problems other than some issues with records.

We looked at a variety of records. We saw that with careful reading all records contained suitable information but we judged that the care files were somewhat unwieldy and that there was some things that would be better only in each person's possession. For example each care file had a copy of an easy read complaints procedure. Most people didn't need an easy read format and they already had complaints procedures in their own homes. Some files in the flats did need some information that was stored in what was called "The office file". We also saw that some information could be archived from this office file and that people could be assisted to archive some of their documents that were not in daily use. The organisation was aware of some of these issues and was working on these.

We did note that general files were well organised and information was easy to access. Recruitment records, staffing records and staff development files were well managed. Policies, procedures and general guidance were easily accessible and staff could also use the organisation's web site.

We recommended that records management be reviewed in the service and that changes to archiving and duplication be considered.