

Walsingham Support Limited

Walsingham Support - 122 Aldenham Road

Inspection report

Walsingham
Watford
Hertfordshire
WD23 2ET

Tel: 01923237770
Website: www.walsingham.com

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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

This inspection took place on 31 March 2016 and was unannounced.

Aldenham Road is a care home for people who are living with learning disabilities or an autistic spectrum disorder. There were 6 people living at the home at the time of this inspection. The home is a large detached house over two floors. Each person has their own bedroom with shared bathrooms/shower facilities, one large sitting room and conservatory and shared kitchen/dining room.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Some people who lived at the home were unable to communicate verbally. We observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. People welcomed us into their home and people told us they felt safe and happy living at Aldenham Road.

Staff were clear about their role in supporting people and about how to positively manage risks to people's safety and well-being. There were clear plans in place on how to support people to maintain their independence and control over their lives while promoting their safety, comfort and wellbeing.

Staff had received training in how to safeguard people from harm and knew how to report concerns. Safe and effective recruitment practices were followed to ensure that all staff were suitable for the role they were being employed to undertake. There were sufficient numbers of suitable staff available to meet people's individual needs. People were supported to manage their medicines safely.

The atmosphere in the home was welcoming and there were positive and caring interactions between the staff and the people who lived in the home. People and their relatives told us they were fully involved in planning and reviewing their care. People were encouraged to develop their skills and interests. There were clear plans on how people wished to be supported and the goals they wanted to achieve. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

People's permission was sought before staff assisted them with care or support. Staff were supported to develop the required skills and knowledge to provide care effectively to people.

The home was well led by a registered manager who knew the people and staff. They supported people to have their views and ideas heard and acted upon. There was a positive open culture with staff worked together in an atmosphere which valued their contribution to the service. Systems were in place to monitor the quality of the service and promote continuous improvement.

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.

People were protected by staff who understood the safeguarding procedures and would report concerns.

Sufficient staff members were available to meet people's needs.

People were supported by a staff team who had been safely recruited.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective.

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.
The service was responsive.

People's care was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People could choose how they spent their days and were supported and encouraged to engage in a range of activities within the home and in the wider community.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People were aware of how to make a complaint and were provided with an appropriate forum to raise comments or concerns about the quality of care at the service.

The provider had arrangements to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

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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 unannounced inspection took place on 31 March 2016. We conducted the visit during an evening which ensured we had an opportunity to spend time with people who were out during the day time attending their various activities and to ensure everyone living at the home had the opportunity to give us their views and experiences of the service provided.

Before the inspection, we reviewed all the information we held about the service. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounge, and also met with individual people in the privacy of their own rooms. We spent time observing interactions and the support staff offered to people throughout this visit. This helped us to understand their experience of the care people received.

During the inspection we spoke with four people who used the service and two staff members. We looked at care plans relating to three people who used the service. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. Following the inspection we contacted four relatives to obtain feedback.

Is the service safe?

Our findings

People who were unable to talk to us showed us that they felt safe and were happy when approached by staff. We saw one person smile and show gestures of friendship and holding the staff members hand. There was a calm friendly atmosphere. One person told us "Staff are nice and help me when I go out to the shops." Family members said they were confident about the care their relative received that it was safe and there were sufficient staff available to keep people safe at all times. One relative said "I can always rely on the staff to take care of [family member] both inside (the home) and when they are out in the community, they are all very kind and helpful." There was a pictorial board in the main reception area that monitored who was in or out of the building.

Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training which helped ensure their knowledge remained current. Staff and records confirmed this. Staff were able to demonstrate what constituted abuse and what they would do if they were told, saw or suspected that someone was being abused. There had been one safeguarding incident since our last inspection which had been acted and all relevant agencies informed. This meant that people were protected from harm or potential harm as much as possible.

Records showed that the subject of safeguarding was discussed at staff meetings periodically which enabled staff to have the opportunity to discuss any aspect of safeguarding or ask any relevant questions. Both staff we spoke with were aware of the whistle blowing policy and said they were encouraged, by the manager, to use it should the need arise.

People were involved in assessments to help manage risks that could occur in many areas of their lives. For example, there was a risk assessment in place for a person whose behaviour challenged others. The risk assessment was both detailed and comprehensive and identified the situations that could trigger these behaviours. The information outlined how staff should support the person during these incidents to ensure the safety of the individual as well as other people who may be present. This meant that staff were able to provide care and support safely which promoted people's independence and lifestyle choices wherever possible. Another risk assessment had identified a person at risk of scalding. This detailed information outlined the support required and control measures in place in order to prevent the risk of scalding. This risk assessment had been updated recently.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. The manager explained the checks that had been made which ensured they were safe to work with the people before a position was offered to them. One staff member confirmed that they had been asked to provide references and complete an application form, prior to attending an interview. They also told us that they had been encouraged to spend time with people who lived at the home as part of the interview process. "They told us "I absolutely knew this was the right place for me when I came for my interview."

Staff told us there were sufficient numbers of staff on duty to keep people safe. There were always a

minimum of two care staff plus additional staff were provided when necessary in order to support people to attend their day care placements and appointments outside of the home. One waking night care staff was provided per night. Any vacancies were covered, where possible by permanent staff but on occasions regular agency staff were used in order to maintain consistency for the people who lived at the home. An induction checklist was provided to agency staff which ensured that staff knew all the essential information such as how to support and care for people, what to do in the event of a fire. Staff were visible throughout our inspection and we noted that they had time to sit and support people, as well as engage people in activities.

People's medicines were managed safely as there were suitable arrangements for the safe storage, management and disposal of medicines. Where necessary and appropriate, people were supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Staff we spoke with were very knowledgeable about people's medicines, potential side effects and how to support people safely with their medicines. A staff member told us, "The medicine system here is robust and well organised. We are not allowed to administer medicines to people until the manager considers we are competent to do so, which I think is important and necessary to make sure people are safe." We saw that there were safe systems in place for two people who self-administered their own medicine. This included an up to date risk and competency assessment.

Training, plans and guidance were available to help staff deal with unforeseen events and emergencies, for example first aid training. Staff were clear about their responsibilities in maintaining a safe environment for people. We saw arrangements about what to do in the case of a fire was discussed as part of the staff induction programme. Staff we spoke with knew what to do in an event of a fire. One person who lived at the home told us "We need to go out if we hear the alarm". We saw that each person had a personal emergency evacuation plan (PEEP) in place.

Is the service effective?

Our findings

Although some people who used the service were not verbally able to tell us about the care and support they received, we were able to observe positive interactions between staff and people who used the service throughout our visit. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. For example one person had become slightly anxious when we arrived to carry out our inspection. A staff member intervened and reassured the person in a calm and gentle manner and refocused them towards an activity that they knew they enjoyed which avoided the person becoming anxious and upset.

Training records and staff confirmed that a varied training programme was in place and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example, with people whose behaviour challenged others. This enabled them to support a person when they became distressed or anxious. One member of staff said, "We have so much training to choose from and the manager always ensures that we are kept up to date with the training we need to do our job effectively, it helps us to do the best job we can for the people we support."

Both staff we spoke with were knowledgeable about the people they supported. We saw from the information provided during our inspection that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation.

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing more experienced staff before working with people independently. One staff member explained how they had 'shadowed' a senior member of staff when they first started and confirmed that they were able to do this until they felt confident to work alone. We were told that the induction period for new staff varied depending on the individual's confidence and competency. Staff confirmed that new staff were not put under any pressure to rush through their induction period. One staff member told us "The induction I received gave me the time to get to know everyone and the confidence to feel I could do the job effectively."

An annual appraisal system was in place. One member of staff told us that "The (Registered) manager is really supportive, they are very hands on for advice and support as well as having formal supervision every two months and regular staff meetings."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. The home had made Deprivation of Liberty safeguards [DoLS]

applications to the local authority which related to keeping people safe within the home.

We observed that people's consent was asked for before care and treatment was provided. The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. The registered manager had produced documentation in a pictorial format, where appropriate to ensure people were supported to make informed consent in a way they could fully understand. This included but was not limited to consent to be photographed and consent to share the persons care plan with relevant others.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. Staff encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw evidence that people were reviewed by the community dietician with regard to the management of their dietary needs, when necessary.

People were supported with their healthcare needs. Staff supported people to attend dental and opticians appointments regularly. Information about people's health conditions and any medicines they took were in their care plans for staff to access. One relative told us that "The home are very good at making sure my [Family member] has regular dental check-ups as well as going to the doctors if they need to." This relative also told us that they were confident they would be told of any concerns and kept up to date if there were any health issues. Records demonstrated that people were linked to local mental health services, when required. The manager and staff said they worked in partnership with all healthcare professionals which ensured the best outcome for people. We received positive feedback from three professionals about the support the staff offer people in the home. One person told us "The staff are all extremely professional and knowledgeable about the healthcare needs of the people they care for."

Is the service caring?

Our findings

We observed people were happy with the way staff provided care and support through both their body language and hand gestures. Staff demonstrated that they knew people very well and we saw that they anticipated what might cause people to become anxious so that they could put strategies in place to help keep them calm. One person told us that "I like it here, staff take me to the shops and swimming."

Visitors/relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered.

We observed positive relationships and interactions between people and staff. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example staff joined people during their evening meal which was a lively and social occasion. People talked about their day and planned the evening's activities.

One person offered to show us around the home and were very proud to show off the many photos which were displayed throughout the home of social events and holidays that they had enjoyed. The atmosphere throughout this inspection was friendly, relaxed and very caring towards the people who lived at Aldenham Road.

People and their relatives, where appropriate, had been invited to take part and contributed to regular reviews of their care. There was good use of photographs and each person had a profile that provided information of what they liked, what was important to them and how they wished to be supported. We saw that each person had a pictorial document in place called 'Important people in my life'.

We saw that people chose where they wanted to spend their time and were able to fully access both the communal areas within the home or their own bedrooms, whenever they wished. We observed that one person, in particular was very excited to show us their [tablet] which they use to 'Skype' their family. Throughout our inspection we saw that both staff positively engaged with people and enquired whether they had everything they needed and how they wanted to spend their time.

A range of documents had been produced in a pictorial format that could be easily understood by the people who lived at Aldenham Road. For example menus, complaints procedure, care plans, an activity planner and the staff rota. This showed us that people had information provided about the service in appropriate formats that they could fully understand.

Care plans seen reflected the involvement of families and social care professionals who had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people's health support needs and medical histories was kept secure.

When people were unable to express their wishes and did not have family to support them to make decisions about their care, we saw that the manager actively promoted the local advocacy service [POWHR]

that was available to support people if they required assistance. No one at the time of this inspection required the services of an advocate but both staff we spoke with were fully aware of how to access this service, if required.

Is the service responsive?

Our findings

People, and their relatives, said that they considered staff met their [Family members care needs. One relative told us, "I always find each member of staff both helpful and competent. They always give the impression they are very dedicated to their job."

The registered manager met people before they moved into the home and they carried out a `pre-admission` assessment. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. We saw that people were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with care planning.

We observed interactions between staff and people who lived at Aldenham Road. We saw staff were considerate, patient and kind when they related to people. They listened and responded clearly. For example, one person wanted staff to do something with them immediately and grabbed their arm. The staff member was busy supporting another person at the time. The staff member responded in a calm and patient manner and explained to the person they would help them once they had finished what they were doing. We saw that the response the staff gave helped the person remain calm until they were available to join them.

People's care plans contained specific documents, which included daily notes which were maintained by staff, they detailed care tasks such as personal care that had been undertaken. Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. Where this was not possible we found that people's relatives and health and social care professionals had been involved in developing the care plans to meet people's needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

Staff demonstrated that they were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said "The manager is very knowledgeable about the people who live here and has known the majority of them for several years. They know what good care should look like and how it should be promoted."

One person we spoke with was able to communicate through their body language and through signing that they were happy by pointing to a staff member and saying "They are nice" and gesturing to this person with a smile. Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the kitchen.

Staff supported people to play an active part in their community and to follow their own interests and hobbies. Records showed that people attended a variety of social events as well as accessing local services such as shops, using public transport, visiting local pubs and cafes. People also attended local daycentres where they enjoyed art and craft sessions, gardening and music therapy. Each person had an individual

pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time. People had enjoyed a range of day trips during the summer months to the coast, museums and places of interest.

Each person had their own bedrooms and had been encouraged to personalise them. We saw that this included pictures, photos, televisions and music centres which helped give an insight into people's individual interests and choices.

The service had a complaints policy in place. This had been produced in both a written and pictorial format which ensured people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made during the last year.

Is the service well-led?

Our findings

Both staff we spoke with told us that they considered the registered manager to be supportive and professional. One member of staff described the registered manager's style as open and inclusive. Another member of staff told us "I think we work well as a team here and everyone works hard to improve the lives of everyone. I can find the work mentally challenging on occasions but really enjoy it as every day is different."

We saw minutes from staff meetings which were held regularly and included recent topics discussed such as best working practice, medication, the agency induction folder.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

The registered manager and staff had worked hard to provide a range of documents in a pictorial format. This ensured that people were given the opportunity to gain an understanding of the service provided. They also helped empower people on how they lived their lives and the choices and decisions they made.

There was a clear management structure in place. The registered manager had the day to day responsibility of running the home but also provided hands on support to people who lived at the home. Staff told us that there was good communication between with themselves and the registered manager.

Although the service had not needed to submit any 'significant' notifications within the last year. The registered manager had a good understanding of their responsibilities and when statutory notifications were required to be submitted. This included but not limited to, any significant incidents or changes that affected the service.

People who lived at Aldenham Road were asked for their views and opinions on the service provided both formally through an annual satisfaction survey and informally, through house meetings. The registered manager operated an 'open door' policy where people could call into see them if they had any problems or concerns. We saw the results of the most recent satisfaction survey from people who used the service and the scores were all above 70% with the highest scores relating to people's experiences with regard to their dignity, safety, support from staff, support within the community and the improvement of their quality of life. The most recent quality monitoring audit carried out by the local authority in June 2015 gave an overall rating of 94.2%.

There were systems in place to monitor the quality of the service. For example medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. We found that all audits that were in place were up to date and effective in ensuring all aspects of the service were managed and reviewed effectively. We found that the provider's quality monitoring systems were effective in identifying areas that required improvement. We saw that action had been identified and that it was followed up at the next visit. There was an overview of training undertaken and the manager identifies which staff needed to

have their training refreshed within the required timescales. We saw that all staff training was up to date.

Records seen for the people who lived in the home and staff were well organised, clear and kept confidentially within the main office.

The environment was generally maintained to a good standard where several areas of the home had been refurbished within the past twelve months. This included the redecoration of some bedrooms. We saw that there was a repairs and a replacement schedule in place for the forthcoming year. One person told us "I choose the colour walls in my room that I want painted.