

Walsingham Support

Walsingham Support - Travis Gardens

Inspection report

88 Travis Gardens
Doncaster
DN4 0DP

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10 September 2021

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12 October 2021

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Walsingham Support – Travis Gardens is a residential care home providing personal care to 5 people living with a learning disabilities and autism. The service can support up to 6 people.

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

Audits and monitoring systems needed to be further strengthened and embedded into practice.

Health monitoring records were completed as required. Records to show people's food and fluid intake needed to be kept.

Staff were trained in safeguarding and aware of what was reportable. We found one safeguarding concern that had not been reported but was reported retrospectively.

Risks had been assessed and were being monitored, however some environmental risks had not been identified. Accidents and incidents were analysed to ensure lessons were learnt.

People were receiving medication as prescribed. Staff were trained and assessed as competent to administer medicines.

Staff were suitably deployed to meet people's needs. Staff were receiving training and supervision.

Staff were kind and caring. People were not consistently supported to access activities that were meaningful to them.

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.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting was being utilised to maximise people's choice, control and independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff were being improved to ensure people using services led confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17/10/2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on [4/07/2018].

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Walsingham Support - Travis Gardens

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Walsingham Support – Travis Gardens 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 service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with eight members of staff including the registered managers and care workers. We spoke with one visiting professional. We carried out an observation of support as a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents or concerns had not always been reported to external organisations in line with the multiagency safeguarding procedures. We asked the registered manager to investigate two incidents and to report them retrospectively to safeguarding following the inspection.
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and had access to the provider's policies and procedures. This included having access to the provider's whistleblowing procedure that could be used confidentially, to raise any concerns about poor practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Environmental safety checks were taking place but not identifying all problems.
- For example, we found a broken sun canopy in the garden which protruding and had sharp edges. This was at a height that people could injure themselves on. A fire exit was blocked, and a piece of equipment was being used that had not been checked or risk assessed, it was unclear where the equipment had come from. The registered manager took immediate action to address the concerns, once they were pointed out.
- Risk assessments were in place and were updated following an accident and incident or change of need.
- Staff we spoke with knew people well and could describe how they supported people safely.

Preventing and controlling infection

- The home was generally clean and tidy, and we saw staff disinfecting surfaces and ensuring hand hygiene was maintained.
- Some fixtures and furnishings needed replacing and couldn't be adequately cleaned. For example, the sofa in the lounge was worn and porous, some pedal bins were rusty, and the lids did not fully close.
- Staff were seen wearing personal protective equipment (PPE) and people were reminded to regularly wash their hands, for example before meal times.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Staffing and recruitment

- There were systems in place that ensured staff were recruited safely. This included obtaining a Disclosure and Barring Service check (DBS) to ensure staff were suitable to work at the service.
- Staffing levels were sufficient at the service. People were receiving one to one support where this was

funded.

- Relatives spoke positively about the staff. They said, "Staff are ace, they are so helpful, really good."

Using medicines safely

- Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- People received their medicines safely. Staff received training in medication management and checks were carried out to ensure staff were safe to administer medications.
- Staff told us they felt confident in administering medicines and were aware of the action to take should an error occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- There was no record kept of what food and fluid people had received throughout the day and people had specialist diets. This prevented checks being made that people had received meals in line with their nutritional requirements.
- People's dietary needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for.
- People likes and dislikes were taken into consideration when menu planning.
- Relatives were confident their family member received enough to eat and drink. One relative said, "Food looks good. We all go out for meals together sometimes."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice.
- Support plans were based on people's individual needs. People's individual diverse needs were known and understood by staff.

Adapting service, design, decoration to meet people's needs

- The layout and design of the service met people's individual needs.
- People had a choice of communal area and a quieter area that had been adapted to look like a tearoom. There was a spacious garden that enclosed the home.
- Bedrooms were spacious and all decorated and furnished to meet the person's individual needs and preferences. However, decoration and some furnishings needed updating and were tired and worn.

Staff support: induction, training, skills and experience

- Some staff were very experienced and had worked with people for a long time.
- Staff had received training to support them in their role and they knew people well. Some staff had not received face to face training, for example to support their awareness and practice in relation to supporting people with behaviour considered challenging to others. This was due to the pandemic and face to face training being placed on hold. The registered manager was aware of this and had a plan in place to source training.
- Staff received regular supervisions giving them opportunities to discuss their training and development. However, staff told us they weren't well supported, and this was due to a lack of management presence in

the service.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to meet people's care and support needs.
- Staff made referrals to others for assessment and guidance.
- Relatives were complementary about the approach of staff of working with external professionals.
- People's care records confirmed referrals to other agencies were made in a timely manner.
- Information was shared with external professionals to assist in the ongoing care of people.

Supporting people to live healthier lives, access healthcare services and support

- Guidance for staff about people's health care needs were recorded. For example, speech and language therapist assessments were available so staff knew how best to support people who had eating and drinking guidelines.
- People were supported to access health services and records showed that timely referrals had been made to support people's health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had been managed appropriately, with a log kept of applications and any follow up action that was required.
- People mental capacity had been assessed and best interest decisions were made and recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and it was clear that they cared about the people they were supporting.
- One staff said, "People have a good quality of life. The care is brilliant, and support workers are brilliant."
- Feedback from professional and relative was positive. One professional said, "The staff engage really well with the people who live there in a positive manner. I think they show they care about the people they support." A relative said, "They are definitely caring."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Professionals and relatives spoke positively about staff at the home and how they supported people on a day to day basis
- Staff fully understood people's personal histories, including information about underlying health conditions and its impact on the person. This enabled staff to provide person centred support people based on their knowledge and experience.
- People had a staff key worker and as part of their role they acted as a point of contact for changes to be made to. For example, key workers had supported people to access new bedding and accessories for when their rooms were decorated.
- People were clean and well-presented, and their dignity was maintained.
- Relatives said, "I'm happy because they [people living in the service] are looked after well and they're happy. [My relative] always looks presentable and clean."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a lack of meaningful activities available. We observed some people go into the community but for prolonged periods of time where there was no stimulation in communal areas, except for the television, which people were not interested in.
- There were no records to show any outcomes and goals that people had achieved or were working towards achieving.
- One staff member told us that they did usually do activities, they said, "We try lots of different activities. The things we do are ball games, bowling and bingo."
- Relatives felt their loved ones could be supported to take part in more meaningful activities and go into the community more often.
- We saw staff caring for people rather than involving people in day to day tasks.

Improving care quality in response to complaints or concerns

- There were systems in place to ensure any compliments or complaints received were documented, investigated and addressed.
- Relatives said they were confident that their concerns would be addressed and taken seriously should they ever need to raise a complaint.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Details of people's communication needs, and preferences were recorded in care plans and understood by staff. Documents were available in accessible formats.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not robust enough to identify the issues we found during the inspection.
- Auditing required strengthening and improvement. We identified gaps in recording for health and safety. For example, mattress audits were not taking place and during the inspection we found some environmental risks that had not been addressed.
- Where problems in the home had been identified they were not addressed promptly, we found furniture that had needed to be replaced for many months and a bath that was not working, preventing people from having choice.
- Following the inspection the registered manager told us what immediate action had been taken to address the areas we had further highlighted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us unanimously that there was always a member of management at the end of the telephone. However, they also said that they didn't feel well supported and this was due to a lack of management presence in the service.
- One staff said, "Managers don't seem to know what's going on in the service." Another staff said, "There needs to be more influence from management on day to day running of the place. Furniture, decoration, broken baths, dishwashers and mattresses are all an issue. Things are reported but things are slow to happen." Another staff said, "We are left to our own devices." We discussed this with the management team who said there was always a manager available on the telephone and a deputy manager in the service. The service had previously been managed by a different provider and staff were still adapting to a new provider.

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 registered managers understood their responsibility to notify us of significant events that had occurred at the service.
- The registered managers were open about the improvements that were needed at the service and their plans to enable these improvements to be made. They were receptive to open conversations throughout the inspection process.

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

characteristics

- Quality surveys were sent out to gather feedback. However, relatives said, "I think communication could be better." And another relative said, "I have had no option to feedback on the service."

Working in partnership with others

- The service had worked in partnership with other healthcare agencies such as GP's, speech and language therapists and advocacy services to ensure people received care in line with their needs. Approaches to the communication between these healthcare professionals had been adapted due to Covid-19 restrictions such as telephone or video calls to enable people to receive the healthcare they needed.