Walsingham Support Limited

Walsingham Support

Inspection report

1 Ashley Close
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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

We undertook an unannounced inspection of Walsingham, 1 Ashley Close on the 16 June 2016.

The service provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection, there were six people using the service.

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.

In our previous inspection carried out on 1 August 2014, we found that the provider had not met a required standard and was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we found that the provider was now meeting the required standards.

There were systems in place to ensure that staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care. Staff were well supported to deliver a good service and felt supported by their management team.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. This also included agency workers. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Medicines were administered safely by staff who had received training.

Staff cared for people in a friendly and caring manner and knew how to communicate effectively with people. Staff spent time with people and engaged in meaningful activities that were good for people's mental and physical wellbeing.

People were supported to make decisions for themselves and encouraged to be as independent as possible. Where people were not able to make decisions for themselves, best interest decisions were made on their behalf which involved advocates and other professionals. People's choices were respected and we saw evidence that people, relatives and/or other professionals were involved in planning the support people required. People were supported to eat and drink well and to access healthcare services when required.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner as well as an effective system to monitor the quality of the service they provided.

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

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

Is the service caring?

Good

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.

Walsingham Support

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 inspection took place on 21June 2016 and it was unannounced. It was conducted by one inspector.

Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service, We spoke with two managers who were visiting the service as the registered manager was on leave, three care staff, two relatives of one person and a professional who was visiting the home. We reviewed the care and support records of three people that used the service, two staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

During our previous inspection on 1 August 2014, we found that there were areas in which the appropriate standards of cleanliness and infection control had not been maintained. During this inspection we found that infection control was much improved. There was a cleaning rota in place which staff adhered to. Staff we spoke with were able to talk us though the system of colour coded cleaning materials and explain in which areas of the home they were to be used. This meant that the provider had taken steps to limit cross-contamination. We found that the kitchen and bathrooms had been refurbished and updated and the home was clean.

A person that we spoke with told us, "The staff do make me feel safe." We spoke with staff about how they kept people safe and one member of staff told us, "It's important the feed and flushing regime for [service user] is followed as to avoid cross-contamination or infection." All staff we spoke with had in-depth knowledge of people's needs and how to keep them safe.

A relative we spoke with said, "Yes, [relative] is definitely safe here." During our inspection we observed safe interactions with people; for example we noted that a person who liked sitting on the floor in the corridor was watched closely by staff to ensure that they did not come to any harm or obstruct other people from walking safely.

Staff that we spoke with were aware of possible triggers that could change people's behaviour and put them at risk of harming themselves or others. Staff were able to explain how they could diffuse such potential situations at an early stage. These included escalation techniques. We noted that care plans contained detailed 'triggers', as well as clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques.

Staff were aware of how to report any concerns they may have had internally and externally. We saw that the policy pertaining to safeguarding people was accessible to staff to refer to should the need arise. Training records we reviewed showed that staff had all received training in safeguarding people.

Staff we spoke with all knew where to locate the home's whistle-blowing policy. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

Regular risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately reviewed. For example where a person was at risk of bruising during hoisting, the risk assessment provided clear instructions for staff to follow which included instructions that the person should be hosted by two staff and not one to ensure that the person also felt safe.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that

the home was suitable and safe for people; these included a fire risk assessment, regular gas safety checks and portable appliances testing. There was a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy. The home kept a log of daily checks that were undertaken in the kitchen which included recording the fridge and freezer temperature so that food was stored safely.

The provider had a contingency plan in place, which helped ensure that in the event of an emergency, people using the service were kept safe. This included individual emergency evacuation plans for people who used the service. These plans assessed people's ability to leave the home safely should the need arise, as well as the support they would need to do so.

We were told by the management team that staffing levels were assessed based on the needs of the people. On the day of our inspection, the home had four staff on duty. We were told that the home sometimes used agency staff but additional hours would be offered to permanent staff first to try and maintain consistency. We looked at staff records covering the month of May and these showed that there were always a minimum of three to four staff on duty during the day. During the night, there was one 'waking' staff on duty. A relative that we spoke with said, "There is always staff around, I think there's enough staff to look after everyone here." During our inspection we saw that staff were available to support people when required.

Staff employed at the service were suitable and qualified for the role they were being appointed to. All staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for two people, covering the period of 20 May 2016 to 16 June 2016. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held details of any allergies. Records were also kept for PRN medicines. These are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed.

Medicines were stored securely and audits were in place to ensure they were in date and stored according to the manufacturers' guidelines. For example, monthly audits were undertaken by the registered manager as part of the provider's quality monitoring processes, and there was also an annual audit undertaken by a pharmacist. There was a medication folder which held details of the medication protocol and samples of staff signatures which would make it easy for the manager to identify which staff had administered medication should the need arise.

Good

Is the service effective?

Our findings

A person told us, "I like living here and staff who support me know what I like." A relative we spoke with told us, "I believe that my [relative] is happy here. [relative] is always happy to return after spending time with us. My [relative] is obviously comfortable here, [relative]'s reaction would tell us if they were not. I do believe that they are meetings [relative's] needs ….and respond to their changing needs."

Staff we spoke with knew and understood the needs of the people who used the service. We saw that staff were able to communicate with people effectively. We saw that details of people's needs were well documented within people's care and support plans so that staff could refer to them. A professional told us that their client had been supported by the home to receive relaxation treatment on a regular basis.

The registered manager had undertaken annual appraisals and regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with told us that they were always given an opportunity to discuss concerns and self-development during supervision, and appraisals and could discuss issues with the manager if the need arose at any other time.

Staff we spoke with told us that they had received an induction when they started work, which included training, shadowing experienced staff and reading people's care plans. Appropriate training such as health and safety, infection control and first aid were undertaken by all staff. However we noted that refresher courses were not always undertaken as per the provider's statement of purpose. We spoke with the management team about this and we were told that immediate action would be taken to rectify this. Following our inspection the manager had arranged for all staff to receive and complete refresher training courses before the end of August 2016. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC).

Staff had also received training in food safety. Some people who used the service required a special diet. Where that was the case we saw that there were guidelines that staff followed to ensure that people had a well-balanced diet.

People's food preferences had been documented within their care support plans. Where possible people were involved in choosing the menu. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. A person told us, "I have pizza and pie that's what I like, the food is nice." Staff we spoke with told us that they strived to provide people with a healthy choose of foods they liked and ensured that people were offered plenty of fluids throughout the day.

A person that we spoke with told us that staff always asked for their consent prior to providing care and support. We saw that some people signed their care plans to indicate that they had consented to the care and support staff provided as outlined within the care plan. Other care plans had been signed by relatives,

and we found that where care plans where not signed that was a detailed written explanation held on the person's file. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that people consented to their care and support. A staff member told us, "If a person is not able to speak I still ask them and watch for their facial expressions or body language. If I can see they are not happy I stop and try again later. I also look at reasons why they are not happy for me to assist them and look at if I can do it differently."

Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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. Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required. The home's communication book held details of appointments that people required support to attend. Staff told us that they read the daily logs in the communication book each time they came on shift to ensure that they were aware of any appointments people had.

Good

Is the service caring?

Our findings

We observed staff interacting with people in a positive and caring way. We saw that staff had time to sit and talk and assist people where required. A service user told us, "All the staff are caring and kind" and "They always sit and talk with me."

A relatives we spoke with was very positively about staff. They told us that they were always made to feel welcomed and comfortable when visiting the their relative at the service. They said , "I like them [staff]...they are caring. Another one said "Staff are very caring, they always greet my [relative] and spend time talking with them. We have no concerns there."

Staff we spoke with told us how much they enjoyed their job. A staff member said, "You have to care to do this job; if you don't care you can't help people to live a full life. I love this job, I love helping people." We noted that staff were patient and encouraged people to do as much as they could for themselves. A staff member we spoke with said, "Allowing people to be as independent as possible is important otherwise they can end up losing vital skills such as brushing their hair or making their bed. This may seem simple but it's the little things that keep people going."

Each person had a key worker who was responsible for ensuring that their needs were met. Key workers spent additional time with people and so were more aware of their interests and preferences. A person told us that they would talk to their keyworker if they needed anything, and that if their keyworker was not available they could talk to any staff on duty.

People's support plans were written in an 'easy read' format so that they could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in their care planning process. Pictures and symbols were used to assist them to make choices about how they wanted to be cared for.

People were encouraged and supported to decorate their bedrooms. We saw that all bedrooms were individualised and decorated with items that people liked and reflected their individual personalities. Decorations included soft furnishing and personal effects such as pictures of family members.

During our inspection we observed that staff respected people's privacy and dignity. A person told us "Staff do knock my bedroom door and wait for me to say come in." Staff also confirmed that before they entered people's bedrooms, they would knock on the door and wait to be given permission to enter. Staff told us that they ensured that when undertaking personal care, doors and curtains were shut so that people were supported in private.

Good

Is the service responsive?

Our findings

Care plans were person-centred and contained comprehensive details of the support people needed. Care plans where 'user friendly 'which meant that people who had the ability were able to read and understand their care plan. They contained enough detail about people's history, preferences, interests and things they found important. Care and support plans were regularly reviewed and where possible, people and their relatives or other professionals were involved. We noted that care plans detailed characteristics that staff would need to have to support each person. For example for one person it stated that staff would need to be happy, entertaining, gentle and caring, with experience and lots of patience. Care plans also detailed what a 'good' or 'bad' day looked like for each person. Staff told us that this information helped them to consistently support people in a way which promoted their happiness.

People had regular meetings with their keyworkers during which they would explore if people's needs were being met and if any changes to care and support plans were needed. Details of peoples histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences.

People had been supported to attend activities within the community. On the day of our inspection two people had visited the zoo. We saw that people had individual activity plans. A person that we spoke with told us that they attended a day centre most of the week, but on the day that they did not attend they would choose what else they wanted to do with their day. Activities which included visits out in the community were also discussed with people and their keyworkers.

A person that we spoke with said "If I'm not happy I would just complain to the manager." A relative said "If I was not happy with anything I would speak to [staff] or [staff]." They also told us that in the past, previous concerns had been bought to staff attention and swift action was taken to address them. There was a complaints policy and procedure available in an easy read version, which was displayed in the communal areas of the home as well as in the main office. The policy provided details of how and where a person could make a complaint to the provider.

Records reviewed showed that there had not been any complaints in the last six months. Staff we spoke with told us that when concerns such as care and support of people arose, these would be discussed at team meetings to enable the service to improve the care and support they provided to people. We were told by the management team that following their regular monthly meetings, the best practice ideas where shared amongst the managers would be cascaded to staff during their monthly meetings. Staff we spoke to confirmed this.

Good

Is the service well-led?

Our findings

Prior to the previous inspection which took place 1 August 2014, we had asked the provider to tell us how they met the requirements of a good service but they failed to provide this information. As a result of this the ratings for the home was limited to 'needs improvement'. Subsequently the provider provided us with the requested information.

The provider had a registered manager in place and the service was well-led. Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have had in regards to the service and people's care. A staff member said "This is definitely the best job I have ever had, with the best manager. My colleagues are really good too; we are all very supportive of each other." Another member of staff told us "Management are interested in any ideas on how to improve the service." Staff described the registered manager as "open and honest". A professional that we spoke with stated that "The home is very warm and the staff and manager provide an excellent service, if I had a relative that needed to go into a home I would choose this one as they are professional and compassionate."

People we spoke with felt included in the home and found staff and the management team easy to get on with. People knew who their key workers were and who the registered manager was.
The registered manager told us that they had an open door policy, meaning that people, staff, relatives and professionals could speak with them at any time. Staff we spoke with knew the names and positions of senior staff, as well as, the management structure of the organisation. They were clear on who they reported to and who within the organisation they could contact to obtain particular information from.

Staff told us that the philosophy within the home was to support people in the service to live a full independent life as much as their capabilities allowed, whilst supporting them to make decisions that promote their wellbeing.

The registered manager undertook monthly staff meetings and these were recorded so that staff who were unable to attend could be kept abreast of any changes. The manager was visible throughout the home and was also involved in providing support to people who used the service. The registered manager told us that where suitable, they discussed concerns or ideas that had been raised in staff meetings so that they could be used as a learning tool to improve the service.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as social workers.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. These were discussed at manager's monthly meeting and cascaded to staff during staff meetings. The provider's also undertook un-notified regular audits of the home to ensure that people were receiving a high standard of

care and to identify any areas where improvements would be required. The last audit was conducted on 17 May 2016. These audits looked at the same domains as CQC, which are safe, effective, caring, responsive, well-led. We were told that if areas of improvements were identified, an action plan would be put in place to implement the improvements.