

Walsingham Support Limited

# Walsingham Support - 31 Budge Lane

## Inspection report

31 Budge Lane  
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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 22 February 2016 and was unannounced. At our previous inspection in October 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Thirty-one Budge Lane is a six bedded residential care home for adults with learning disabilities, autism and poor mobility. At the time of our inspection, there were six people living at the home. The service had a manager who had been in place for three weeks at the time of this inspection. He told us he was in the process of registering with the Care Quality Commission (CQC). We saw written evidence of his application. 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.

Relatives told us they thought their family members were safe living in the home and when they received care and support from staff. Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. Assessments were completed to assess any risks to people and to the staff who supported them. Appropriate guidance was in place for staff to follow to help keep people safe. There were other systems in place to protect people from the risk of possible harm. There were risk assessments in place to do with the environment and equipment to provide guidance to staff on how risks could be managed and minimised where possible.

People's needs had been assessed and care plans included detailed information relating to their individual needs. Care plans were personalised and demonstrated people's preferences, and choices. People's care and support packages were amended as necessary to meet their changing needs.

There were sufficient numbers of staff available to meet people's individual support and care needs. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work ensuring people were supported by staff that were suitable for their role.

Medicines were managed, stored and administered safely and people were appropriately supported to take their medicines.

There were processes in place to ensure new staff were inducted into the home appropriately and we saw staff received regular training, supervision and annual appraisals. Staff were aware of the importance of gaining consent for the support they offered people. The manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required. People's nutritional needs and preferences were met.

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences as to how they liked to be supported. We observed staff speaking to, and treating people in a respectful and caring manner and interactions between people, their relatives and staff were relaxed and friendly.

People received care and treatment in accordance with their identified needs and wishes. Care plans contained information about people's history, choices and preferences and people's ability to communicate. Staff respected people's privacy and dignity. People and their relatives told us they were made welcome in the home and they enjoyed the social events they were invited to attend.

Assessment of people's needs and care planning were of a good standard. Relatives told us they were engaged by the manager and staff in planning their family members care. Where possible people were also engaged in contributing to their own care plan. This process was assisted by the staff's good knowledge of people's needs and the trusting relationship staff had developed with people. Care files were up to date and person centred. Care was reviewed by the staff team and by other professionals.

People in the house were encouraged and supported to join in with a range of activities in the home and in the community. One person went to church, others to hydro therapy and swimming. The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

Walsingham Support Limited had a detailed quality monitoring system in place. There were also other appropriate auditing and monitoring systems in place that helped with assessing and improving quality in the service. The manager and the staff were approachable and fully engaged with providing good quality care for people who used the service.

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing

attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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 safe. There were policies and procedures in place for safeguarding of adults from the risk of abuse that staff were aware of. We saw that this helped to protect people from the risk of abuse because staff had received appropriate support and training.

Risk assessments contained appropriate levels of detail that helped staff support people appropriately and helped to ensure their safety. They were up to date and were responsive to people's needs.

Staffing levels were appropriate to meet people's needs. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

We saw that the administration of medicines was managed safely. Medicines were stored as required, appropriately and safely.

Good 

### Is the service effective?

The service was effective. People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs. Staff now received appropriate support from the new supervision process put in place by the manager and from annual appraisals and team meetings.

Where people were unable to give consent, their relatives were consulted appropriately about how care and support was provided for people. Staff used their knowledge of people's likes and preferences as well as people's non-verbal communication in the provision of care for people.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met effectively.

Good 

### Is the service caring?

Good 

The service was caring. People were supported by staff who were kind and caring.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs.

Relatives told us they felt welcomed to visit their family members in the home.

### **Is the service responsive?**

**Good** ●

The service was responsive. The staff team took a person centred approach in care delivery. Care plans were reviewed regularly with people's best interests always taken into account by appropriately involving relatives where people were unable to contribute themselves.

People were supported to join in with social activities and entertainments according to their individual needs.

An accessible and appropriate complaints policy and procedure was in place that people knew about. There was a process in place that enabled the service to learn from any complaints made.

### **Is the service well-led?**

**Good** ●

The service was well led. The service had a suitably qualified and experienced manager who promoted an open culture that encouraged staff in their work with people living in the home. The culture of the home promoted the rights of people with learning disabilities.

The quality monitoring systems in the service were managed well with a focus on improvements in all areas.

# Walsingham Support - 31 Budge Lane

## **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.

The inspection was unannounced and was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

During the inspection we spoke with three relatives, three members of staff and the manager. We observed care and support in communal areas in an informal manner. We also used the Short Observational Framework for Inspection (SOFI) as people were not able to express their views with us. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We inspected three people's care records, three staff records and other records relating to the management of the service.

## Our findings

Relatives told us they were very happy with the care provided for their family members. One of the relatives said, "We couldn't be happier with the care they receive. We visit regularly and have never had a complaint to make." Another relative said, "They really are well cared for. When you consider people's complex needs, it's amazing the job staff do."

During the inspection we observed people using the environment and interacting with staff in a relaxed and friendly way. Staff were attentive and aware of risks to individuals. They were careful to maintain a safe environment at all times while allowing people to be as independent as possible.

Staff told us they had received training in safeguarding. We saw training certificates that evidenced they had completed this training in the last year. Staff we spoke with were able to describe the different types of abuse, and the procedure they would follow if they witnessed or suspected abuse. Staff told us they would report any concerns immediately to the manager. We reviewed the home's policies and procedures for safeguarding adults, whistleblowing and reporting accidents and incidents. They were all appropriate for the care that was provided in the home. The procedures for safeguarding adults were appropriately linked with those of the local authority. When we spoke with staff about safeguarding procedures they were also aware of the whistleblowing policy and knew how to report issues of poor practice appropriately. There was information regarding safeguarding issues displayed in the hall and in the office for people and staff to access. Contact numbers were available for people to use if they had any concerns. Information was also available upon request in different formats to meet people's needs. People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify the signs of abuse and deal with any concerns appropriately.

Relatives of people we spoke with said they felt risks for people were well managed by the staff team and people were kept as safe as possible. One relative said "We visit once a month and we see how the staff treat people. They are caring and they keep people safe while encouraging them to do as much as possible for themselves." Another relative said, "People living there are well cared for and they are kept as safe as they can be without too many restrictions."

Our inspection of people's care records showed they included risk assessments associated with people's care and support. We saw these were reviewed regularly or earlier if there was a change in the person's circumstances. Care plans also contained risk management guidance for staff to follow in providing care. An example of this that we saw was for one person who liked to attend church every Sunday. Appropriate



guidance for staff was provided to help ensure the safety of the person concerned. Staff told us care plans provided them with good information that helped reduce the likelihood of harm to people by minimising the identified risks.

Records of any accidents or other incidents involving people's safety were recorded and managed appropriately. We inspected these records and saw that where staff had identified concerns they had taken appropriate action to address them so as to minimise the reoccurrence of risks. We saw that appropriate actions were taken by staff to address any risks identified where an accident and incident had happened previously.

Among the records we inspected we saw there were arrangements in place to deal with foreseeable emergencies such as for fire. People had detailed individual personal evacuation plans in place which detailed the support they required to evacuate the building in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. We saw from the records that regular fire alarm tests and evacuation drills were conducted.

Together with the manager we inspected the premises including four people's bedrooms and we found it was all very clean and the facilities and equipment were properly maintained. The relatives we spoke with commented on how clean the home was. One relative said, "We come here every week and it always looks clean and tidy. The place looks well cared for and so does our [family member]." Inspection of the home's records evidenced that other checks were also in place to ensure people's safety in the premises and for equipment they used. Certificated evidence showed equipment was routinely serviced and maintenance checks were carried out. Hoists, gas appliances, electrical appliances, legionella testing and fire equipment tests and maintenance were routinely maintained and serviced.

We inspected the staff rotas that were in place and our observations during the inspection confirmed that staffing levels were adequate to meet the needs of people living in the home. Relatives and staff told us they felt the staffing levels were good.

Safe and effective recruitment practices were in place that helped to ensure staff deemed as suitable to work with people who used the service by the provider were employed in the home. Appropriate recruitment checks were undertaken and these included criminal record checks, interview notes, completed application forms where gaps in employment were explored, and two references from previous employers. This process helped to assess the person's suitability to work with people who used the service and to ensure people were supported by appropriate staff.

As part of this inspection we looked at the procedures carried out by staff to help to ensure medicines were managed and administered safely to people. We observed a member of staff administering medicines correctly and safely to people. They described appropriately the process to be followed as set out in the home's policies and procedures. Other staff told us they had received training for this and they also said there was a monthly audit of the processes involved with administering medicines to people. We looked at medicine training, competency and supervision records for staff. These confirmed what staff had told us and showed they had received training on a regular basis.

The manager and staff told us they used a new medicines administration system for administering people's medicines safely. We saw this in use when we observed staff administering medicines for people. The use of this system had helped to minimise administration errors as people's medicines including liquids were all pre-measured and stored in individual dosage systems. These were labelled with the date and time that the dose should be given and were colour coded to ease identification. We looked at people's medicines

administration records (MAR) which listed their medicines and doses along with space for staff to record when medicines had been given. This had all been completed as required. We also carried out a stock check and the recorded level of medicines matched the stored stock of medicines. Each person had a medicines profile that included their photograph and known allergies were also recorded on MAR's to ensure safe administration.

Medicines were stored safely in secure lockers in people's bedrooms. Staff told us medicines which needed to be refrigerated were stored appropriately in a medicines refrigerator. We noted all medicines in the lockers and the refrigerator were in date and stored correctly. We found daily recordings of the room and the refrigerator's temperature had been taken and logged by staff to ensure medicines were fit for use and stored as required.

## Our findings

At this inspection we saw that people received care that was effective and met their complex needs. Two relatives we spoke with commented on the length of time staff had worked in the home and how this helped people with autism to establish good working relationships with staff. One relative said, "They [the staff] have been there a long time and that's really helped people to know each other well." Another relative said, "Staff work well with people partly because they know them so well. There's not so much turnover in the staff team as there is in some places and that helps."

We observed that staff were confident and clear about their roles and responsibilities. Staff told us they worked as a team to support people and achieve the best possible outcomes for people in their care. We observed that staff asked people about their preferences and obtained their non-verbal agreement to the support offered to them. Staff confirmed that they felt it was important to know people well in order to ascertain what they wanted and how they liked things to be done. We could see staff knew people very well and were able to assist them effectively. We also saw records that had been signed by relatives to show their involvement in making decisions about the care people received such as about the administration of medicines. Staff understood their roles and responsibilities in ensuring that where people cannot give consent, their relatives if appropriate, were involved in making decisions about their care and support.

We saw that all new staff completed an induction programme when they started work at 31 Budge Lane. The manager and staff told us that mandatory training was also provided in a range of subjects designed to help staff perform their roles safely and effectively. This included training in areas such as moving and handling, food hygiene and safeguarding adults. Staff told us they felt the training was appropriate and gave them the skills required to enable them to carry out their roles effectively. We saw computerised records for all staff training that included when refresher updates were due.

We saw that staff had not received regular supervision over the year prior to the new manager taking up their post. The manager told us they had identified this as a priority need and had already started the supervision of staff with a programme in place to ensure all staff were supervised in the next two months. We saw evidence in the form of supervision notes for supervisions carried out in the last three weeks and the new supervision schedule for all staff over the next two months. It was clear that the manager recognised the need for the regular and structured supervision of staff and had addressed the need.

There was evidence that regular team meetings were held and also annual staff appraisals. This provided an opportunity to review and discuss any identified areas for training or anything relevant to their work and

personal development. Staff confirmed with us they had supervision with the new manager. They said they could speak with him and the deputy manager whenever they needed support. We saw the annual appraisal meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas where they needed additional support.

When we spoke with the manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The manager told us that none of the people living in the home had capacity to make decisions about their own care and treatment. For this reason, they had all been referred to the local authority under DoLS and authorisations were in place for all the people living in the home at the time of this inspection to deprive them of their liberty. We saw the applications that were made to the local authority and their subsequent consent to these applications.

Staff told us that where ever possible they worked with the person's relatives and any health professionals such as the GP to ensure appropriate capacity assessments were undertaken. Relatives told us they worked with staff in the way described above.

Staff told us they planned the menus with people who lived at 31, Budge Lane by using pictorial representations of food and different meals. They also said that they knew people's preferences really well including their dietary needs. Staff did the cooking and demonstrated that they were knowledgeable about people's nutritional needs and preferences. Information was available in the kitchen showing the dietary needs and likes and dislikes of people. We saw that all information relating to food was supported by pictorials to help people with making choices and also to support those who had limited verbal communication skills. People were weighed each month. We saw from our inspection of the care records that peoples' weight was regularly monitored. The manager said this was to ensure people maintained a safe and appropriate weight. If anybody's needs changed, for example, if someone experienced significant weight loss, people were referred to relevant professionals for advice and support.

People were supported to access and attend healthcare appointments with professionals such as GP's, dentists and opticians to help maintain good health and wellbeing. We saw each person had their health care records that detailed their health related appointments. These were completed by the person's keyworker and ensured there was a concise and effective record of people`s health history.

## Our findings

At this inspection we observed people were supported by staff who were kind and caring to them. We saw from people's non-verbal communications they were happy with the care they received from staff who interacted positively with them. People looked comfortable with staff. Relatives said, "All the people we see when we visit seem to like living here, the staff are so kind to people." Another relative said, "I think the staff are exceptionally caring to people. They have great patience with what must at times be a very difficult job."

Relatives told us they observed how staff treated people with dignity and respect and they said it was reassuring to know their family members were being well cared for. We also observed that staff helped and supported people in a way that maintained their dignity and respected their privacy; they were discreet when offering personal care and assistance and maintained their confidentiality. Staff were caring and sensitive in their approach to people and they offered reassurance to people to help them achieve their best with what they were trying to do. We saw that there was a good level of trust between the staff and people. Relatives talked to us about the trust that existed between their family member and staff, commenting on how this had helped their family member do more for themselves because their confidence and self-belief had improved.

From our observations at this inspection we saw that staff knew people well and interacted positively with people living in the home. We noticed how well staff were able to interpret people's non-verbal expressions by their positive responses to staff. One member of staff said, "I want to help people here reach their true potential. For instance I have helped one person to put out their laundry on their own. Another person keeps their room tidy now. It's fantastic to see people's joy when they find they can do something for themselves." Another member of staff said, "This is a vocation really, I love my job."

All the people living at 31 Budge Lane had lived there for more than five years and staff told us this had helped them to understand people's needs better because there was continuity and consistency of both the staff and resident group. This meant that people had their needs met continuously by staff who knew them well.

Care records contained information about people's backgrounds and staff told us this was important in understanding people's lives and what their care pathway had been before coming to live at the home. Staff told us that this information helped them to understand people better and helped them form positive relationships. We saw staff communicated with people in their preferred manner and provided explanations so that where possible people were encouraged and able to express their views.

Relatives we spoke with said they were invited to visit their family members and to attend events such as at Christmas and BBQs in the summer as well as contributing to people's care reviews. They told us they enjoyed these events as it gave people, their relatives and the staff group a chance to enjoy themselves together in a happy sociable way. Relatives told us that their family members particularly enjoyed these events.



## Our findings

At this inspection we found the care delivered to people was responsive to their needs. We came to this conclusion from our review of people's care files, our discussions with relatives and from our observations of people interacting with staff in the home.

We saw that each person had a care file with a person centred care plan. Where people were unable to contribute to their care plan, their relatives were involved. Relatives we spoke with confirmed this. Care planning included detailed risk assessments where people required support in managing identified risks in their daily lives.

We saw that all of this information from the needs and risk assessments was used to formulate the person centred care plans. These plans gave details of the support people needed in relation to their personal and health care needs. Appropriate information provided good guidance for staff on how to deliver the right kind of care and support. The person centred plans also gave guidance on all aspects of individual needs. These were written in the first person and included people's wishes and preferences. They were detailed and easy to follow. Plans were also in 'easy read' formats. The plans explained how people liked things done, what kind of personal care they preferred and how to support people who might sometimes find managing their emotions and behaviour a problem. Some people had specific behavioural plans in place. These had been written with the support of other professionals and their relatives.

We saw that care plans were reviewed by the key workers every month. Review assessments written by the keyworkers were held on each of the files we inspected. Other formal reviews took place annually or earlier if people's needs changed with all the relevant people and we saw care plans were updated as necessary.

The person centred plans also looked at cultural, spiritual, and social needs. One person went regularly to see their relative accompanied by a member of staff. The relative of that person told us, "It's been so lovely to see our family member on such a regular basis. It's only been made possible by the staff and the key worker who accompanies them. I am not able to travel that much these days." Other people enjoyed going to the hydro-therapy pool for swimming and one person went to church every Sunday where they enjoyed the opportunity to socialise with members of the community. People also attended other clubs and entertainments which were specially organised for people with learning disabilities.

Each person had a weekly activities planner. We saw evidence of a variety of different activities that had been provided in the home that included a visiting theatre group and music and movement sessions. On the

basis of the evidence we saw we judged the activities on offer were suitable and varied and that people in the home were part of the local community.

We saw evidence of an appropriate complaints procedure that was well advertised in communal places in the home such as in the main entrance hall and in the office. Relatives we spoke with were well aware of how to make a complaint if they needed to do so. None of the relatives we spoke with said they had needed to make a complaint. The manager told us if any complaints were made they would be reviewed to see what actions were required to prevent further similar occurrences.



## Our findings

At this inspection there was a new manager who had been in post for three weeks. From the written evidence we saw that he had applied to the Care Quality Commission to become a registered manager.

None of the people in the service were able to express themselves verbally but we could see by their body language and their other non-verbal responses that they all responded well to the new manager and to the staff. We observed staff interacting with people in a friendly and relaxed way.

Relatives told us they were pleased with the new appointment of the manager. One relative said, "He's a very enthusiastic person who seems to know the work well." Another relative told us, "I think he'll bring new energy to the home." Comments we received from staff were similarly positive about the new manager. At this inspection we saw the manager promoted an open culture in the service where both the people in the home and the staff group were consulted and treated with respect. Staff talked of a good team meeting where they said they were involved in decision making about the service. We saw people were offered a range of choices in many aspects of their lives such as how their personal care was given as well as with activities and meal choices. We witnessed staff who monitored their responses so that their wishes were understood.

Staff told us that they enjoyed their jobs and they evidently took pride in their work. They said the manager was enthusiastic about developing the home so that the best service could be provided for people living there. In our conversations with staff they talked about the strengths of people who used the service and they told us how they supported them so they could both express their wishes and preferences and achieve the kind of life they wanted.

The manager told us about the systems in place used to monitor the quality of care being delivered to people in the home and we saw evidence of these systems in place. We noted there were auditing systems in place. We were told that the audits were carried out by Walsingham's regional managers and we saw evidence that showed they followed the domains used by CQC to ensure the service was safe, effective, caring, responsive and well-led.

Evidence of internal quality audits we saw showed they were completed monthly and covered care plans, finances, medication, and health and safety. All the audit reports that we saw indicated positive results about practices in the home. An example of this was the internal audit to do with the safe administration to people of their medicines. Medicines records were checked for appropriate completion; stocks of medicines

were also checked and the competency of staff who gave medicines to people was also assessed so as to ensure people received their medicines safely and appropriately.

We asked the manager if people who used the service, relatives and other professionals were asked for their opinions. We were told that a feedback survey was planned to go out this spring. The last survey had resulted in very few feedback returns that did not provide sufficient useful information to assist with an analysis of the quality and the development of the service.

We saw minutes of team meetings where the previous registered manager had helped staff to reflect on their own practice and had encouraged the team to question how they approached any barriers to change. Staff told us that they were able to challenge decisions and make suggestions about service developments for people. The effect of this, they said, had increased innovative thinking about how they could support people to engage in new activities and increase their independence.