Walsingham Support Limited

Walsingham Support - 19 Beech Avenue

Inspection report

19 Beech Avenue
Smithfield
Egremont
Cumbria
CA22 2QA
Tel: 01946 824885
Website:www.walsingham.com

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection that was carried out by an adult social care inspector on 6th August 2015.

19 Beech Avenue provides accommodation for up to eight people who have a learning disability. The accommodation is in a bungalow and a small house linked by a covered walkway. People who live in the bungalow may also have a physical disability. The people who live in the house may display behaviours that challenge.

The service is operated by Walsingham who run a number of similar services in Cumbria and throughout the country.

Summary of findings

The service has a registered manager who was on extended, planned leave at the time of this visit. 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.

We judged that there were not enough staff to support people with complex needs. The provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. You can see what action we told the provider to take at the back of the full version of the report.

The environmental stands of the property need to be improved. The house needed to be redecorated and furniture replaced. Some furniture and fittings in the service also needed to be replaced.

This is a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment. You can see what action we have told the provider to take at the back of the full version of the report.

Staff were aware of their responsibilities in keeping vulnerable people from harm and abuse. Safeguarding referrals were made appropriately.

Risk management was in place when any potential risk was identified. Accidents and incidents were managed correctly.

The bungalow was suitably adapted for people with complex moving and handling needs.

Recruitment was done appropriately with all checks in place to make sure vulnerable people were protected. The service had suitable arrangements in place to deal with disciplinary issues.

Medicines were ordered, administered, stored and disposed of correctly.

Good infection control measures were in place.

Staff were suitably skilled and had a good understanding of people's needs. This was because staff had received suitable training and were being given supervision and support. This included training on managing behaviours that challenge. Staff were trained in restraint but had not needed to use this.

We spoke to staff and saw evidence to show that they understood the issues around capacity and consent. A multi-disciplinary approach was taken to decision making and every person in the home had been judged as having restrictions on their liberty. The registered manager had applied for Deprivation of Liberty orders under the Mental Capacity Act 2005, and appropriate meetings had taken place to ensure people's rights had been protected.

Staff had a good understanding of how to support people with complex nutritional needs and food preparation was done well to ensure people were offered a healthy diet.

People in the home saw their GP and the community nurses. Specialist health care providers were also involved in the care of people in the home.

We observed staff treating people in the home with dignity and respect. People were given private time and the staff were good at interpreting their needs. Everyone had access to an advocate.

Suitable arrangements were in place for end of life care when that time came.

We looked at care files and we saw detailed care plans were in place to support frail and vulnerable people. These included behavioural plans and very detailed plans for personal and health care support.

People were taken out on the home's transport on a regular basis. Activities were in place that met the complex needs of people in the service.

There was a suitable complaints procedure in place and there had been no complaints received about the home.

We had evidence to show that the staff team had supported someone who had moved to more independent living. This had been done well and the team had worked with external colleagues.

Suitable management arrangements were in place during the planned absence of the registered manager. The organisation was supporting the temporary manager and the senior team.

Staff displayed the values that Walsingham judged to be of importance to people with learning disabilities.

Summary of findings

Quality checks were in place and the operations manager was aware of the issues in the home around staffing and the environment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

The home was not appropriately staffed to meet the complex needs of people in the service.

The staff team were suitably trained in safeguarding and people were protected from harm and abuse.

Medicines were carefully managed in this service.

Requires improvement

Is the service effective?
The service was not effective.

Some parts of the house needed to be refurbished and some new furniture purchased.

The service employed suitably trained and developed staff.

The staff team understood the Mental Capacity Act 2005 and appropriate action was taken if they judged people to be deprived of their liberty.

Requires improvement

Is the service caring?
The service was caring.

People in the service responded well to staff when care and support was being given.

Privacy, dignity and respect were evident in the way staff worked and guidance on these issues was seen in the written plans of care.

People in the service had advocates who could act on their behalf.

Good

Is the service responsive?
The service was responsive.

Each person had a detailed and up to date care and support plan that gave staff good guidance.

People went out and were given support to participate in activities that suited them.

We saw evidence to show that when people moved between services this was done in a planned and supportive way to lessen anxiety in the individual.

Good

Is the service well-led?
The service was well led.

Suitable arrangements were in place to ensure that a consistent management approach was in place when the registered manager was on extended leave.

Good

Summary of findings

Quality assurance systems were in place and the organisation monitored all aspects of the service.

We saw evidence of good partnership working so that people got support from the relevant professionals.

Walsingham Support - 19 Beech Avenue

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 6th August 2015 and was unannounced.

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

Before the inspection we 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 asked the local social work team for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people.

We spent time with the seven people who lived in the service and we observed how they were being supported on the day of the inspection. We spoke to seven members of staff and to the operations manager.

We read seven person centred plans and seven support plans. We also looked at a variety of documents related to the support of individuals. This included the record of money held on their behalf.

We looked at the medication stored on behalf of people in the home and at the records of ordering, administration and disposal for medicines.

We looked at seven staff personnel and training files.

We also looked at quality monitoring records, some of the policies and procedures, the fire log book, food safety records and documents relating to the maintenance of property and equipment.

Requires improvement

Is the service safe?

Our findings

People who lived in this service did not use verbal communication so we measured how safe they felt in the service by observing their body language. We saw that people who lived in the home responded well to members of the staff team. This showed us that people felt safe being cared for by the staff team.

We looked at the home's rosters. We saw that the intent was to have three support workers on duty by day in the bungalow and two staff on duty in the house. Staff told us that there were times they worked under this figure and that they managed quite well but sometimes this meant they couldn't take people out as often as they would like. We saw that Walsingham were attempting to resolve this recruitment problem. We noted that staff were happy to work extra hours and in both parts of the home to make sure that people received suitable levels of care by day.

We saw that the service did not have waking night staff despite the fact that people who lived in the service were becoming more dependent or had challenging behaviour. Staff said that they were not expected to check on people during the night when they were 'on call'. The staff were using baby monitors for two people in the bungalow because no one in the home was able to use a nurse call system. We judged that this impacted on the privacy of people in their own bedrooms and potentially prevented staff from having a good night sleep. Staff told us that sometimes both 'sleeping-in' staff at night were woken. This was because giving medication or delivering care would usually involve two people.

This meant that the service was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. This was because neither staffing levels nor new technology met the assessed needs of the vulnerable adults who lived in the home.

We asked members of staff how they protected people who lived in the home from potential abuse and neglect. They were able to discuss this at length. They said that Walsingham had a specific whistleblowing procedure and that there was a phone number they could call if they were concerned. Staff explained to us that they had received training and they were given opportunities in staff meetings and supervision to discuss anything of concern. We had received appropriate referrals about safeguarding in the past and staff were aware of how to report any potential problems.

People who lived in the bungalow needed to be supported in relation to mobility and we saw that there were a number of different pieces of equipment that helped people. This included overhead hoists, mobile hoists, specialist chairs and other individual pieces of equipment. These were well maintained and helped people to be as comfortable as possible.

We looked at the accident records in the service. We saw that accident reporting was done appropriately. There have been no serious accidents or incidents in the home.

We looked at staff files and checked on recruitment. We saw that this was done correctly and that new staff had background checks completed before they had access to vulnerable adults.

We asked the operations manager about disciplinary procedures. We were aware that Walsingham had suitable procedures in place. We had evidence to show that staff disciplinary matters were dealt with appropriately by the organisation.

We looked at how medicines were managed in the service. We saw that medicines were ordered, administered and disposed of appropriately. Medicines were stored correctly. Staff told us that they were trained in administering medication and their competency checked before they started to give people medicines. We saw medication being given to people and this was all was done by two members of staff. We saw that each person in the home had their own medication file that explained how and when to give medicines. These files also explained what the medication was used for. There was good guidance for staff about when to use 'as required' medicines.

The home had suitable policies and procedures in place in relation to infection control. Staff had equipment and chemicals available and we saw good actions taken to prevent cross infection. There have been no serious outbreaks of infectious diseases. We also spoke to the support workers and the domestic assistant who worked in the house and they understood how to manage any potential problems.

Requires improvement

Is the service effective?

Our findings

We walked around all areas of the house and we saw that the house was now in a poor state of repair and did not meet the needs of either of the people who made it their home. The staff team had been supporting people in this house who needed a more specialised environment. They had been dealing with this as well as possible. However the house now had décor that was proving very difficult to keep clean and appropriate for the people who were living there.

We also noted that some furniture in shared areas needed to be replaced. This included the dining room furniture in the house and the sofas and easy chairs in the house. The operations manager agreed to look at this as a matter of urgency.

This a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment, because the environment was not being maintained to an acceptable standard.

This home had two distinct areas. The bungalow had five bedrooms, a dining room, lounge and two areas that could be used for activities. One of these rooms was a sensory room. The bungalow had specially adapted bathrooms and other suitable adaptations. People who lived in this part of home had both learning and physical disability. The home met their needs appropriately.

The other part of the home was a three bedroomed two-storey house. The house and the bungalow were adjacent to each other. The house was not suitable for people with physical disabilities. Originally this house had been used for people who were a little more independent. There had been some concerns about the needs of the people who were in this house. The provider and the local purchasing social work team had judged that this property was unsuitable for the remaining two people in the house. There were plans in place to deal with this and to ensure that suitable arrangements were in place to ensure people had their needs met appropriately.

We spoke to staff in both parts of the property. We saw that the staff were skilled in things like moving and handling, supporting people who may have challenging behaviour and in helping people who found it difficult eat and drink unaided. The staff on duty during this inspection were highly skilled in these tasks.

We also spoke to staff and saw that they understood the theoretical background to the practical skills they brought to the work. We judged that staff in this home had the right levels of skills and knowledge to care for these two groups of very vulnerable people.

We looked at staff files and saw that staff had regular supervision and appraisal. Some of the records of supervision needed to be more detailed and the operations manager told us that they were working on this. We did see some up-to-date supervision records that showed that the recording of supervision was improving. Staff told us that they could talk about anything that concerned them in these meetings. They said that they were helped to access training and that they could discuss their competence in supervision.

We asked for and received a copy of the training matrix. We saw that there was comprehensive training provided by Walsingham and that staff were expected to attend training that supported them in their job role. We also saw that some in-house training had been provided when people had specific needs. For example we saw that the whole team was trained in things like supporting people who needed daily physiotherapy or needed complex support with their nutrition or with their behavioural needs.

Staff in the home could discuss what was best practice with people with complex needs. We noted that there was a good understanding of the problems associated with complex learning disability. For example staff understood how they should support people with autism and also had an understanding of people with learning disabilities who also needed help with physical well-being. Staff could balance individual rights and the duty of care they had as part of their role.

Every care file contained an assessment of capacity showing that staff had looked at the strengths and abilities of people. When people had been in the service for a number of years this assessment had been repeated annually. We also saw that "best interest" meetings were held when decisions needed to be made on behalf of people who lacked capacity. We also heard staff help people to make daily decisions informally.

Requires improvement

Is the service effective?

Staff had a good working knowledge of their responsibilities under the Mental Capacity Act 2005 and the registered manager had applied for a Deprivation of Liberty authority for everyone in the home. These had been granted for people in the service.

People in the service had been judged to have problems in giving consent to care and treatment. We saw that, where appropriate, family members were involved in issues of consent. We also saw that health and social care professionals were involved in making decisions about consent. We noted that plans to support people with these difficulties had been done as part of a multi-disciplinary approach.

All staff in the home had been trained in restraint. Restraint had not been used in the service because staff were also trained in how to manage people when their behaviour was challenging. Staff told us that they felt very confident about this aspect of their work and that they were well trained in both theory and practice. They told us they followed the behavioural plans “to the letter.”

Everyone who lived in Beech Avenue needed help and support with eating and drinking. Staff were aware of how to support people who needed some very specialised diets. They used the expertise of the dietician and speech and language therapist to help with this. We saw people being supported to eat and drink in a sensitive and appropriate way. Staff told us that they cooked meals "from scratch" and tried to help people to make healthy choices.

We looked at all of the care files in both sides of the home. We saw that people had regular support from community nurses and general practitioners. People in the home also saw dentists, chiropodists and opticians. We also noted that people saw the specialist psychiatrist for people with learning disability. Learning disability nurses and specialists physiotherapists also supported people.

Good

Is the service caring?

Our findings

We measured this by observing how people responded to the staff team. This was because people in the home did not use verbal communication and were unable to comment on how caring the staff were. We looked at the way people responded when the staff were supporting them.

We saw that staff interacted well with people and were able to interpret their body language. Staff could pre-empt needs and could recognise the signs people made when they were distressed, hungry, uncomfortable or in pain. We saw that staff were able to understand the most subtle of signs. Staff were supporting them as well as possible. We saw genuine affection and respect for people who lived in the home.

It was obvious that the staff team knew people really well. They recorded people's likes and dislikes, needs and strengths in their person centred plans. Staff could talk at length about each individual and knew their family connections. Staff asked people about their preferences and were able to interpret people's responses.

People were treated with respect and dignity. Staff ensured that people were given privacy as much as possible and had time to be alone. Staff had balanced this with the issues of safety for each individual. We heard staff talk about individual's wellbeing. People in the service had access to an advocate.

Staff tried to encourage people, where possible, to have a measure of independence. This was extremely difficult but the staff team, through person centred planning, tried their best to achieve this.

We had evidence to show that staff had supported people at the end of their lives and the team were going to look at issues like resuscitation with health colleagues.

Good

Is the service responsive?

Our findings

We measured this outcome by observation, talking to staff and by looking at care files. We looked at all of the seven care files for people in the service. We saw that each person had a comprehensive and up to date person centred care file. These files used an 'easy read', pictorial format.

Everyone in the home had a support plan. These plans were detailed so that staff could give people consistent and appropriate care. Plans gave detailed guidance for staff in how to deliver personal care, how to prevent pressure sores developing and how to move people using different types of equipment. These plans were of a high standard and the staff followed these closely.

We also saw that some people had difficulties managing their emotions and behaviours. Very detailed plans were in place for these people. These had been developed with the help of a professor of psychology with a specialism in working with people with learning disability or with autism. Staff received at least one day's training in a group with this specialist. We noted that one of these plans had helped to stabilise a person who was now much more settled.

People in the service needed support from specialist social workers and the operations manager said that new social workers were being allocated to everyone in the home. The local learning disability team were planning to review everyone's needs in the home as part of a county wide review of learning disability. This would involve looking at whether people were still appropriately placed in the home. One person had moved on to more independent living and there were plans in place for other people to move to more appropriate accommodation.

People went out in the home's transport. They went out shopping and for walks. Some people went out for coffee and light meals. We had evidence to show that, where possible, people were supported to go out into the community and to maintain contact with their families.

The home had a sensory room which had a water bed, lights and music so people could relax. There was also a conservatory with a small trampoline so that people who didn't move around much could have a different experience where they would be helped to move more. Staff did physiotherapy exercises with people and most of the group went swimming in a specialist pool.

We asked about complaints in the home. The organisation had a suitable complaints procedure in place. This was given to families and other interested parties. There was an easy read version available. There had been no complaints received since our last visit.

We saw good evidence on the day about how people were helped to move between services. We had heard from the local learning disability team that one person's move to more independent living had been done over a period of time with good support given to prepare the person. We learned from staff that the move had "gone really well and they are loving it."

Good

Is the service well-led?

Our findings

This service had a suitably experienced and qualified manager who was registered with the Care Quality Commission. The registered manager was currently on an extended period of leave. The deputy manager was in charge of the home in her absence. She too was a suitably qualified and experienced worker.

On the day of our inspection the operations manager visited the home to support the two acting deputies and we had evidence to show that she was supporting the management team until the registered manager returned to work. We judged that there were suitable levels of support for the management team in the home. We also saw that other senior members of the organisation visited the service.

We looked at the arrangements in place for monitoring quality and we saw that the operations manager and other senior officers checked on quality audits and monitored the way the service was operating. We had evidence to show that the finance officers monitored service user money, the home's budget and staff salaries. The organisation expected the management team to return quality audits on a regular basis. The registered manager and the acting manager had regular supervision meetings with the operations manager.

We saw that the team in the home followed the quality monitoring guidelines set out by Walsingham. We saw daily, weekly and monthly records of things like money management and medication checks. We also noted that care planning and delivery were monitored. This was done by observation of practice and by checking on care and support plans. The registered manager had consistently audited all of the care related systems and the temporary management team were continuing to do this.

We also saw that monitoring included the maintenance and upkeep of the building, cleaning systems and food and fire safety. They were aware of improvements needed to the environment but had not put plans in place. The team were aware that they needed to train more people as fire wardens and this training had been booked for two people who were already completing the checks on fire safety. An external risk assessor had completed a full fire risk assessment of the premises. Staff had completed food safety training and they kept good records of temperatures and food taken. The local environmental health officer rated the catering as excellent.

We spoke with staff who could discuss at length the values of Walsingham and who had taken on board all of the person centred approach training they had received. We judged that staff on the team worked well with people and acted as advocates for the vulnerable people who lived in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who use services were not protected against the risks associated with staffing arrangements at night. Regulation 18 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises. The environment in the house needed to be refurbished and some furniture in both parts of the house needed to be replaced. Regulation 15 (1).