Walsingham Support Limited

Walsingham Support - 30 & 32 Church Lane

Inspection report

Walsingham
Mill End
Rickmansworth
Hertfordshire
WD3 8HD

Tel: 01923774082
Website: www.walsingham.com

Date of inspection visit:
01 February 2016
04 February 2016

Date of publication:
08 March 2016

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

We carried out an announced inspection of 30 & 32 Church Lane on 01 February 2016, and made telephone calls to people's relatives and health care professionals who support people who lived at the service on 04 February 2016. When we last inspected the home in June 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

30 & 32 Church Lane is a residential care home that provides accommodation and support for up to twelve people with learning disabilities, sensory impairment and autistic spectrum disorder. At the time of our inspection there were twelve people living at the home.

The home had a registered manager in post. 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.

The provider had effective processes in place to protect people from avoidable harm and to ensure their safety. There were risk assessments in place that gave staff guidance on how to minimise risks to people and how to safeguard them from possible harm.

Medicines were administered safely and people were supported to access the necessary healthcare services to maintain their well-being.

People had access to nutritious food and drink throughout the day and were involved in deciding what to eat and drink. Those who needed support during meal times were assisted with their meals and where people wanted to eat privately, this was supported.

People were supported to maintain their independence and encouraged to pursue hobbies that they are interested in. They were aware of the provider's complaints system and knew who to raise complaints with if they had any.

The provider had effective recruitment processes in place and there was a sufficient number of staff to support people safely. Staff were trained to meet people's individual needs and were supported by way of regular supervision and appraisals. They understood their job roles and responsibilities and actively asked people's consent before providing them with care.

The home complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. The staff were caring and respected people's privacy and dignity. People's care needs had been assessed and personalised care plans put in place, giving the staff team guidance in how to support people in a consistent way. These care plans also detailed people's individual preferences and choices.

The provider had a formal system for handling complaints and concerns. They encouraged feedback from people and acted on this to improve the quality of the service. They also had an effective quality monitoring process to ensure they were meeting the required standards of care.

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, their relatives and healthcare professionals told us the home was safe. The provider had systems in place to manage risks to people, safeguarding matters and people's medicines.

There were sufficient numbers of staff and they understood the provider's safeguarding procedures. The home had emergency plans in place to enable them to keep people safe.

Is the service effective?

Good

The service was effective.

People's care needs had been identified and the right level of support put in place.

There was an induction programme in place and staff were trained in areas needed to carry out their work roles effectively.

People's consent was obtained before care was provided and they were supported to have sufficient food and drinks.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were also met.

Is the service caring?

Good

The service was caring. People, their relatives and health professionals told us staff were kind and caring.

Staff interacted with people in a patient and supportive way respecting their privacy and dignity. People were also supported to maintain relationships with their loved ones.

Is the service responsive?

Good

The service was responsive. People had their care and support needs kept under review and support was sought from health care professionals when needed.

People were supported to follow their interests and encouraged

to contribute to the running of the home. There was a complaints procedure in place and people were supported to make complaints about their care, if they wanted to. These were responded to appropriately.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post. They were visible, approachable and supportive to people.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Walsingham Support - 30 & 32 Church 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.

This was an unannounced inspection, which meant the provider did not know we were coming. It was carried out over a two day period by one inspector from the Care Quality Commission (CQC). We visited the home on 01 February 2016 and carried out telephone interviews with people's relatives and healthcare professionals involved in people's care on 04 February 2016.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During this inspection, we spoke with two people who lived at the home, three members of staff, one healthcare professional who visited the service and the registered manager. We observed how care was delivered by using 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.

We reviewed care records and risk assessments for four people who lived at the home and checked their medicines administration records. We looked at staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

After the inspection we spoke with two relatives of people who lived at the home, one healthcare professional and we looked at the recruitment records of four members of staff which had been received from the provider.

Good

Is the service safe?

Our findings

People who lived at the home, their relatives, healthcare professionals and members of staff told us people were safe. One person said, "Yes, I feel safe living here [because] I have the staff to talk to." A relative told us, "Yes, [Relative] is safe living there because there is always staff about." One healthcare professional told us that there was a good feel to the home and that they did not have any concerns about people's safety. Staff told us that the home was a safe place for people. One member of staff said, "Of course they are safe living here, we know them well and know how to support them."

The provider had an up to date policy on safeguarding people and whistleblowing. These gave guidance to staff on how to identify and report concerns they may have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff were aware of the provider's whistle blowing policy and spoke confidently about it. One member of staff told us, "If I have any concerns I can report it to the manager. If nothing is done about it then it would be a case of whistle blowing. We have a whistle blowing number for the company and we can also call the Hertfordshire Safeguarding Body."

Staff were trained on safeguarding people and were able to tell us the signs that they would look out for, if people were unsafe.

We saw that there were individualised risk assessments and risks management plans in place for the people who lived at the home. Each assessment detailed possible hazards to people, benefits of these, if there were any, the existing control measures and guidance for staff on what to do to reduce risks to people. We saw evidence that these assessments were regularly reviewed and that people and their relatives were involved in this process.
Records showed that the provider had undertaken assessments to identify risks posed to people by the home environment, such as infection control kitchen assessments, fire safety and had put in place management plans for these.

The provider had also put in place guidance on what to do in emergencies that could stop the service running as it normally should, such as flooding or electrical failure. Everyone who lived at the home had a personal emergency evacuation plan that contained information on how staff were to support them evacuate the building in an emergency. People, their relatives and health professionals told us there were enough staff to meet people's needs safely. One person said, "Yes there is enough staff, they help me here". A relative told us, "It is sufficiently staffed however, they use agency staff over the weekends but they are competent, they know what they are doing." The registered manager told us that the staffing levels were determined by the needs of the people who lived at the home. A review of the staff rota confirmed that the number of staff on duty corresponded to the number of staff the manager told us were needed to meet people's needs.

There was a robust recruitment process in place for employing new staff. This included checks carried out with the Disclosure and Barring Service (DBS), to ensure applicants were suitable to safely care for people.

Health checks to make sure they were fit for the role applied for as well as previous employment references, to understand how potential new staff conducted themselves in previous employment. This system ensured as much as possible that the people the provider employed, were suitable.

Medicines were administered as prescribed and stored safely within locked cabinets in people's bedrooms. We looked at the medicine administration records (MAR) for two people and found that these had been completed correctly. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). We carried out a reconciliation of the stock of medicines held for two people against the records and found this to be correct.

Staff were trained and their competency assessed by the provider before they supported people with their medicines. A member of staff told us, "We get training before we do people's medication." Another member of staff told us that the provider had recently changed the company that supplied medicines to make the system safer and easier. This member of staff said, "The new pharmacy's system is so much easier and we have not had any errors since we started using them."

We looked at the provider's arrangements for protecting people by prevention and control of infections. We found that they had an up to date policy on infection prevention and control. The home also had risk assessments and management plans in place that the staff were aware of. There were cleaning schedules for both the day and night staff to complete and we saw that personal protective equipment (PPE), live gloves and aprons, were provided to staff. However, we found that three bathrooms within the home needed renovating. One of them had a smell that could be described as "musky" and the other two had hot water pipework that could be harmful to people, exposed.

We spoke with the registered manager about this and they informed us that plans were in place to renovate the three bathrooms, with the first one starting in March of this year. They showed us another bathroom which had recently been renovated to a safe standard for use by the people who lived there.

Good

Is the service effective?

Our findings

People we spoke with were not fully able to tell us their opinion about staffs' skill because of the nature of their disabilities. However, their relatives and healthcare professionals involved in their support felt that staff were skilled and understood people's care needs. One person told us, "I like the staff, they are good to me." A relative said, "Everyone knows [Relative] a hundred percent and nothing worries me about the place at all, I will give it a nine out of ten." A healthcare professional we spoke with told us they felt the care provided was effective because people's health and care needs had been identified and were being met.

Staff had the skills to communicate with people effectively. They told us although people understood verbal communication, other methods were used where people were unable to vocalise their needs. These included body language as well as the use of Makaton. Makaton is a form of sign language used by some people who have learning difficulties. We observed one person used hand gestures to tell the staff they wanted an argos catalogue. The staff understood and directed them to where these were kept and they looked satisfied with this.

Staff confirmed they had completed an induction programme at the start of their employment which included shadowing more experienced members of staff before taking up their full duties. One member of staff told us, "I did my induction and got to know Service Users by shadowing." This enabled staff to get to know the people they would be working with before they started supporting them.

Records showed that staff were trained in areas that were relevant to people's needs such as safeguarding people, medicines management and safe moving and handling. One member of staff told us, "The training makes you more confident in that you know what you are doing and that you are doing it properly." We saw that most members of staff had completed an NVQ Level three award in Health and Social Care and some were being trained to train their peers in medicines management.

Staff told us they received regular supervision every six weeks and an annual appraisal of their performance which was confirmed by records.

We looked at the home's records to determine their compliance with the requirements of the Mental Capacity Act 2005 (MCA) and associated regulations. 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.

We found that staff had received training on this and were able to talk us through the principles of the MCA and the associated Deprivation of Liberty Safeguards (DoLS). One member of staff said, "We always assume people have capacity unless we suspect otherwise." We saw that assessments of people's mental capacity had been completed and best interest decisions were made on people's behalf where required. However, in some instances, the provider had carried out best interest decision meetings without involving all the

people who were important to the people who lived at the home. We discussed this with the registered manager. They explained that it was sometimes difficult to get everyone together but that they were looking at how this could be more effectively achieved in the future. .

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the provider had assessed some people to lack mental capacity and in order to safely care for them they needed to be deprived of their liberty (DoLS) under the Mental Capacity Act. We saw that applications had been made to the local supervisory body to have this authorised.

People's relatives and members of the staff team told us that people's consent was sought and their decisions respected. One relative said, "We are happy with how they treat [Relative] and respect [them]." Another relative told us, "They never go to [their] room without knocking. They always get [their] agreement before doing things and they are never coercive." One member of staff said, "I treat people how I would like to be treated. People here are given choices and we encourage that. We say to them "it is okay if you don't want this person to support you today.'" We saw evidence of signed consent forms in people's care records and observed staff asking people's permission before going into their bedrooms. People had enough to eat and drink. One person told us, "I like the food, I like working in the kitchen and doing the cleaning." We observed some people taking the lead in preparing their meals which looked nutritious and appetising. We saw that the home had replaced kettles with a hot water machine which encouraged people to have easy access to hot drinks independently. We also found that fruits were available in communal areas for people to access as a healthier option to snack on if they wanted to. Staff told us that people who lived at the home were involved in menu planning on weekly basis. We saw that meals were planned to meet the needs of all the people who lived at the home and took account of people's specific dietary needs, such as those associated with medical conditions or religious beliefs.

People's health records showed that they were actively supported to maintain their health and well-being. Each person had a health action plan where interactions with healthcare professionals were recorded. We saw that healthcare professionals attended the home regularly. Staff supported people to arrange and attend services, such as GPs, dentists and opticians.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and treated people with dignity and respect. One person said, "I am happy at Church Lane. I like the staff." A relative told us, "The way staff interact with [people] is excellent. They are very loving, very affectionate and they care. [Relative] trusts them. [They] are not in any fear at all." One healthcare professional told us that the staff were kind and caring. A member of the staff team said, "I love the residents. That is what I enjoy the most."

We saw that the staff interacted with people in a supportive, patient and caring way. The atmosphere was positive and homely, and people appeared to be at ease with staff. It was clear that the staff knew what people liked and disliked and in some cases were able to predict what a person needed before they had asked. One member of staff told us, "We care for them. We don't impose on them. One size doesn't fit all."

We saw that staff spoke with people appropriately and took time to listen to what people were communicating. They were aware of people's personal histories, their preference and the people and things that were important to them. These were detailed in people's care records which also contained information about people's family trees, their care needs and guidance for staff on how people liked their needs met. Staff were able to talk us through these and people's daily routines which indicated they knew people well and were in a position to deliver care in a consistent way. People, their relatives and healthcare professionals were involved in developing people's care plans and took part in reviewing these yearly.

Staff promoted people's privacy and we saw they knocked on people's bedroom doors before they entered. If people were not in their rooms and staff needed to gain access we saw that they asked the person for their consent first. One person had a coded lock to their bedroom door and only shared the code with a few chosen staff. This supported the person to have control over who had access to their room.

Staff described how they protected people's dignity by making sure doors and curtains were closed before providing personal care, supporting people to take their medicines in the privacy of their bedrooms and only sharing information about people's care needs on a need to know basis. A relative supported this by saying, "They don't discuss [Relative] around other people, they are very good with that." One member of staff told us, "Everything that happens here stays here."
People were encouraged to maintain their independence as much as possible. We saw some of the people who lived at the home carried out tasks such as preparing their own meals, cleaning the kitchen and completing the weekly food shopping with little support from staff.

People's bedrooms were decorated to their taste and personalised with pictures and items that were important to them. People were encouraged and supported to maintain relationships with their families and loved ones. The registered manager told us that relatives were able to visit whenever they wanted. One relative told us, "I can visit anytime, within reason that is. They don't have a problem with that."

The provider had put in place an information leaflet called Welcome to Church Lane where people matter and everyone is valued. This set out details about the home, its local area, staffing structure and the type of

support provided to people. The registered manager told us this was given to people and their families to keep them informed of what the service did.

Good

Is the service responsive?

Our findings

The provider had assessed people's care needs before they moved into the home. This determined the level of care people needed and whether the home could provide the care safely. The registered manager told us that these assessments were used together with information from people, their relatives and healthcare professionals to inform care plans. We saw that people had care plans that followed a standard template used within the home. These care plans held information about people's history, their preferences, interests and needs. Care plans were person centred and included clear guidelines for staff on how to care for people.

An easy read 'at a glance' version of people's care plans were in place which gave staff a snap shot of people's needs. These covered areas such as: people's communication needs, their preferences around nutrition, personal care and risks that staff needed to be aware of. Staff used these as a quick reference as to how best to provide support to people.

We found that people and their relatives had been involved in care planning and annual reviews of people's care. One relative told us, "They take account of [Relative's] views and put it in the care plan. Yes, we have annual reviews [of the care plan] with [Registered Manager]."

People had been assigned key workers who took the lead role in ensuring people's needs were met by the home. A member of staff told us that as a link worker, they would check on people's well-being and that support plans and risk assessments reflected the care and support needs of the person.

People were supported to take part in activities that interested them. Some people were season ticket holders for Watford Football Club and attended football matches regularly. Other people worked on an allotment which had been arranged by the home with support from a local councillor. Some people liked swimming and going to the cinema. In the evening of our inspection, people who wanted to went out for ice cream and to see a film. The home had a hot tub which staff told us people really enjoyed during the warmer months of the year.

The provider had a complaints system in place and people knew how to make complaints and were supported in doing so by members of staff. We saw that where complaints had been received, the provider had taken steps to resolve these and feedback to the complainant in writing. This was done in a timely way.

Good

Is the service well-led?

Our findings

The home had a registered manager in post who was supported by a deputy manager, the staff team and the provider's area manager.

Relatives and staff told us that the registered manager was visible and approachable. We saw that they interacted with people and members of staff positively. One person said to us, "Yes I know the manager." This person mentioned the manager's name and then said, "We get on." A relative told us, "The manager is very good. [They] have a good manner about [them] and [they] always listen to others. You can see the whole set up is a team effort. [They] are brilliant." The home had a very relaxed feel to it and we saw that people and staff were at ease in the company of the registered manager. The registered manager was clearly knowledgeable about people's care needs and their role within the home. Staff also knew their job roles and what was expected of them. They were aware of the provider's visions and values which were putting people at the heart of everything they did, seeking continuous improvement in quality, embracing innovation and positive risk taking, being open and honest and treating everyone with respect.

People and their relatives were encouraged to provide feedback and to be involved in the development of the service. This was done by way of satisfaction surveys which were carried out yearly. The results of these surveys were used to identify areas of improvement to be made within the service. The response from the home's 2015 survey was widely positive. One relative said, "The care and support my family member receives is brilliant. I couldn't ask for better."

We also saw that people who lived at the service were supported to hold regular meetings to discuss issues that affected them.

Regular staff meetings were held to involve staff in the development of the service. The minutes of the staff meeting held in January 2016 showed that people and their needs were discussed as well as safeguarding people, whistle blowing and staff training.

The provider had an effective quality assurance system in place. Quality audits were completed on a regular basis by the management team and covered topics including care plans, people's finances and medicines. Action plans had been developed where required to address any improvements that were needed as a result of these audits.

We saw compliments to the home and its staff team from people's relatives and healthcare professionals. One relative in a note to the home said, "The support is fantastic to my [Relative] who is really happy and loves [Their] home which is a great relief to our family. The staff are great with [Them] and also take concern and care over our mum who is aging now. We had a family wedding to attend this summer and [Relative] came. We had left the "outfit" to [Them] and the home to sort out. What a fabulous job, including hair and jewellery. At the wedding [They] received so many fabulous comments from family and strangers. Walsingham we are so proud of you and your staff. Thank you."