

PAKS Trust

Walsingham House

Inspection report

33 Walsingham Drive, Bermuda Park, Nuneaton,
CV10 7RW
Tel: 02476742200
Website:

Date of inspection visit: 23 June 2015 and 9 July 2015

Date of publication: 13/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 23 June and 9 July 2015. The first visit was unannounced, however we arranged to return on an announced visit when the registered manager was back from annual leave and when the only one of the three people who lived at the home who could verbally communicate, was available for us to talk with.

Walsingham House provides care and accommodation for up to four people with a diagnosis of a learning disability or autistic spectrum disorder. The communal area of the home and one of the bedrooms was on the ground floor. The rest of the bedrooms were on the first floor.

There was a registered manager in post at the time of our inspection. 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.

There were sufficient staff to meet the health care needs of people, and to support people, who wanted to engage

Summary of findings

in activities outside of the home. Staff received regular training, and new staff were provided with a thorough induction to help them understand people's needs and how to support people effectively.

Staff had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible, access the community and maintain their independence.

Staff had received training to understand the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). A DoLS is part of the Mental Capacity Act and ensures where a person is deprived of their freedom, the care home has been given permission to do so by the local authority; however, the provider was not aware of the changes to DoLS in 2014 and had not made the appropriate applications. This meant they were not following legal requirements.

Staff were observed to be kind and considerate to people. One person who lived at the home was younger and more independent than the other two people who were much older and frail. Staff ensured that the needs of all three were met.

Where possible, people were involved in making decisions about what they had to eat and drink. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

People had moved from another location in Nuneaton to Walsingham House in the last year. The changes had been managed well by the registered manager and the staff.

Staff told us they were supported by management and there was good communication between them. The registered manager had a good understanding of the needs of people the home supported.

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.

There were sufficient staff to support the health and wellbeing of people who lived at Walsingham House. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Good



Is the service effective?

The service was not consistently effective.

Staff received a comprehensive induction and training which supported them to meet people's needs effectively. The provider was not aware that changes had been made to the Deprivation of Liberty Safeguards in 2014, and had not applied to the local authority for safeguards for people who lived at the home whose freedom was restricted. People received food and drink which they enjoyed, and their health care needs were met.

Requires improvement



Is the service caring?

The service was caring.

People who lived at Walsingham House received care from staff who respected their privacy and dignity. Staff were kind and considerate of people's needs.

Good



Is the service responsive?

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to socialise and follow their interests. There had been no complaints made.

Good



Is the service well-led?

The service was well-led.

People had moved from a location in Nuneaton to Walsingham House in the last year. The registered manager had ensured the move was managed well to minimise the impact on the people who lived at the home. Staff absences had also been managed to ensure people's needs continued to be met.

Staff felt the registered manager was open and approachable and there was a positive culture within the organisation.

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.

The inspection took place on 23 June 2015 and 9 July 2015, the first visit was unannounced and the second was announced. This was so we could meet with the registered manager who had been on annual leave during our first visit and meet and talk with the person who lived at the home who could verbally communicate with us.

We reviewed the information we held about the service. We looked at information received about the home 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.

We spoke with one person who lived at the home, and observed the care provided to the other two people who lived at Walsingham House. We spoke with the registered manager, the team leader and a member of staff on duty.

We reviewed the care plans of each person to see how their support was planned and delivered. We looked at other records such as food and fluid records, medication records, and quality assurance records.

Is the service safe?

Our findings

We observed that people were safe in the home. The person who was able to communicate with us felt safe to tell us the things they liked and did not like about the home in front of staff.

Staff had received training to help them understand how to safeguard people and report any concerns they had. We asked a member of staff what they would do if they heard another member of staff being verbally abusive to a person who lived at the home. They told us they would deal with the situation immediately by telling the person to stop, and would then report the person's actions to the manager.

Each care file had detailed information about the risks associated with each person's care. Arrangements had been made to manage the risks well. For example, two of the people who lived at the home required equipment so they could be moved safely, and to reduce the risks of their skin breaking down. We saw a hoist and individual slings to use with the hoist for each person. There were also pressure relieving cushions to help skin damage developing. Two people had bed rails in place. These were to minimise the risks of falling out of bed and were in their best interests.

The registered manager informed us there had been staff absences in the last few months so they had used agency staff to cover. The organisation had used the same agency workers to ensure continuity of care until their own staff were ready to return to work after illness. We spoke with

one of the agency staff who knew the needs of people in the home well. The registered manager informed us that staffing had improved as staff had returned back to work, and they had also recruited a new member of staff from the organisation's day service. The manager ensured there was always sufficient cover to meet people's needs.

Medicines were managed safely and stored securely. The week before our visit, the registered manager had a visit from the pharmacist who checked the medication records, and storage. The pharmacist had identified that the temperature in the room had got too hot on occasions and this might mean the effectiveness of medicines would be reduced. They suggested a fan was used when the temperature increased. We saw a fan was ready in the room for when this happened. We also looked at medicine administration records. The records were accurate. We were told staff had received training in administering medicines, and their medicine administration was observed by the registered manager before they were given full responsibility.

We found all areas were clean and tidy. Staff had schedules which they followed to ensure all areas of the home were safe, clean, and tidy for people to use. We looked at both communal areas of the home and people's bedrooms and bathrooms. The premises were maintained by the landlord. The registered manager told us the landlord was good at dealing with maintenance issues promptly. There was a fire risk assessment, and all people had their own personal evacuation plan so staff knew what to do in the event of an emergency evacuation.

Is the service effective?

Our findings

Staff told us they had received training to help them meet people's needs and we saw staff put this training into practice. They told us they had received training in areas such as moving and handling people, infection control, and first aid. A member of staff told us they were able to request other training if they thought it might be useful. Staff were seen supporting people to move down the stairs with a stair lift, and then used the hoist to move people from the stair lift chair into their own chairs. This was done with care and consideration of the person. Staff understood the importance of giving people a choice and understood how to respond to their needs. For example, one person could not communicate verbally, but made it clear by their actions when they wanted a cup of tea.

Staff worked within the principles of the Mental Capacity Act, and had received training in the Deprivation of Liberty (DoLS). However, there had been no applications made to the supervisory authority for people who lived at the home whose liberty was restricted. The registered manager was not aware that changes had been made to the legislation in 2014. This legislation included much stricter criteria about what determined a deprivation of a person's liberty. We could see that one person who lived in the home wanted to go out but was not able to leave without care staff accompanying them. Two people required constant supervision within the home and were not free to leave. The registered manager acknowledged that two people did not have the capacity to consent to this and would ensure applications were made to the supervisory body.

The newly recruited member of staff for the home had not started their employment, but the registered manager told us they would be an additional member of staff on the rota for the first six weeks of their work. They were provided with induction training at the head office. The registered manager understood a new induction booklet had been introduced recently which provided staff training in line with the recently introduced Care Certificate. The Care Certificate has been introduced nationally to help new members of the workforce develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The registered manager told us they undertook informal supervision with staff when they were worked alongside them. They also had formal supervisions when necessary and these were recorded. Staff told us they received good supervision and support from their manager.

People were supported to have enough to eat and drink. Care plans gave detailed information about people's likes and dislikes with food as well as specific dietary requirements. For example, one person had been assessed by a speech and language therapist as requiring thickeners in their drink and pureed food because they were at risk of choking.

Staff monitored if people were eating and drinking well or whether they needed to be concerned about their intake or take action. People were weighed regularly and all drinks and food consumed were recorded in the individual diaries. Individual food diaries also demonstrated that their individual needs were catered for. For example, one day a person had a chilli because they enjoyed more spicy food, where-as the other two people had fish in parsley sauce with mashed potato and vegetables. We looked at records and found there were no concerns in relation to people's weight or food intake.

We saw staff listened to people's choice and provided food which the person liked and wanted. We heard staff ask one person what they would like to eat for dinner. The person went to the freezer, and pulled out a steak slice and said they wanted to eat that. We asked what they would have it with and were told they would have it with chips and beans. The person then started to think about their lunch. They told us they did not like brown bread for sandwiches and staff asked if they would like a 'batch' (bread roll) instead. They said yes to this.

People were supported to maintain good health and have access to healthcare services. The person we spoke with told us they were going to see the dentist the following week. We saw that all people had recently undertaken an annual health check at their GP surgery, and the chiropodist had been to the home.

Is the service caring?

Our findings

We saw people treated with kindness. One person held out their hand inviting the registered manager to take it. They took the person's hand and the person brought the registered manager's hand up to their mouth and gave it a big kiss. The registered manager acknowledged the lovely gesture. We saw the younger person enjoyed using the garden swing seat to relax.

People living at the home had lived with each other for many years. They were supported by staff who had also been working at the home for a long time. Staff and people knew each other very well, and this coupled with the small size of the home made it feel like people lived and worked together like a family. The living room had ornaments and art work undertaken by people. It also had photographs of people who had previously lived with people in the home but who had sadly passed away.

There was a significant age difference between the oldest person and the youngest person who lived at the home. Staff acknowledged this meant people had different needs and responded to them well. Two people were unable to undertake any personal care for themselves. Staff ensured each person had a shower each morning before they came downstairs for breakfast and told us they ensured each

person stayed clean during the day. The younger person wanted to be more active and got bored staying in the home so arrangements had been made to ensure they participated in lots of activities they enjoyed.

Care records were very detailed and informed staff of people's life histories, their likes and dislikes and how the person liked their care to be delivered. They recorded what people could do for themselves, and when they required support. A member of staff told us, "I like to care for the residents and make their day a bit better, give them the best. The residents, they are like family, [person] will squeeze your hand, it is more than a job." Another member of staff told us, "I love the residents."

Staff understood the importance of treating people with dignity and respect. During our visit we saw staff being attentive to people's needs. People were showered and changed behind closed doors. Staff respected people's nonverbal communication. For example, one member of staff tried to encourage a person to have a little more of their drink. The person made it clear they had finished and did not want any more and the staff member respected their decision to stop.

We were told there were not many visitors to the home but family and friends were welcome any time.

Is the service responsive?

Our findings

When we arrived for our second announced visit, the person who could communicate verbally was ready to greet us and talk with us. They knew we were the inspector and we wanted to know about their life at the home. They told us what they liked and did not like to do, and who they liked and did not like. They told us they liked drinking beer, going to the cinema, and going to the pub for meals. They also informed us they were going on holiday to Wales and we found out they were going shopping for this holiday later in the day.

The two other people who lived at the home were not awake when we first arrived. They came downstairs later in the morning once they had woken up and had a shower. Because of the age difference, these two people did not want or were unable to do the same activities as the person who we spoke with. To accommodate this, the organisation had arranged for the younger person to go to their own day centre. This meant they would be with six other people who had the same interests and desires to undertake social activities.

People's rooms were nicely decorated and reflected their individual interests. We saw that the provider had responded to the hot weather by putting fans in their rooms to keep people cool during the hot nights.

During our visit we heard one of the people complain to the manager about something they did not like. They were also concerned that staff had not helped them to purchase an item it was important for them to have a lot of. Their complaint was listened to and responded to by the registered manager. The person was re-assured this would be addressed, and that as part of their shopping visit in the afternoon, they were going to stock up on the item. We saw that whilst the person was concerned their stock was low, there was plenty available for them.

The registered manager informed us there had been no formal complaints. They showed us a questionnaire recently sent to the relatives and friends of people who lived at the home. This included information about complaints. Those who responded said they did not have any complaints and did not want a copy of the complaints procedure sent to them.

Is the service well-led?

Our findings

The provider had a clear vision and set of values about people who lived in the home. This was demonstrated when we looked at the last staff meeting minutes where it clearly stated, “The residents needs come first.”

The registered manager, managed two locations within the organisation. They told us they normally spent half the week at one of the locations and the other half the week at the other. However, because of staff shortages at Walsingham Road, they had recently spent more time at this home to cover any shortfalls in staff.

People who lived at Walsingham Road had previously lived at Ouston Road. People moved in to Walsingham House in July 2014 and appeared to be settled in their new home at the time of our inspection. There had been no accidents or incidents since people moved to the home. One person who had lived at the previous location for many years,

sadly passed away soon after people moved. It was an expected death, and we were notified of the person’s passing. People and staff were supported by management through this difficult period.

Staff and people who lived at the home felt able to speak with the registered manager if they had any concerns. They felt there was an open culture where people could express their views and opinions. During our visit we saw there was good communication between the registered manager and staff.

The provider had a whistleblowing policy. This policy was kept in a policy file in the kitchen and was accessible to all staff. Staff told us that every staff member was treated fairly, and they would have no concerns about going to the manager if they worried about the conduct of another member of staff.

Friends and relatives had completed an annual quality assurance survey and results showed positive feedback about their experiences when they visited the service. They were happy with the way their loved ones were being cared for.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.