

Walsingham Support

Walsingham Support - 21 Budge Lane

Inspection report

21 Budge Lane
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Date of inspection visit:
17 November 2023

Date of publication:
22 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Walsingham Support - 21 Budge Lane is a residential care home providing accommodation and personal care to up to 6 people with learning and physical disabilities in 1 adapted, single storey, wheelchair-accessible building. At the time of our inspection there were 5 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support

People's needs were assessed, and plans were in place to ensure they were met in a person-centred way. Risks to people's safety were identified and reduced. The purpose-built premises enabled people's mobility needs to be safely supported. People received their medicines as prescribed from trained and supervised staff.

Right care

People were active and chose the activities they engaged in. 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. Staff made timely referrals to health and social care professionals to ensure people's needs were effectively met.

Right Culture

The service promoted an open and inclusive culture and focused on people's unique needs and individual preferences. The provider regularly checked the quality of care and support people received and used action plans to drive on-going improvements.

Rating at last inspection

The last rating for this service was Good (published 10 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsingham Support - 21 Budge Lane on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Walsingham Support - 21 Budge Lane

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Walsingham Support - 21 Budge Lane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walsingham Support - 21 Budge Lane is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 people, 2 staff, the deputy manager and the registered manager. We reviewed 3 people's care records and 3 staff files. We checked the environment of the service as well as medicines storage and medicines records. We reviewed the provider's infection control and health and safety and checks of quality carried out by the registered manager and the provider's quality monitoring team.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm .

Systems and processes to safeguard people from the risk of abuse

- People told us they felt happy and safe living at the service. One person told us, "I like it here, I am safe because the staff are very nice." If I had any problems, I would tell you. I don't." Another person said, "I'm very happy here."
- Staff received safeguarding training. This meant staff knew the signs of abuse to be aware of and the actions they should take to protect people .
- The provider circulated a safeguarding newsletter to staff. This six-monthly online publication provided staff with information about types of abuse, themes, case studies. This meant staff had access to up-to-date information about safeguarding best practice.

Assessing risk, safety monitoring and management

- People's risks were assessed, and actions were taken to reduce them. For example, people were protected from the risk of choking. Healthcare professionals carried out assessments for people at risk of swallowing unsafely and staff followed the guidelines they wrote when supporting people to eat. Staff supported people to eat foods prepared at the consistency prescribed by healthcare professionals to ensure they swallowed safely.
- Staff reduced the risk of people being harmed when being supported to move. Staff received training from healthcare professionals around people's individual mobility needs. This included using hoists to transfer people safely.
- Where people presented with health associated risks staff collaborated with healthcare professionals to manage them. For example, where people had been diagnosed with epilepsy, technology was used to alert staff in the event of them experiencing a seizure. Staff received epilepsy training to keep people safe.
- Where people had allergies, this was noted in care records.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider followed safe practices when recruiting staff. This included interviewing candidates, checking identities, taking up employment references and carrying out Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were trained to administer people's medicines and recorded that they had done so on people's medicine administration record (MAR) charts. These were regularly audited by the deputy and registered managers. This meant people received their medicines as prescribed.
- People's medicines were stored in individual lockers within a locked medicines cupboard. Staff carried out daily temperature checks of the medicines cupboard to ensure medicines were stored safely and in line with the manufacturer's instructions.
- Where people were prescribed 'when required' medicines, staff had guidance detailed within people's care records. This included when the medicine was to be administered and the maximum number of doses a person could receive within a 24-hour period.

Preventing and controlling infection

- People were protected from the risk and spread of infection. Staff followed an enhanced cleaning programme. This included the frequent cleaning of high contact points such as door handles and work surfaces to reduce the risk of infection.
- Staff received food safety training and followed safe food handling practices. For example, different coloured chopping boards were used in the kitchen for different food types such as cooked meat, raw meat, fish and vegetables. This reduced the risk of cross contamination.
- The service received a 5 out of 5 star food hygiene rating following its most recent inspection.

Learning lessons when things go wrong

- The registered manager reviewed all accidents, incidents and near misses and shared learning with staff during team meetings.
- The provider encouraged learning across the organisation when things had gone wrong at other locations. This enabled the registered manager to take action to prevent such events occurring at the service.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- There was an open culture at the service. People and their relatives were involved in making decisions which contributed to positive outcomes .
- People participated in their assessments and care plans and their needs were reassessed routinely and when their needs changed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their role to inform people and their relatives when things went wrong.
- The registered manager notified the local authority and regulator about significant changes and important events at the service.

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

- The registered manager, deputy manager and staff were clear about their roles. The service operated a shift leader system. A shift leader is responsible for allocating roles to colleagues each day such as activities, medicines, and household tasks. The registered manager checked to confirm these had taken place.
- The registered manager checked the quality of the care people received. This included auditing medicines, training, the safety of the environment and finances. Care records were checked to ensure they were up-to date and reflected people's current needs.
- The provider's quality assurance team visited the service every three months to carry out audits. Actions to meet shortfalls were noted and checked for completion.
- The service had plans in place to decorate the dining room, which had wheelchair damaged walls and a water damaged ceiling. We will be checking to confirm these works have been carried out.

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

- People and staff were involved in making decisions about the service. The provider hosted a number of large meetings online. These were attended by people, staff, and senior organisation leaders. They focused on people's lived experiences and were used to share information and ideas and drive improvements from a person-centred perspective.
- The registered manager arranged team meetings for staff to discuss peoples changing needs and

developments at the service. Minutes of team meetings showed discussion about people's needs leading to referrals to healthcare professionals.

Continuous learning and improving care

- The provider promoted a culture of on-going learning for the registered manager, deputy manager and staff team.
- Managers were supported to completed higher grade national vocational qualifications and management courses, whilst staff complete supported to complete the care certificate .
- The registered manager attended local provider forums where best practice in care was discussed.

Working in partnership with others

- The provider worked in partnership with others to meet people's needs. For example, the service made referrals to advocacy services to support people to make decisions, and advocates attended people's review meetings.
- The service worked collaboratively with activity provider's including day centre providers, theatre performers, aromatherapists and musicians to enable people to participate in a range of activities.