

Walsingham

Walsingham North Cumbria Domiciliary Care - Atlantic House

Inspection report

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Date of inspection visit: 11 December 2014 & 20
January 2015

Date of publication: 26/03/2015

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



Overall summary

This announced inspection took place over two days the 11th December 2014 and the 20th January 2015. The provider was given 48 hours' notice of the first visit because the location provides a supported living service for people with a variety of needs including, learning disabilities, mental health conditions, physical disabilities and sensory impairments. As the people who used this

service often accessed community activities we needed to make sure people were available to speak to us. This service also provides personal care and support to older people living in their own homes.

Summary of findings

During our previous inspection visit on the 12 October 2013 we found the service met all the national standards we looked at. Since then there had been no incidents or concerns raised that needed investigation.

There was a registered manager in post on the day of our inspection visit. 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 inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has used or has experience of the care of people with complex needs.

We found that people who used this service were safe. The support workers knew how to protect people from harm. All staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern. There were good systems to ensure people knew the staff that supported them.

Walsingham, the registered provider, had put in place robust recruitment procedures to ensure only suitable people worked in this service. We saw that staffing levels were good throughout all areas of the service. Staff training was up to date. All staff were supported by the management team through regular staff supervision and appraisals.

We found that the service worked well with external agencies such as social services, other care providers and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

We saw that medicines were administered safely and all the records were up to date and audited regularly. All staff had completed training in the safe handling of medicines.

Observations during our inspection evidenced people were given choices about how they wanted to be supported and live their lives. Opportunities were given to people to go out into the community, visit their families and go on holiday.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to consent and make difficult decisions for themselves.

Healthcare needs were met through close working relationships with the GPs and district nursing service. Access to external mental health professional services was available.

Support staff knew the people they supported well. They provided a caring environment for people to live in. We saw people being treated in a dignified manner with their privacy upheld at all times.

Personalised care plans were in place in a format that was suitable through pictures and symbols as well as writing. People who used the service had a voice through regular tenants meetings held in each of the houses.

There was an appropriate internal quality monitoring procedure in place. Checks or audits were completed in respect of personal finances, medicines management, care plans health and safety and equality and diversity. These checks ensured people were cared for and supported in the way they wanted to be.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The Service was safe. The support workers knew how to protect people from harm. There were good systems to ensure people knew the staff that supported them.

There were robust systems in place to ensure only suitable people were employed to work in Walsingham North Domiciliary Care Agency.

People told us they felt safe, at home and in the community. They were encouraged to go out independently, if appropriate. They knew who to contact and what to do if they were worried about anything.

Medicines were handled effectively and safely.

Good



Is the service effective?

This service was effective. People received high quality of care. They were supported to lead active lives and to follow a range of activities in their home and in the local community.

There were good systems in place to ensure that people received support from staff that had the training and skills to provide the care they needed.

People received the support they needed to maintain their health and to see their doctor when they needed. External health and social care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Good



Is the service caring?

The service is caring. People were treated in a caring and kind way. Staff were friendly and patient when providing support to people.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

People were treated with respect and their independence, privacy and dignity were protected and promoted. They were included in making decisions about their care. The staff were knowledgeable about the support people required and about their preferences about how they wanted their care to be provided.

Good



Is the service responsive?

The service is responsive. Staff took into account the needs and preferences of the people they supported. The staff knew how each person communicated their wishes and gave individuals the time they needed to make and express their decisions.

People were supported to maintain family and other relationships which were important to them.

There was a good system to receive and handle complaints or concerns.

Good



Summary of findings

Is the service well-led?

The service is well-led. There was a registered manager in place at the time of our inspection. People who used the service and the staff knew the registered manager and were confident to raise any concerns with them.

The staff were well supported by the registered manager. Staff told us they received good support from the manager and could approach her at any times to discuss any concerns they may have.

The registered provider had systems in place to monitor the quality of the service provided. People who used the service were asked for their views of the service and their comments were acted on.

Good



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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 checked 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 announced inspection took place on the 11th December 2014 and 20th January 2015.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Before this inspection visit we received a provider information return. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

The inspector visited the offices on the 11 December to look at records around how people were cared for and supported. We looked at five care plans, four staff recruitment files, spoke to the registered manager, two deputy managers, the quality and projects manager and

the co-ordinator for the home care support part of the agency. We also contacted six support workers by telephone or email to ask their opinions about the support provided by Walsingham. The expert by experience spoke to 16 people on the telephone and met with four people who were on a visit to Blackpool.

On the 20th January 2015 we visited two of the houses where people, who were supported by this service lived and spoke to five people who used the service. We spoke to the deputy manager who was on call and six support workers. We asked people what they thought about the service and where verbal communication was limited we observed the interaction between the staff and the people they supported.

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Is the service safe?

Our findings

All the people we spoke to during our inspection told us they felt safe when being supported by the staff from this agency. They told us, “The staff put me very much at ease when they are about and they are always polite and respectful”, “They make sure I take my tablets properly and they make a note in the care book. They are keeping an eye on me”.

While we were in the office we looked at the care plans for four people and saw they contained an in-depth assessment of their needs. They also contained up to date risk assessments covering all aspects of life in the house and activities in the community.

The staff we spoke to told us that they had completed training in recognising and reporting abuse. They said they had never witnessed any ill treatment of people and would not condone any form of abuse or discrimination. All the staff said they would be confident reporting any concerns to one of the deputy managers or the registered manager. We saw that the support staff were aware of their responsibility to protect people from harm or abuse.

Some people who used this service also received support from other service providers and we discussed this with the registered manager. They told us the agency worked closely with other providers to ensure people received the most appropriate support to enable them to live as full a life as possible.

We saw that risk assessments had been completed covering life in people's own home and their activities in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice.

The service had a stable staff team and all new staff had to be fully checked before their employment was confirmed. We looked at the provider's recruitment procedure and saw that this was both appropriate and robust. We saw that all the checks and information required by law had to be obtained before new staff could be offered employment in the service.

We looked at the staffing levels in the houses we visited and also checked the rosters in the office. We saw that there was always sufficient support staff on duty to meet the individual needs of the people they supported. Some people required support for a few hours each week, other people needed full time support. We saw that the staffing levels in each property were based on the needs of the people who lived there and were sufficient to promote individual choice and people's independence.

When we visited the houses we looked at medication records and found these to be up to date and completed correctly. We saw that daily checks were completed by staff when they came on duty. Supervisors audited the medicines records every month and noted the date on each record sheet. Medicines were kept in secure facilities in each house. All staff had completed training in safe handling of medicines.

We saw the houses were well maintained by housing corporations and any equipment used was serviced under annual agreements. Electricity, water and gas were the responsibility of the landlord as was the annual testing of small electrical appliances.

Is the service effective?

Our findings

People we spoke to were all very positive about the support they received. They said, “I had already been receiving support from Walsingham when I was still living with my parents. We looked at how I could start to cope with a more independent life from them so we made enquiries. That’s how we found here and it’s worked out really well for me.” and “They are great. They are like a family to me and they are really nice. I’ve been with them for a long time. ...They are definitely very polite and respectful. They help me go shopping and we go other places on other days and I’ve had no falls or accidents with them. They check things like this out with me. We go where I like”.

When we visited people in their homes we saw staff treated people with respect and ensured their dignity and privacy were upheld at all times. Some people had limited verbal communication and we saw staff speaking to them slowly and clearly and giving time for them to respond. People were relaxed in the company of the staff and responded well during our time in their home. We saw good interactions, using body language and facial expression, between support and management staff and people with little or no verbal communication.

We spoke to management and staff about the training and support provided and we learned that not only did staff receive basic training but that they received training that was

specific to the needs of the people they cared for and in line with their roles and responsibilities. Training courses included basic induction for new staff, equality and diversity, person centred care and planning, risk assessment, dementia awareness, mental health and moving and handling. We spoke to the deputy managers and support staff about their training and they all told us they enjoyed face to face training and distance learning much better than electronic training via the computer. They all felt they learnt much more when the training was not part of the E learning programme.

We saw from the staff files we looked at all new staff completed a full induction which included shadowing more experienced staff. All staff had completed Non-Abusive and Psychological and Physical Intervention (NAPPI) training. This is an accredited course to help staff

deal with behaviours that may challenge the service or other people supported by the service. All of the staff we spoke with told us that they usually worked in the same properties, supporting people who they knew. They said this helped them get to know the people they supported and ensured the most appropriate support was always available to people who used the service. We saw from the training plan that other mandatory training such as moving and handling, infection control, health and safety equality and diversity and medicines management was up to date.

The registered manager and deputy managers of the service showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. They had a good understanding of the Mental Capacity Act 2005, (the Act) and the Code of practice. The care records we looked at showed that the principles of the Mental Capacity Act 2005 Code of Practice were used when assessing an individual’s ability to make a particular decision.

All the staff we spoke to showed that they knew the people they were supporting and how to assist people to make and communicate their choices. We saw that people were given choices about their daily lives including where and how they spent their time and the meals they had. One person was going out to buy new curtains for their recently decorated bedroom and then showed us their room. People who used the service were given the opportunity to go shopping for food for their house so everyone chose the meals they wanted to have.

We saw that staff who worked with people who had complex needs had completed training to ensure they had the skills to meet those needs. The systems used to allocate staff to support people ensured staff were only deployed in a property if they had the skills and knowledge to meet the needs of the people who lived there.

People received support to maintain good health and healthcare needs were met by their GP. Hospital visits were recorded and staff accompanied people to their appointments. We asked staff about obtaining consent to care and treatment when people’s verbal communication was limited. Each care plan contained a health action plan and a health checklist that was in a format that was easily

Is the service effective?

understood. One person we spoke to told us, “They look after me. They get help if I need help. I have a nurse as well. They are going to come to my clinic with me and they take me”.

We saw that a document had been developed called a hospital passport. This detailed how people communicated and what was important to them in their

care and their lives. The individual could take this with them if they had to go to hospital even for an outpatient appointment. This helped to ensure that the hospital staff had up to date information to help them communicate with the person and to provide care in line with their wishes.

Is the service caring?

Our findings

During our visits to people's homes, we saw that the staff were able to communicate with each person they supported. We saw that the staff were caring and patient when supporting people. We saw people appreciated the care given to them by their support workers. We observed staff providing care in a way that promoted each person's individuality and dignity. We also saw a lot of good natured interaction between the staff and people who were living their lives in the way they wanted to. People told us, "I love these girls they are so good and I like it when we go out".

As this service provided care and support to people in their own homes we contacted 16 people by telephone to ask their opinion about the care they received. Their replies were all positive and included, "They are great. I cannot do without them now particularly in the morning. They call twice each day morning and early afternoon", "They are great. They are like a family to me and they are really nice. I've been with them for a long time" and "Mum is happy with the care. She feels safe and comfortable with the staff".

Staff we spoke to confirmed they knew the people they supported well as they always worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them. We were told by one person, "I have lived here a long time and I know my carers well. They are my friends now".

The people we visited confirmed that the staff listened to them and included them in decisions about their care and lives. When we spoke to the support staff they told us they recognised their responsibilities to provide the best care they could to the people they supported.

From speaking to people who used the service and by looking at the care records in the office and in each house, we could see that the staff were knowledgeable about the individuals they supported and about what was important to them in their lives. We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We saw the staff were caring, compassionate and respectful. People who could speak with us confirmed that their support was always provided in a caring and respectful way.

We visited one house where the staff supported people with very complex needs and could display behaviour that could challenge the service and the other people who lived in the house. We saw staff interaction that was patient and caring. Staff went out of their way to keep difficult situations as calm as possible and ensured the other people in the house were comfortable and relaxed.

We observed that staff treated each person as an individual and encouraged them to remain as independent as possible. People, as far as was possible, were involved in the care planning process and were included in the care plan reviews with their key worker. Their key worker was a member of the support team who had special responsibility to make sure the care, support and activities enjoyed were most appropriate in meeting the assessed needs.

The service had good links with local advocacy services. An advocate is an independent person who supports people to make and to communicate their wishes. The registered manager explained the provider used the services of People First an independent advocacy service that helps people express their views and wishes if they are unable to communicate clearly what they wish to say or what decisions they want to make.

People were supported to maintain relationships with friends and family members and we saw that people visited their families on a regular basis.

We spoke to some family members on the telephone and asked them for their opinions about the support provided by Walsingham and the comments we received included, "It's to help mum getting up and ready. It went from being just a welfare check up visit to involving some care", "They are very reliable and we've had very few problems. They get in touch if they are delayed and they did this on just one occasion when there was an emergency elsewhere but it's now working well. It's now much more reassuring for us all and they now just do a single morning call for half an hour" and "They are always on time except for a few minutes the odd time, and they have never let me down completely. I think they are very reliable".

Is the service responsive?

Our findings

People and their families told us the service was responsive to their needs and the decisions they made about how to live their lives. They told us, “Their manager came to see me and we discussed my requirements and things were all assessed and set out. So far it’s all working and they stick to the agreed notes” and “It’s generally the same staff and they all seem very well trained. At present the nurse is doing my leg but they previously washed it and they will go back to doing this once its stable and all cleared up which I’m hoping won’t be long”.

People told us this service supported them to lead full and active lives. They said that they followed the activities of their choice. People told us that they were very happy with the care they received and said this supported them to live in and be a part of the local community. They told us that they enjoyed going to the local shops and going out for meals with the staff. One of the people we spoke to told us they went out to work.

During our visits to people we saw that they made choices about their lives and that these were respected by the staff that supported them. People were supported to set themselves goals of what they wanted to achieve such as going on holiday, finding employment or developing their personal relationships. We saw that the service provided to individuals was focussed on supporting them to achieve positive outcomes depending on their needs and their abilities.

We saw the provider had a complaints policy and procedure in place and we looked at the records held in the office detailing concerns that had been raised. The last complaint that was made was in January 2014 which was settled within the 28 day period outlined in the policy. There was a copy of the complaints procedure in each of the care plans and one in each of the houses. Wherever necessary the procedure for making a complaint was written in an easy read format with pictures and symbols. One of the people we spoke to told us, “I’ve had no complaints but would be confident to if it was ever needed”.

We looked at six care plans when we visited the office and also when we visited people in their home. We saw that each person’s needs had been assessed before they were offered support by the service. The initial assessment was completed by the registered manager. The needs assessments had been reviewed regularly to ensure they remained up to date and gave staff accurate information about the support each person required. Each care and support plan was reviewed every month and during one of our home visits we saw the senior support worker was in the process of updating the care plan with the individual and reviewing the goals the person had set.

All the care plans we looked at were in pictorial format to help the individual to understand what was written about them. The information in the care plans was written in a positive and respectful way, including what each individual could do and what tasks they required support with. The care records ensured that support staff had written information to tell them about each person and what was important to them. Each person was encouraged to set goals that enabled them to retain as much independence as possible. We saw that one person belonged to a local health club so they could go swimming regularly. This was an activity they really enjoyed.

Some people who used the service were not easily able to verbally express their wishes about their care. We saw that the staff who worked with them knew how they used non-verbal signs to express how they were feeling. The service had a very stable staff team who usually supported the same group of people, apart from holidays or sickness. Because of this staff knew people very well and were able to respond effectively even when the use of language was limited. We saw that people’s decisions were respected and how the support staff constantly reassured people about how their care was to be delivered.

People were encouraged to take part in activities in their home and out in the community. Some people had jobs and others attended social events whilst others told us they just enjoyed going shopping.

Is the service well-led?

Our findings

A registered manager was in post at the service. People who could speak to us and also the support worker told us that they thought this service was well managed. People told us that they knew how to contact the agency office if they needed to although they said, “I would just speak to the supervisor or one of the carers because I can do this at any time”.

During our visits to people’s homes we were accompanied by one of the two deputy managers both of whom have responsibilities for different properties where people lived. We were told they visited regularly to complete quality audits and speak to the people who lived in the house and meet with the support workers in a supervisory capacity.

Comments we received from support workers about the management of the service were all very positive. They appreciated the support they received from the registered manager, the quality and projects officer, who also completed audits and their own line manager. We saw that staff supervision was completed regularly and gave the staff opportunities to discuss their training needs and discuss the running of the service.

In the supported living houses meetings with the staff and people who lived in the houses were organised so that people could share their opinions about Walsingham with the management, staff and the people they lived with. The meetings gave them the opportunity to talk about any activities they wanted to do and places they would like to visit.

Some staff we spoke to worked in small tenanted houses where people with a learning disability were given 24-hour support. The staff who worked in these services had received specific training on understanding learning disability. They had also received training on understanding how to manage any behavioural problems as some of the people they supported displayed behaviour that could challenge the service and the people who also used the service.

All the staff we spoke to said that they would be confident to speak to a senior person in the organisation if they had any concerns about another staff member. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.

The service had formal systems to assess the quality of the support provided to people. People who used the service were given opportunities to share their views about the care they received. As well as formal meetings in properties, people who used the service had been asked to complete a quality survey, to share their experiences of the service and to suggest how they would like the service to be improved. All the completed surveys that we saw were positive about the service provided. The survey forms were set out in a format that was easily understood using pictures and symbols

As part of the quality monitoring of the service the deputy managers and registered manager carried out regular checks on the quality of records held in the service office and in people’s homes. These checks helped to ensure that records were up to date and gave staff the information they needed to support people. The registered provider also had a quality and projects officer who carried out their own audits of the quality of the service provided by Walsingham. These included checks on people’s personal finances, care and support plans, medicines records and health and safety. This ensured that the registered provider maintained oversight of the quality of the services it provided.

We found, throughout our visit, the culture in the service was open and relaxed. Staff told us they had regular staff meetings when opportunities were given to make suggestions or raise concerns. The staff we spoke to were confident they would be listened to.

The registered manager of the service told us that the quality of the care provided was central to their aims for the service. The staff we spoke to told us that the management team in the agency set high standards which they were expected to meet. One staff member said, “All the staff know, we have to provide a good service, people deserve that”. Another staff member told us that the high standards required were discussed at their annual appraisal meetings or unannounced visits by a member of the management team, where the quality of their work was discussed.