

Walsingham Support

Walsingham Support - 6 Greenford Walk

Inspection report

Walsingham
Thorntree
Middlesbrough
Cleveland
TS3 9NX

Tel: 01642251518
Website: www.walsingham.com

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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

This inspection took place on 27 January 2017 and was announced. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small service for people who are often out during the day and we wanted to make sure the people who lived there would be in when we visited.

Walsingham - 6 Greenford Walk provides care and support for up to six adults with a learning disability. It is a detached house situated on a housing estate in Middlesbrough and is close to local amenities. The home has two communal lounges and a dining room and all bedrooms are single occupancy. At the time of our inspection six people were using the service.

At the last inspection on 23 January 2015 the service was rated Good. At this inspection we found the service remained Good.

People and relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively and they were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected. People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible. People were supported to access advocacy services where needed and to discuss end of life care.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

People and staff spoke positively about the service and people said they were proud of where they lived. People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. The registered manager had

informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains Good.

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 Support - 6 Greenford Walk

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.

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The inspection team consisted of an 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Walsingham Support – 6 Greenford Walk. We did not receive any feedback.

During the inspection we spoke with six people who used the service. We spoke with one relative of people using the service. We looked at two care plans, medicine administration records (MARs) and handover sheers. We spoke with four members of staff, including the registered manager and support workers. We looked at three staff files, which included recruitment records.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "At our house meetings we all talk about safeguarding and things like that. We know we are cared about and never at risk". One relative told us, "Never known a home like it and I work in care."

People told us staff helped them to feel safe around the service, and gave an example of staff asking people to help check visitor's IDs when they arrived. When we arrived for the inspection one person using the service checked our ID badges and asked us to sign the visitor book.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person was at risk in relation to food and hydration and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. There had not been any safeguarding incidents since our last inspection but the registered manager told us how these would be investigated, including with referrals to relevant agencies. People were included in discussions about safeguarding. One person told us, "This is our home and if anyone tried to hurt us we would tell and they (staff) would sort it out."

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed.

There were enough staff deployed to keep people safe. There was always a minimum of two support workers at the service, as well as the registered manager. Extra staff were deployed to support people with specific tasks, such as attending local day centres. People told us they enjoyed it when staff accompanied them as it made them feel safe and gave them confidence to go out on their own. Staff told us sick leave and holidays were always covered. One member of staff said, "We definitely have enough staff."

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

The premises were clean and tidy. The registered manager carried out regular infection control and environment checks. People were involved in cleaning their rooms and communal areas, and we saw one person enjoying doing this during our visit.

Is the service effective?

Our findings

Staff received mandatory training in a number of areas to support people effectively. Mandatory training are the courses and updates the registered provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as mental health and diabetes awareness. Training was regularly refreshed to ensure it reflected current best practice. The registered manager monitored and planned training on a training chart, and this showed training was either up-to-date or planned. Staff spoke positively about the training they received. One member of staff told us, "We definitely get enough training. Anything we need we can do."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

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 the time of our inspection no one was subject to a DoLS authorisation and everyone had capacity to make their own decisions. People had consented to their own care, and this was clearly recorded in people's care plans. The registered manager and staff were knowledgeable about the principles of the MCA and knew how to arrange capacity assessments should people's capacity change.

People were supported to maintain a healthy diet. People's nutritional needs and preferences were assessed and recorded in their care plans. People were actively involved in managing their own diet and preparing their own meals. Every week there was a house meeting when the menu for the following week was agreed, and each person had an allocated day when they were encouraged to cook. People were free to choose whatever they wanted to eat and drink but staff encouraged people to eat fruit and vegetables, and we saw from menus that this was successful. People spoke positively about their diets, with one person describing their breakfast as "yumy." People were regularly weighed to help monitor their nutritional health.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians, GPs and consultant psychiatrists in people's care. For example, one person's communication care plan was developed with the SALT team. People told us about the professionals involved in their care and relatives said they were kept informed about appointments. One relative said, "I am always called if [name] goes to the dentist, doctors, etc."

People chose how their rooms were decorated and were also involved in planning the design of communal areas. The lounge and dining room were being redecorated during our inspection, and one person showed us a sample of wallpaper people had been deciding on. Signage around the building was in an easy read

format.

Is the service caring?

Our findings

People and their relatives spoke positively about the support provided by staff at the service, describing them as kind and caring. One person told us how staff at the service had helped care for another person living there when they were unwell. When we asked another person about staff they started smiling and gave us two thumbs up to indicate they were happy at the service. A relative we spoke with said, "The home is one big, happy family. Everyone who needs support should be somewhere like that" before going on to say, "It's where I would be if I needed care."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, and took them to quieter areas of the house to discuss private matters. One person told us their friend visited them for a meal once a week and staff arranged for them to have exclusive use of a communal lounge so they could eat and catch up in private. When people had their meals together in the communal dining room they asked if grace could be said and we saw this was done.

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. For example, one person at the service was telling us about their interests and staff reminded them they had missed something out. The person laughed, thanked the member of staff and told us more about their interests.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. For example, one person wanted to go into town to do some shopping so staff helped them to get dressed and, when helping comb their hair, joked that they now looked very respectable. The person laughed at this joke. In another example, staff were talking with a person about something they needed to buy and reassured them they would have plenty of time to look for what they needed when they were out.

People were supported to be as independent as possible. Staff supported people to cook their own meals, clean their rooms and wash their own laundry. Staff were always available to help where needed but emphasised the importance of people developing daily living skills. We saw people taking care of such household tasks throughout the inspection. A relative we spoke with said their relative was now able to carry out household tasks that they could not previously do before moving to the service.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. The registered manager and staff saw the service as a home for life, and many of the people using it had been living there since it first opened. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished to.

Is the service responsive?

Our findings

People and their relatives told us staff at the service provided personalised care. One person we spoke with said all of their requests were catered for, "however silly, even when we want a BBQ when it is cold." A relative we spoke with praised the person centred care provided at the service and said, "No negatives. No, none at all."

Before people started using the service their support needs were assessed in a number of areas, including medication, personal care, sleep, communication and nutrition. Where a support need was identified a care plan was put in place based on how people wanted to be assisted. For example, one person needed support with the anxiety they sometimes felt when walking. Their care plan detailed how staff could assist with this.

People's care plans were regularly reviewed to ensure they reflected people's current needs and preferences. People had an allocated key worker who was responsible for leading such reviews. Records confirmed people and their relatives were involved in these reviews. A relative we spoke with told us, "I am involved in care plans." We saw staff discussing people's support needs throughout the inspection, including at handovers when staff changed shift. This meant staff had the latest information on how people wanted to be supported.

People's care plans also contained personal details such as their life history, likes and dislikes and what a good and bad day would look like to them. These were often written by the person themselves, which helped staff to understand what was important to people.

People were supported to access activities they enjoyed. People's interests were outlined in their care plans, and staff supported them to access this either by attending events with people or helping them research ways to enjoy their hobbies. For example, one person enjoyed watching concerts and listening to music. Staff at the service helped them to apply for funding to buy a tablet computer so they could do this at home. The same person also enjoyed knitting, and staff had helped them find a local knitting group to join. Another person enjoyed visiting a local club and staff either attended with them or, when the person wanted to go on their own, reminded them how to get there and which buses to take. The service was celebrating its 25th anniversary in 2017 and people told us how they were planning a party to mark this.

Procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection in January 2015. The complaints policy was displayed in communal areas and minutes of house meetings confirmed people were regularly asked if they had any complaints. People and the relatives told us they knew how to complain and raise issues.

Is the service well-led?

Our findings

People and staff spoke positively about the service and people said they were proud of where they lived. When we arrived for our visit we were met by people using the service, who showed us around their home and wanted to take an active part in the inspection. A relative we spoke with said, "I cannot praise them enough. It's a home from home and always welcoming. The manager leads by example." A member of staff told us, "The residents are one big happy family and so are we. If someone is down then we all support that colleague. The residents notice as well so we all get hugs!"

The service had a registered manager. 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. People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. One member of staff said, "Our manager is brilliant. She would not let there be favouritism for Christmas leave with people going to her and saying they wanted this and that. She had a meeting with all the dates and times and we discussed who would prefer what and in the end we all felt as though our requests had been met. That's good management." Another member of staff said, "[The registered manager] involves us in everything. We get regular updates."

The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of medicines, finances and health and safety around the building.

Where these identified issues, records confirmed remedial action was taken. For example, a January 2017 medicine audit identified that one person needed some information on one of their medicines updating. We saw that this had been done. The registered provider carried out a monthly 'quality check' to monitor these audits and support the registered manager with any actions needed.

Feedback was sought from people through monthly house meetings and an annual questionnaire. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had not yet been compiled, but people and staff confirmed they were encouraged to give feedback.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.