

PAKS Trust

Walsingham House

Inspection report

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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 inspected the service on 19 July 2017 as an unannounced inspection.

Walsingham House is registered to provide care and accommodation to a maximum of four people with learning disabilities, or autistic spectrum disorders, physical disabilities or people living with dementia. At the time of our inspection visit there were three people living at home.

At the last inspection on 23 June 2015 and 9 July 2015 the service was rated overall as Good however 'Effective' was rated as Requires Improvement. At this inspection we found all areas were now 'Good'.

There was a registered manager at the home. 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.

At our previous inspection, the provider was not aware of the changes made to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). During this inspection we found the provider, registered manager and staff understood their responsibilities under the MCA and the DoLS, and people's rights were protected in accordance with the Act. Staff offered people choice and respected their decisions.

People received a choice of meals and drinks that met their individual needs and were supported to attend healthcare services when needed.

People told us they felt safe living at Walsingham House and relatives agreed with them. Staff understood their responsibilities to protect people from the risk of abuse. The provider checked staff's suitability for their role before they started working at the home. There were enough staff to support people safely inside the home and in the wider community.

Risks associated with people's care was identified and care was planned to minimise the risks to people. Medicines were managed, stored, administered and disposed of safely.

People were supported by a stable staff team who knew people well and had the skills and training to meet their needs. Care records contained information to enable staff to deliver care and support based on the individual needs and preferences of each person. Some care records lacked detail which the registered manager was addressing. People and relatives, where appropriate, were involved in planning and reviewing their care and support.

People were supported to maintain relationships with people who were important to them and were encouraged to follow their interests and take part in meaningful social activities. Staff respected people's privacy and dignity and encouraged people to maintain their independence.

People and relatives were complimentary about the quality of care they received and the way the home was managed. Staff felt supported and valued by the management team. The provider and registered manager completed regular checks to monitor the quality of service provided and invited people and relatives to share their views about the service. The provider used feedback to ensure the service continually improved.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

Staff received a comprehensive induction and training which supported them to meet people's needs effectively. The provider ensured where people could not make decisions for themselves, people's rights were protected. People received food and drink which they enjoyed, and their health care needs were met.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Walsingham House

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 visit took place on 19 July 2017. It was a comprehensive, unannounced inspection and was undertaken by one inspector.

Before our inspection visit spoke with two relatives to obtain their views about the service provided to their family members.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract service, and monitor the care and support the service provides, when services are paid for by the local authority. Commissioners told us they had no feedback they needed to share with us about the service.

To help us understand people's experiences of the service, we spent time during the inspection visit talking briefly with two people in the communal areas and, with their permission, in their own rooms. This was to see how people spent their time, how staff involved them, how staff provided their care and what they personally thought about the service.

We spoke with the registered manager and two support workers.

We looked at a range of records about people's care including three care files, medicines, daily charts and accident and incident records. This was to assess whether people's care delivery matched their records. We looked at three staff files to check staff were receiving supervision and appraisals to continue their professional development and reviewed records of the checks the provider and registered manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. This meant the rating continues to be Good.

People told us they felt safe living in the home. One person said this was because staff were available all day and night. Another person indicated they felt safe by giving thumbs up sign and smiling. Relatives agreed with people, telling us they had no concerns about their family member's safety. We saw people were relaxed with staff and each other. The atmosphere at the home was calm and friendly.

Staff knew how to protect people from the risk of abuse and had safeguarding information they could refer to if needed. One told us, "We learn all about the possible signs of abuse in training, so we know what to look out for and our responsibility to report things." The registered manager notified us when they made referrals to the local authority safeguarding team and kept us informed with the outcome of the referral and any actions they had taken.

There was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. Most assessments provided clear detail about the type of risk; who could be harmed; and guidance for staff to follow to reduce the risk. Staff had a very good knowledge of the risks associated with people's individual care needs and the actions needed to keep people safe.

The building was well maintained and safety checks carried out to assure the provider that fire prevention systems, and gas and electrical items were fully working and safe to use. Fire and evacuation procedures were in place for everyone at the home. This helped to ensure people were safe in their environment.

The registered manager ensured there were enough staff available to support people at the times they preferred and when they needed. A relative told us, "Staff are there all the time to look after [name] ... and to do things [name] enjoys." People received their care and support from an established and stable staff team who knew the people they supported well. Throughout our inspection visit we saw staff had time to sit and chat with people as well as support people to meet their daily needs.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. This ensured staff were of a suitable character to support people living at Walsingham House.

We saw medicines were managed, stored, administered and disposed of safely. We reviewed medicines administration records, which had been completed in accordance with the provider's policy and procedures. Where people's medicines were prescribed on an 'as required' basis there was clear guidance for staff to follow. This meant people did not have too much, or too little of this type of medicine.

Is the service effective?

Our findings

At our previous inspection 'Effective' was rated as Requires Improvement. At this inspection visit we found the improvements had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our previous inspection we found the provider was not aware that in 2014 changes had been made to the Deprivation of Liberty Safeguards. These changes meant the provider should have applied to the local authority to restrict the freedom of people who lived at the Walsingham House. This had not been done, however the provider gave assurance this would be addressed.

During this inspection we found the rights of people who lived at the home were protected. The registered manager had made two DoLS applications to the local authority (supervisory body) which had been authorised. Care records contained information about people's capacity to make decisions. However, where people had been assessed as not having capacity to make certain decisions the instructions about how decisions were to be taken in the person's best interests were not clear. We raised this with the registered manager who assured us this would be addressed. Despite omission in records staff had a good knowledge of when and who could make decisions in a person's best interests.

People told us, and we saw staff sought consent from people before providing them with assistance. For example, we heard a staff member ask a person if they were ready for their lunch. The member of staff explained to us that the person could not verbalise their wishes, but they knew from the person's body language what they wanted. For example they told us, "If [name] puts their head down it means they are not ready to eat." This demonstrated staff worked within the principles of the Act.

Relatives told us from what they had seen of staff during visits to Walsingham House they were assured that staff had been trained to effectively fulfil their roles. The provider's systems and processes ensured new staff were inducted into the home and on-going training supported staff to update and further develop their knowledge and skills. A recently recruited staff member explained their induction had included working alongside a more experienced staff member and completing the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

People told us they enjoyed their meals. One person said, "I like the food and I like beer. I always have beer." We heard the registered manager inform the person they had placed their 'beer order'. The person smiled and said, "thank you". We saw, where able, people made their own drinks and could get snacks from the kitchen when they chose. People who required assistance in making drinks and snacks were regularly offered drinks and snacks of their choice. Staff explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods. This helped people to maintain a nutritious diet.

Relatives told us, and records confirmed people were supported to attend health care appointments when needed. One relative said staff 'always' went with their family member and updated the relative with information from the consultation following an appointment." The relative told us they found this 'reassuring'.

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People and relatives described staff as kind, friendly and attentive. One relative told us, "The staff are everything you would want them to be, and more." We saw staff spoke with people respectfully and sensitively. For example, when one person became tearful a staff member knelt by the person and gently rubbed their hand whilst giving verbal reassurance. The person responded by squeezing the staff members hand.

Staff understood the importance of respecting and ensuring people privacy was maintained. One person described how staff closed their bedroom door when assisting them to dress. A staff member told us, "Personal care is always behind a closed door and we cover any exposed bits with a towel." We saw staff knocked on people's doors and waited to be invited in to the room before they entered.

People told us they were able to make everyday decisions and staff respected the decisions people made. We saw people were able to go out when they wanted to and could choose where to spend their time. Some people remained in their bedroom, whilst other people spent time in the lounge, the kitchen and the garden. We heard one person and the registered manager discussing purchasing a new garden chair swing with a cover so the person could enjoy the garden whilst being protected from the sun.

People were encouraged to maintain their everyday living skills and independence. A relative told us, "[Name] is very independent and staff respect that." Staff described how they supported people, where possible, to clean their own rooms and take part in household chores. One staff member commented, "We do things together like you do in your own home."

Staff told us they enjoyed working and caring for the people who lived at Walsingham House. They recognised caring for people was important, with one staff member explaining, "I find my job very rewarding because we [staff] all share the same purpose." They added, "The most important thing is making them [people] happy and ensuring they live a life like you and me. Not secluded or made to feel different."

People were supported to maintain relationships with those who were important to them. One person told us regular visits, and outings with their family was an important part of their life. A relative described being made to feel welcome when they visited their family member. They added, "We can go at any time and we can just turn up you don't have to call in advance." Another relative told us if they were not able to 'get to the home' the staff brought their family member to visit them. They said, It's never been a problem."

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and staff were as responsive to people's needs as they were during the previous inspection. The rating continues to be Good.

People and relatives told us they were involved in planning and reviewing their care. A relative told us they had spent time with staff talking about their family member's needs when the service started and that this information was used as the basis for a care plan. They added, "If there are any changes needed they discuss them with me to check I am happy and if I agree. I know I'm fully involved."

Care records were centred around the individual needs and wants of the person. They provided information about the person's life history, their likes and dislikes, the level of support needed and how they wanted to receive care. Staff told us they had time to read care plans but because they knew people well they did not need to refer them on a daily basis. One staff member said, "We always read the plans in the beginning when you start work here, or like when [name] moved in and if the communication book tells you something has changed." Records showed care plans were reviewed and updated regularly. Care records were securely stored so people could be confident their personal information was kept private.

People told us they would not hesitate to speak to the registered manager if they had a complaint or concern. One person said, "I'd tell the gaffer [registered manager] they'd sort it." There was a complaints procedure which informed people and visitors how they could make a complaint and how this would be managed. No complaints had been made over the past 12 months, but relatives told us they knew who to speak to if they had any concerns, and felt confident they would be listened too. One said, "I would have no hesitation in making a complaint and I would go straight to [manager] ... I know she would deal with things."

People were supported to maintain hobbies or activities they enjoyed, and we saw people doing what they wanted to do. For example, one person spent time drying the dishes. They told us, "I like doing this." Later the person was observed drawing which they told us they also enjoyed. Another person spent time watching television in the privacy of their room. They told us about their favourite TV programmes and how staff always ensured the TV remote, TV guide and their mobile telephone was within reach which was important to their independence." People were also supported to go on holidays. A relative told us their family member had recently returned from a holiday with staff in Wales. They told us, "[Name] had a lovely time."

People and staff had developed meaningful relationships. One person described the registered manager and staff as 'family.' A relative explained how staff had invested time 'getting to know' [name] and learning about what was important to their family member. They told us, "In a short space of time they really have learnt about what [name] likes and how things need to be done. This has helped [name] feel settled and happy." Staff demonstrated they had a very detailed understanding of each person's support needs and personal preferences which matched the information in their care records. Throughout our inspection visit we saw people and staff interacted in a familiar and relaxed manner. One staff member commented, "We are one big happy family."

Is the service well-led?

Our findings

At our previous inspection we found the home and staff was well-led, and at this inspection it continued to be. The rating continues to be Good.

Everyone we spoke with said they were 'very' happy with the way the home was managed and the service provided. A relative told us, "[Registered manager] does an excellent job...is always available if you want to talk and involves me in everything." Another explained they received an annual survey inviting them to give feedback about the home. They said, "I always make positive comments because that's how I feel and I can't think of anything they could do better. [Person's name] is very happy there."

There was a clear management structure in place to support people and staff at Walsingham House. The registered manager worked at the home two days per week, and was available to support staff by telephone at other times. In their absence a home supervisor worked alongside staff to provide guidance. Staff told us they worked together as a team to support people and each other. One said, "I think we work well as a team. We share the work load and do things in a way that always puts the client's needs first."

Staff told us they were supported in their roles through regular team and individual meetings with a member of the management team. They said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service development. Staff told us they felt listened to and valued. One staff member described how their suggestion to keep each person's 'daily charts and records' in an individual file had been put into practice. They added, "It is working well."

The registered manager and the provider completed audits and checks to ensure they provided a good quality service, including audits of care plans, medicines and the environment. Records showed areas identified for improvement had been addressed. For example, new flooring was being laid in one person's bedroom and a new fridge had been purchased. This ensured the service continuously improved.

However, we also found care plan audits had not identified that some plans and risk assessments lacked detail. For example, recommendations to reduce the risk of choking made by a health care specialist were not fully detailed in the person's care records. Whilst staff demonstrated they knew how to support the person safely, it was important this information was clearly recorded in the event of regular staff not being available to provide care and support. We discussed this with the registered manager. They acknowledged our findings and took immediate action to address the omissions, as well as giving assurance all care records would be reviewed.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications to inform us about important events and incidents and had displayed their latest CQC rating in the home. The provider had also added a link on their website to the homes CQC inspection report. This ensured the public had information about the homes rating which is a legal requirement.

We asked the registered manager what they were proud of about the home they told us, "I am proud that I know the residents are happy, and I'm proud of my staff."