

Walsingham Support

Walsingham Support - 45a Hampton Road

Inspection report

45a Hampton Road
Teddington
Middlesex
TW11 0LA

Tel: 02089432541

Date of inspection visit:
09 February 2022

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16 March 2022

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 – 45a Hampton Road is a residential care home providing personal care for up to five people. The service provides support to older people, younger people and those with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four 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.

Based on our review of safe and well-led:

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

People received their medicines at the right times. We identified the provider needed to amend their medicines administration practice, which the manager took action to remedy in a timely manner. Recruitment was ongoing to ensure that additional staff were brought in to work at the home and that there were enough staff to meet people's needs. Staff were appropriately recruited. Risk assessments were clear in guiding staff as to how they needed to support people safely. Staff were able to recognise signs of abuse and knew how to report any concerns. Incidents and accidents were appropriately recorded and investigated.

Relatives and staff found the manager to be approachable and supportive. The manager understood their regulatory responsibility and how to comply with the duty of candour. Quality assurance audits were effective in identifying areas for improvement. People, relative and staff views were sought.

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

Rating at last inspection and update

The last rating for this service was good (published 16 March 2019)

Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We received concerns in relation to safeguarding and infection control processes. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsingham Support – 45a Hampton Road on our website at www.cqc.org.uk.

Follow up

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

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 - 45a Hampton Road

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors.

Service and service type

Walsingham Support – 45a Hampton Road 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 – 45a Hampton Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service does not have a manager registered with the Care Quality Commission. However, the manager in post had applied to be registered with us; and their registration interview was imminent. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave service 24 hours' notice of the inspection. This was because the manager covers other services and we wanted to make sure they would be available to speak with us.

Inspection activity started on 09 February 2022 and ended on 14 February 2022. We visited the location's service on 09 February 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we had received in relation to a recent complaint about the service. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, the deputy manager and two care staff. We reviewed a range of documents including risk assessments, staffing rotas and other documents relevant to the management of the service. We also reviewed people's medicines records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We reviewed additional documentation that the provider submitted to us electronically. This included staff recruitment files, policies and quality assurance audits. We also spoke with three relatives.

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. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- On the day of inspection, we identified that medicines administration processes were not always accurately followed, with a staff member preparing people's medicines for administration and storing them in the kitchen area.
- We raised this with the manager who immediately addressed this by arranging refresher training, an updated competency assessment and covering medicines administration practice during handover and at the upcoming staff meeting. They told us this was not common practice amongst all staff. We were satisfied with the prompt and responsive action the manager took.
- People had medication profiles in place which included all the medicines they were prescribed; we found no errors in medicines administration records. Protocols were in place for PRN ['as required'] medicines. Relatives told us they were not aware of any issues relating to people's medicines management.

Staffing and recruitment

- The manager told us that the COVID-19 pandemic had impacted on staffing levels at the service, with staff also telling us they were short staffed at times.
- To mitigate any risk, staff also told us that management also provided care, as well as the use of regular agency staff that knew people's needs. After the inspection, the manager sent us evidence of their ongoing recruitment and that new staff were due to commence work at the home.
- Staff recruitment checks were robust prior to them starting work. Checks included previous employment history, suitable references and Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People were protected against identified risk as systems in place gave staff clear guidance on what to do when faced with these risks.
- Risk assessments took into account who would be affected, what the benefits of the risk assessments would be, initial and existing control measures, reactive strategies to follow and an overall risk rating.
- Risk assessments covered for example, moving and handling, community access, medicines, kitchen safety and finances.
- There were behavioural plans in place should people engage in behaviours others may find challenging. These noted the least restrictive practice possible, and there had been no incidences of restraint.
- Risk assessments were frequently reviewed to reflect people's changing needs. Staff were aware of the

procedure to follow should they feel the risk assessment required an additional review.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to recognise potential signs of abuse. Staff understood their responsibilities in relation to safeguarding. They told us, "I'd report it to the manager and there are others, like CQC to whistle blow."
- Records showed that where any safeguarding concerns were raised, the provider took appropriate action to investigate and liaised with the local authority. There were pictorial signs to support people to raise any concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Relatives and other professionals were supported to visit the home in line with government guidance. Relative's confirmed there were no restrictions on them visiting. They told us they were required to undertake a Lateral Flow Test (LFT) upon entry and had to wait in a designated area to ensure a negative LFT result before meeting with their relative. Relative's also confirmed staff wore PPE at all times.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider ensured that any incidents were recorded, and investigated to reduce the likelihood of them reoccurring.
- Actions taken were clear and records showed that staff were clear and concise in their reports.

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

- Staff told us, "[Manager's] good, he's supportive, encouraging. He is positive and has good humour to keep people uplifted. He's available if there's a problem, if short of staff he'll be on his way and assist."
- Governance systems in place meant people were supported by a team of staff that took action to identify issues in a timely manner.
- Audits covered, for example monthly manager checks, infection control checklists and other assurances to identify any improvements. Where any updates were needed, these were promptly actioned.
- The manager understood the need to notify us of instances that impacted the service.
- The service was inclusive and supported people to live a life they chose whilst enhancing their independence. The service placed great emphasis on achieving positive outcomes for people wherever possible.
- Staff were aware of the provider's visions and values and implemented these into the care delivery.

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; Continuous learning and improving care

- The provider understood their responsibility to take ownership when issues occurred. They told us, "Where you're being open and transparent, acknowledge if there's a mistake, listen and learn how we can make things better. We apologise."
- People received support from a team of staff that placed them at the centre of the service.
- A relative told us how there a change in providers and the manager had been seen as a positive and that the manager was proactive in his approach. Another relative said the manager was a 'nice man' who had made some improvements since joining the service.
- Equally, staff spoke highly of the manager and management team as a whole. Staff told us how they could contact the registered manager at any time and that he was interested to know their views of the service and that he was supportive.

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

- People were encouraged to participate in the development of the service. Staff also told us the service was inclusive and they enjoyed working there alongside their colleagues.

- Keyworker meetings with people gave them the opportunity to communicate their views in a way their preferred method of communication.
- People's relatives told us their views were sought and they felt they would be taken onboard. One relative gave us an example of whereby they requested additional equipment for one person in order to better aid her mobility, this was actioned.
- Regular team meetings enabled staff to express concerns, ask questions and reflect on what had gone well the previous month and any training they needed to complete.

Working in partnership with others

- The manager told us partnership working was integral to the development of the service and care people received.
- Records confirmed the manager worked closely with stakeholders, for example, G.P's, district nurses and the local authority.