

PAKS Trust

# Walsingham House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The service is a care home and provides personal care and accommodation for up to four people living with a learning disability. The home has two floors, a communal lounge, dining area and conservatory. At the time of our inspection there were four people living at 33 Walsingham Drive.

### People's experience of using this service and what we found

Staff knew people well, and, overall, protected them from identified risks of harm or injury. However, some risks had not been identified and did not have risk management plans for staff to refer to.

People had their prescribed medicines available to them and were supported with these by trained staff. People received their medicines as prescribed. However, staff had not been aware of specific guidance related to medicines given through a skin patch.

The home was maintained and had ongoing plans for décor refurbishment. Overall, there was a good level of cleanliness and, overall, risks of cross infection were controlled. However, there were a few areas where improvements were needed to make sure risks of cross infection were minimised.

There were processes to audit the quality of the service to ensure a safe service was provided. However, some checks and audits did not always identify where improvements were needed.

We gave feedback to the registered manager about issues we identified during our inspection visit and they assured us immediate actions would be taken to make the improvements needed.

People were happy and felt safe living at the home. They, and their relatives, gave us positive feedback about the care and support they received from staff.

People's needs were assessed, and staff were trained to meet people's care and support needs.

People had choices about drinks and what they ate for their meals and their nutritional needs were met. The provider understood the importance of promoting healthy eating and of promoting people's independence whenever possible.

People were supported to access healthcare professionals when needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to take part in activities and pursue hobbies.

Staff understood the importance of giving people choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt cared for by kind staff who had the skills they needed and responded to their needs. People had individual plans of care and felt involved in making choices about their day to day care needs.

People and their relatives had no complaints about the services they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was Good (published 17 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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 not consistently safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Walsingham House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection Team

One inspector carried out this inspection on 14 February 2020.

#### Service and service type

The service, 33 Walsingham Drive, is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

The inspection was announced. We gave short notice of the inspection because it is a small service and we needed to be sure that the provider would be there to support the inspection. Inspection activity started on 13 February 2020 and ended on 14 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injuries and allegations of abuse. We sought feedback from the local authority. We used all the information to plan our inspection visit. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spent time with all four people who were able to give us their feedback about the service. We spent time with them in communal areas, observing interactions and support they received from staff. We spoke with four care staff members and the registered manager.

We reviewed a range of records. This included a full review of two people's care plans, risk management plans, medication records and health and safety checks. We also looked at records relating to the management of the home. We had telephone conversations with three people's relatives who gave us feedback about their experiences of the service.

Following our inspection visit, the registered manager sent us information we requested which we reviewed as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question had changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management;

- Overall, risks were managed because the provider, registered manager and staff knew people well. However, some improvements were needed to ensure potential risks of harm to people were assessed and risk management plans put in to place for staff to refer to if needed.
- Some individual risks of potential harm or injury had been identified and risk management plans were in people's plans of care. However, there were other potential risks where risk management plans had not been put into place. For example, two people spent time in the community without staff but had no risk management plan for this. The registered manager told us this was because those people had independently accessed the community before moving into the home. They assured us a risk management plan would be included in the people's plans of care to tell staff how to reduce the risks.
- One person had bed rails fitted to the sides of their bed to reduce their risk of falls from their bed. However, staff did not use the bed rail bumper-cover available to protect the person from risks of entrapment and potential injuries. One staff member told us, "[Name] likes to be able see out from the side of their bed, plus gets hot." An alternative mesh-style bed rail had not been considered or requested on the person's behalf. No risk assessment had been completed related to not using a bumper-cover. The registered manager told us immediate action would be taken to use the bumper-cover available, and to also look at alternative options.
- There was a maintained fire alarm system at the home and fire-fighting equipment. People had personal emergency evacuation plans (PEEPS) so it was clear what support they may need to evacuate the home in an emergency.
- One person had an identified risk of developing sore skin. Special equipment was used by staff to reduce the person's risk of sore skin and staff told us they checked the person's skin every day. One staff member told us, "If we had any concerns at all, we would tell the district nurse straight-away."
- Staff had completed fire safety training and talked about actions to take in the event of an emergency, such as a fire. All staff told us they would get people to a place of safety and call 999 for the fire service.
- However, fire drills had not taken place. We discussed this with the registered manager and they assured us fire-scenario based drills would be completed with all staff before the end of February 2020. The registered manager told us they would keep records of timed 'zone evacuation' record of drills to ensure themselves enough staff were on shift to achieve this in the desired time.

Using medicines safely

- Medicines were stored safely, and people had their prescribed medicines available to them as prescribed.
- Staff supported people with their tablet medicines in a safe way and medicine administration records had been completed as required.

- Staff did not follow the manufacturer's guidance related to a medicine given to one person through a skin patch. The registered manager and staff told us they had not read the patient information leaflet and were unaware of the manufacturer's instructions. This meant skin sites had not been given the required 'rest time' before being used again. Body maps were not used to record where skin patches were placed on the person's skin. We discussed this with the registered manager who assured us immediate action would be taken to make the required improvements.

#### Preventing and controlling infection

- Overall, staff understood the importance of infection prevention and had personal protective equipment available to them. The home was clean and tidy and odour free.
- However, during our inspection visit we identified a few areas which posed risks of potential cross infection. For example, clinical waste and kitchen bins, were not foot-pedal operated. The registered manager told us they would replace the bins as needed before the end of February 2020.
- One person kept pets in their bedroom and relied on support to meet their pets' needs. We saw attention was needed to clean the cage and give fresh food and water to prevent the risk of the spread of infection. Staff told us they would do this on a daily basis from now on.

#### Staffing and recruitment

- There were enough staff on shift to meet people's needs. Staff responded to people's needs for care in a timely way.
- The provider's recruitment system ensured staff's suitability to work at the home. Staff told us checks had been completed on them by the provider before they had started to work at the home. We did not review any employment records on this inspection because we had no concerns about the provider's recruitment processes.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. One person told us, "Yes, I am safe living here because staff help me." People's relatives felt their family members were protected from the risks of abuse because they knew staff well and staff were always at the home and kept it secure.
- Staff had received training in how to safeguard people from the risks of abuse. They demonstrated an understanding of safeguarding principles and gave us examples of types of abuse. They told us they would report any concerns to external organisations such as CQC or the local authority as required.

#### Learning lessons when things go wrong

- There was a system to record accidents and incidents. The provider told us there had been no serious incidents since our last inspection, with only one minor incident recorded. The registered manager told us if anything went wrong, incidents would be used to learn from so risks of reoccurrence were minimised.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on available evidence.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to living at the service. This information was used to formulate personalised plans of care.
- People were given the opportunity to share information with the provider and staff member to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, people's faith beliefs.

Staff support: induction, training, skills and experience

- The provider recognised staff had different learning styles and offered a variety of training to staff. This included face to face group training, on-line sessions and discussions in team meetings.
- Staff were trained to ensure they had the skills they needed to provide the care and support needed by people. One staff member told us, "I think the training is quite good really." Both people and their relatives told us they believed staff had the skills they needed to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and both the provider and staff members understood the importance of gaining people's consent, for example, when supporting people with personal care or their medicines.
- Staff did not place any unlawful restrictions on people's care, but had a limited understanding of DoLS and believed this was more related to people's ability to make choices rather than restricting or taking away a person's freedom away. For example, one staff member told us, "Everyone who lives here has a DoLS." During our inspection, the registered manager reminded staff of the only person who had a DoLS in place and assured us a refresher training session would be given to staff before the end of February 2020.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choices about what they ate and drank. All four people told us they enjoyed the food. Fresh fruit and drinks were readily available to people throughout the day.
- People's weight was monitored by staff who told us they promoted healthy eating choices. One person's relative told us, "Since [Name] moved to live at the home, they are now much healthier, they have lost a bit of weight and staff give them guidance about healthier food options which is good."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to GPs, dental, chiropody and optician services.
- One person had recently requested they be fitted for a new set of dentures and this had been acted on and a series of dental appointments were scheduled. The registered manager told us they were aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. However, they had not ensured plans of care contained oral care assessments. They told us people's oral (mouth) care plans would be formalised and included as written care plans.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's needs. The home was well-maintained and decorated in a style chosen by people. People had made choices about how their own bedrooms were decorated and furnished.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- Throughout the inspection visit we observed people were well treated by the provider, registered manager and staff who showed a kind and considerate approach.
- People were relaxed in the presence of staff and sat with them in communal areas of the home. People asked staff for support when needed and their requests were responded to in a caring way.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and respected. For example, the staff consistently knocked on bedroom doors before entering. One person told us, "Yes, staff always knock on my bedroom door before they come in."
- Staff gave us examples of how they promoted people's independence. One staff member told us, "[Name] can make themselves a hot drink in the kitchen. [Name] and [Name] can make sandwiches with minimal support and we encourage them to do this. [Name] likes baking in the kitchen and we do this at least once a fortnight."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff understood the importance of people's views, wishes and choices being respected.
- People were encouraged to make decisions and were supported to maintain important relationships with their relatives. Relatives told us they felt very welcomed by staff whenever they visited the home and no restrictions were placed on them.
- Relatives told us staff kept them informed about their family member's care and invited them to reviews where their family members care needs were discussed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. People's needs were consistently met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual plans of care, which provided information to staff about support and care needs.
- Staff maintained a communication book to inform one another about important appointments so people were supported with these when needed.
- Staff knew people well and gave us examples of when they responded to people's individual needs, such as seeking professional healthcare advice. For example, one staff member told us, "[Name] has a catheter and sometimes there are problems with this, we immediately contact the 'rapid response nursing team' and they will come out." Staff had a good knowledge about people's catheter care and responded to any issues as needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People chose to access the provider's day centre on specific days of the week. One person told us, "I like to do drawing there and see friends."
- Staff supported people in the home with activities and hobbies of their choice, these included cooking, arts and crafts and having chats.
- People were happy with the activities they took part in. They told us they went out for meals, bowling and to the local cinema.
- People living at the home were offered the opportunity to make craft items and help on a monthly market stall. One person told us they had enjoyed this experience.

Meetings people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- Staff communicated effectively with people and understood their communication needs. Information was available in accessible formats.
- Staff understood the non-verbal gestures used by one person to convey what they wanted or needed help with.

Improving care quality in response to complaints or concerns

- People told us they had no complaints about "anything at the home." There were no recorded complaints since our last inspection. Relatives were satisfied with the care and support provided and told us they had no complaints. One relative said, "If I needed to discuss any concern, I would speak with staff."
- The provider had an accessible format pictorial complaints policy and assured us if any complaints were

received these would be investigated.

#### End of life care and support

- The home did not offer nursing care for people reaching the end of their life. However, the provider and registered manager told us they hoped to offer people a home for life and people would be supported there if their needs changed, with the support from healthcare professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted and open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has changed to Requires Improvement. The leaders and the culture they created promoted high-quality, person-centred care. However, improvements were needed in the checks and audits completed by the provider and registered manager to ensure the service was consistently well led and a safe service was provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider and registered manager were not based at the home but at their office and day centre operated by PAKS TRUST. They both told us they visited the home on a regular basis. The registered manager said, "I visit the home about three times a week and check people and staff are okay." There was a senior care staff member on shift and all staff told us they could contact the registered manager or provider by telephone if whenever needed.
- People and their relatives knew the provider and registered manager by name and told us they felt both were approachable and would listen to any concerns if any arose.
- The provider had systems of auditing the safety and quality of the service and regular checks and audits were completed. Overall, these identified where improvements were needed and actions were taken. However, some checks and audits had not identified issues we found during our inspection visit.
- Infection control audits had not identified two of the four bed rail bumper-covers had damage to the plastic covering which meant effective cleaning could not take place. This posed risks of cross infection. Audits had also not identified cleaning mops were not hung to air-dry after use and waste bins posed risks of cross infection.
- Medicine audits had ensured safe storage and stocks of medicines were sufficient but had not identified staff did not follow the manufacturer's instructions or use body maps to record where skin patches were applied.
- The provider gave opportunities to people and their relatives to give feedback on the service. Feedback received was all positive.
- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

Continuous learning and improving care; Working in partnership with others

- The provider recognised they were a small provider and had taken steps to update themselves and keep informed of changes in regulatory requirements. They told us, "I am completing a leadership course with

Skills for Care and attend the local provider forum meetings. "

- The provider shared their recent learning with us and how they and the registered manager had worked with staff during January 2020. The provider and registered manager described, and showed us staff's work on, 'The Heart of PAKS TRUST'. The provider told us, "This is giving us all a new lease of life in how we support and care for people, ensuing a greater focus on staff training and how staff encourage and support people."

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

- The provider, registered manager and staff told us about a market stall they had in the community. The provider told us, "It's been going for about six months now, and once a month people help out on the stall, we sell craft items people have made and run a tombola." One person told us, "Yes, I like to help on the market stall."
- The provider and registered manager encouraged feedback from staff and had implemented an 'over and above' book for such feedback. Staff told us they felt comfortable giving feedback about one-another and that the home had a positive culture and they could give feedback about one another. This was echoed by people living at the home and their relatives.