

## Walsingham Support

# Walsingham Support - 97 Luncies Road

### 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

97 Luncies Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care home accommodates five people in an ordinary family style residential property. The care service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good overall, with Responsive being judged as requires improvement. This was because there were not always enough staff hours allocated to enable people to participate in their social activities. Evidence was made available by the provider during this inspection that this had been actioned. The service remains Good at this inspection.

A registered manager was in post. 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.

Procedures were in place to protect people from harm and staff knew how to use them to keep people safe. There were processes in place to manage risks in relation to the running of the service, prevention of infection and the recruitment of staff. Medicines were safely managed in line with current guidance to ensure people received their prescribed medicines to meet their needs.

Staff felt well inducted and trained and used their training effectively. People were helped 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 underpinned this practice.

People's needs were assessed and they had support to access healthcare professionals and services. People were encouraged to eat well and choose healthier food options to maintain their health and well-being.

Staff were caring and respected people's privacy, dignity and independence. People were supported in a person centred way. Care plans were detailed and people were included in developing these. People were supported to express any concerns and information about making complaints was available in easy read format.

People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response.

There was stable leadership in the service. People knew the registered manager and staff us told they found them to be approachable and available in the home. Systems were in place to check on the quality and safety of the service provided and make improvements where these were needed.

Further information is in the detailed findings below.

## 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 remained safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service has improved to be responsive.

Improvements were noted at this inspection. The provider was able to show us that there were enough staff hours made available to ensure people's occasions for social opportunities.

### Is the service well-led?

Good ●

The service remains well-led.

# Walsingham Support - 97 Luncies Road

## **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 was undertaken by one inspector on 20 November 2017 and was unannounced.

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 looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with two people and a relative. We also spoke with the registered manager, the provider's representative and two staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to three staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

We saw that people felt safe and confident in approaching and interacting with staff. People were supported by staff who had received training and who had a clear understanding of how to recognise and report abuse. Staff were aware of their roles in regards to protecting people and confirmed they would do this without hesitation to keep people safe. Records showed that the registered manager had acted on a concern reported by staff and had taken action to safeguard the person's well-being and property. Easy read information on keeping safe was displayed in the service.

Risks individual to the person had been assessed and reviewed such as in relation to nutrition and health conditions. The assessments gave staff guidance on how to support the person safely and staff had had training on health and safety matters. There were processes in place to keep people safe in emergency situations. Procedures were in place to identify and manage risks relating to the running of the service. These included fire and water safety or impact of adverse weather conditions. People were also protected by the provider's staff recruitment process. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service. This was confirmed in the staff records we reviewed.

There were enough staff available to meet people's needs safely. Staffing levels had changed since the last inspection in response to their being fewer people living in the service currently. Staff confirmed and the registered provider's representative evidenced that there were enough staff hours available to enable people's needs to be met safely.

The provider had systems in place that ensured people received their prescribed medicines in a timely and safe manner. This included the safe ordering, receipt, administration, recording and storage of medicines. We saw that staff followed safe working practice when administering people's medicines. Assessments of staff competence to administer medicines safely were completed and medication checks were carried out to ensure safe management of medicines.

People were supported to live in a clean environment while respecting their right as individuals within their own personal living space. A relative told us that they had noted improvement to cleanliness in the service in recent months. Systems were in place to manage the risk of infection. This included staff training and regular cleaning schedules. Staff were observed to use their learning in every day practice, for example, using the specified coloured mops for floor cleaning and chopping boards for preparing food to limit the safety cross infection.

We noted that one radiator was not covered and that some cleaning products were not safely stored, which presented a possible risk for people. The registered manager actioned this immediately by turning off the radiator and ensuring the cleaning products were locked in their allocated place. The provider's representative subsequently confirmed that the room had been locked until the radiator could be covered and that this did not impact on or restrict people in the service in any way.

The registered manager told us there had been no accidents or safety incidents in the service since the last inspection. They reassured us that the registered provider had systems in place to fully investigate any such events and to share any learning identified to improve safety. The provider's representative confirmed to us soon after the inspection visit that the concern regarding the uncovered radiator had been shared with staff in this service and in the provider's other services so that lessons could be learnt to improve safety for people overall in the organisation.

# Is the service effective?

## Our findings

People continued to receive an effective service. The registered manager confirmed the provider's procedures to ensure on-going assessment of, and planning for, meeting people's needs. People had lived in the service for some years. Consideration was being given to the type of service provided in line with up to date thinking on current care models. Since the last inspection, this had included working with other organisations when supporting a person to move on from this service to more independent living.

The registered provider had a well-established system to provide staff with a comprehensive induction and ongoing training to enable staff to fulfil their role. Staff told us that this was effective in helping them to do their job well. A comprehensive system of regular supervision and annual appraisal was in place. These were used to support staff to set personal goals for skills development and for monitoring of staff competence.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Records showed that decisions made had taken people's best interest into account. This included, for example, actions taken by staff to support a person to maintain their personal appearance. Required steps were followed to ensure that restrictions placed on a person's liberty were lawful and their human right to freedom was protected. Appropriate application had been made to the local authority for a DoLS where an existing authorisation was due to expire. Staff sought people's consent and people were able to make everyday choices where they could. We heard, for example, a staff member quietly and patiently ask if they could wash the person's hair, giving the person time and waiting for the person's agreement.

People's dietary and lifestyle requirements were assessed, known to staff and respected so that people received the food they needed and preferred. One person, for example, liked three cooked meals each day and only cold drinks. Another person had specific communication words to request food which staff understood and strategies were in place to support the person not to over eat. Observed interaction between a person and staff showed that healthy eating was encouraged while personal preferences, and the person's right to make their own choices, were respected.

People's everyday healthcare needs were met and they had access to healthcare professionals as needed. This was confirmed both in discussion with a relative and in people's individual health care records. Effective systems were in place to ensure clear communication and maintain continuity of care. Each person had a hospital passport in place. This pictorial easy read document contained important information about



the person's assessed needs to be shared with others who may provide them with care and treatment. Records additionally showed that the service had shared information about one person's increasing mobility needs. This had resulted in an arrangement for health professional visits to now be made to the person at home, so as to ensure their needs continued to be met.

The registered manager told us that while the environment was slightly old-fashioned, the provider was currently reviewing this, so as to further improve opportunities for people's independence. As identified in the PIR, one bathroom had recently been fully refurbished and converted to provide a shower room to better meet the needs of people living in the service. As well as their own bedroom, people had access to different communal spaces which enabled them to meet with their visitors in private. Work was ongoing with one person to gain their consent for and involvement with the redecoration of their own bedroom.

## Is the service caring?

### Our findings

Staff supported people in a kind and caring way. The interactions observed between staff and people were positive. Staff engaged people and talked with them about, for example, what they had done when they had gone out shopping that day, or a person's favourite football team, or the possibility they would agree to have their bedroom redecorated.

Discussion with staff and observation of their interactions with people showed that staff had gotten to know people and their needs and personalities well. The PIR told us that each person had a monthly meeting with their key worker which provided additional opportunity for one to one relationship building. Records confirmed the regular keyworker reviews which were completed in a structured and detailed way in line with the provider's procedure.

People were able to express their views and be actively involved in making decisions about their care to the best of their ability. One person had signed their care records to confirm they had been included and agreed with them. Staff, including agency staff, had signed to confirm their understanding of, and agreement to, treating people's information in a confidential and respectful way.

Easy read information was readily available to people on contacting advocacy services should they need independent support in making decisions. The registered manager told us that advocacy services had been accessed for people in the past where this was needed, and this was confirmed within the records we viewed.

Staff respected people and supported them with dignity. A poster titled 'Respect My Home' was displayed in the service that advised staff how people wanted staff to treat their home. Staff respected people's individual bedrooms and sought consent for us to look at them. We noted that one person's bedroom did not have any window coverings. Staff and the person confirmed that the person did not want these and staff told us that the person had removed any window coverings that had been in place. Staff told us that to respect the person's preference; they supported the person to get dressed and undressed in the bathroom so as to protect the person's dignity.

People were supported to maintain skills and independence. People's care records noted people's skills such as in eating, drinking, mobility or personal care and how this was to be supported to maintain their independence. Changes had been made to the premises to promote independence, for example, the new shower room. The registered manager explained that a downstairs accessible bedroom was available to a person with increasing mobility needs when the person felt able to agree to the change and would enable them to remain more independent in their home.

## Is the service responsive?

### Our findings

At our last inspection we noted that while there were enough staff available to ensure people's safety, there were occasions where people had not had their planned outings as there were not enough staff available to support this. At this inspection the provider's representative was able to provide us with evidence of the current staffing hours assessed as needed and confirmation that they were provided each week to ensure people received a responsive service. The provider's representative also confirmed that records within the service would show this more clearly in future. We saw, for example, that the person was supported to go out for their planned activity during our inspection. A relative confirmed that the person did go out regularly to planned activities.

We found that staff continued to assist people well with their care and support and that staff were responsive to people's individual needs. Care plans were written in a person centred way and clarified how people needed to be supported based on people's needs and preferences. One person's care records, for example, explained that if a person said certain words it meant they were in pain so that staff could respond to the person's need for pain relief. Staff we spoke with were clearly aware of and were able to tell us about it.

People and those close to them were involved in contributing to the planning of the person's care. A relative told us they had recently been involved with the person in attending the annual review of the person's plan of care. People's connections with others who mattered to them were encouraged and family relationships were supported. One person told us which family member visited them and on which day of the week. This was demonstrated in the person's plan of care.

The service is not currently providing end of life care for people. The registered manager told us, and records confirmed, that the service had supported people to consider and be involved in planning for this as much as they were able.

Information on how to make a complaint was displayed in an easy to read format to be more accessible to people using the service. It had photographs of the staff in the organisation that people could tell their worries or complaints to. A formal complaints procedure was also in place. One complaint had been received by the service since the last inspection. Records showed that this was responded to promptly and in an open way. Information was provided to the complainant to help them to understand the organisation's actions in not limiting a person's independence development.

## Is the service well-led?

### Our findings

A registered manager was in post. 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 service was consistently led. An experienced manager had been appointed in June 2016 who was subsequently registered with the Commission. The registered manager was employed on a full time basis in the service. This enabled them to remain aware of how the service was operating and be directly in touch with staff and people on a regular basis. The registered manager told us, "I need to ask questions and lead things and although I work from home sometimes I also need to see what is happening in the service."

Clear organisational policies and systems were in place to support implementation of the organisation's values. The registered manager confirmed they were well supported by the organisation, including in keeping their knowledge up to date which was then shared with staff. This included through formal supervision, manager's meetings and visits from the provider's representatives to support continuous learning at all levels.

The PIR advised of the provider's annual staff awards, which rewarded good practice in seven areas aligned to the provider's core values. This included putting people at the heart of what they do and community engagement. The registered manager told us they had worked their way up from being a carer, which showed that staff were valued and supported to develop and progress through the organisation. The registered manager said, "I have been taught the Walsingham way and ensure that their values are followed in the way people are treated and cared for here."

There was an open and inclusive approach in the service. Information was available to people in an easy read and accessible format. Roles and responsibilities were clear and staff were aware of them. Information was displayed for staff on who in the organisation to contact for advice or support should the registered manager not be available. Staff told us that the registered manager was always approachable and that they felt well valued and supported.

The provider had a survey form system to engage with relatives and people using the service where this was possible. The December 2016 survey showed positive responses in all areas. The registered manager advised that the monthly one to one keyworker meetings were a better way to seek the views of the people currently living in the service and enabled them to be responded to in a more timely and person centred way.

The provider had a system of checks in place to oversee the quality and safety of the service. Monthly audits were completed by the registered manager and returned to the provider. Where we noted some minor gaps, these were records based and did not impact on people using the service. The provider's representative responded positively to this finding and assured us of the prompt actions to be put in place to address it.

The service had been assessed by the local authority in June 2017 and the performance findings were favourable and complimentary. The registered manager advised that the provider had communicated positively with local commissioners regarding the development of the service currently being considered so as to ensure best outcome for people.