

## Walsingham Support

# Walsingham Support

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Walsingham Support is a residential care home providing personal care for six people with a learning disability at the time of the inspection.

Walsingham Support accommodates six people in an adapted building. Each person has an individual bedroom and communal space which consists of kitchen, lounge, dining room, bathroom, conservatory and laundry room. There is an on-site office where the registered manager is based.

The service has been developed and designed in line with most of the principles and values that underpin Registering the Right Support and other best practice guidance, this was based on the building as well as the engagement of the community. Registering the Right Support ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home, however the building is situated on a hospital site. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were not always safe and were at risk of harm. This was in relation to poor moving and handling as well as poor practice relating to people who were at risk of aspiration.

Risk assessments did not reflect all risks identified and did not detail how staff could support the person safely.

There was a quality assurance system in place however, these systems did not identify the risks identified at the time of the inspection.

As part of the inspection we requested information from the registered manager relating to governance, supervisions and training records, however these were not produced. Although, staff felt they had the training and support needed for their role. Robust recruitment and pre-employment checks were completed for all staff.

People were encouraged to go to a centre where they could be involved in meeting people. People's care plans identified likes and dislikes. When observing the support and speaking to staff not everyone living at the service were encouraged to be involved in activities which would encourage their independence. At the time of the inspection we had one example of a person helping to empty the bins.

People and relatives said they felt the staff were always kind, caring and they felt safe in the home. Observations showed that staff were attentive to people's needs.

The provider had accessible information which was provided for all their services, this was an easy read guide. Due to the people's communication and support needs not all people living in the home would be able to understand this.

We recommended the service looks at developing different ways to communicate with people, so they are able to make choices or to be involved in decision making.

The registered manager ensured there was regular involvement from health professionals.

People were not always supported to have maximum choice and control of their lives, however staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

#### Rating at last inspection

The last rating for this service was Good (published 14 October 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsingham Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified breaches in relation to safe care and treatment for people being supported and a breach in relation to good governance at this inspection.

Please see the actions we have told the provider to take at the end of this report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Walsingham Support

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 June 2019 and ended on 19 June 2019. We visited the office location on 12 June 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used on-going monitoring such as information received from the service since the last inspection. We used all this information to help plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and requested information relating to supervisions and training. We requested information relating to the risks identified at the time of the inspection and any actions that had been put in place.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse, assessing risk, safety monitoring and management

- People were not always safe and were at risk of harm. At the time of the inspection one staff was using unsafe moving and handling techniques which could have caused harm to the person and the staff. In addition, staff were using invasive practices when people were at risk of aspiration due to a health condition. Aspiration is where food or fluid may not go down correctly, this may happen if a person cannot swallow normally.
- The care plans and risk assessments in places contradicted themselves and did not reflect the person's current support needs. For example, it was not clear when reading the care plans how to support someone in the event of aspirating, as well as how to support with safe moving and handling. When speaking to staff they have said that this had caused distress when supporting in this way due to the staff physical intervention.
- People had information in their risk assessments that did not always reflect their current support needs around rescue medicines. This meant that staff did not have the guidance to maintain people's safety, if new or agency staff were to read the information this would not give a true reflection of the support needed for people and this could place them at risk of harm.
- At the time of the inspection the staff were continuing to support people with these risks not mitigated. This meant that the support was continuing to put people at risk.

The provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager produced evidence to show that they had made changes to their support to mitigate the risks.
- Staff stated they received safeguarding training. The staff knew how to identify and report concerns relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us, "I would speak to deputy or line manager. Or depending on the severity I would contact the police or whistle blower hotline."
- People and relatives said they felt that they were safe. One relative said, "Yes I do, when I visit I notice they look nice, clean and healthy."
- The provider had an easy read guide for people using the service to be informed on how to report abuse and what abuse meant.
- The provider ensured equipment used in the home was regularly serviced and well maintained.

### Staffing and recruitment

- The registered manager was proactive with recruitment of new staff to meet the needs of the business. Where necessary regular agency staff were used and went through a thorough competency check. This meant that there was a regular staff team which gave people continuity of care and support from a constant staff team who the people got to know.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a disclosure and barring check (DBS)
- The staff had the right skills and values when supporting people. One relative said, "They [staff] have had training and as long as they know about hoisting and epilepsy. I have never had a problem with any of that."

### Using medicines safely

- Staff received training to safely administer medicines for people. Staff said their competency was checked to ensure they were skilled and confident to administer people's medicines.
- People received their medicines when they needed them. People had reviews of their medicines and detailed protocols were in place to ensure medicines were not used inappropriately.
- The registered manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

### Preventing and controlling infection

- People were protected from the risk of infection, staff received training and followed guidance. Systems were in place to ensure infection control was managed. The environment was clean and tidy. For example, signs and facilities for hand hygiene were present.
- We observed correct procedures in place where staff were preparing food. For example, staff checked fridge temperature checks daily. Separate colour-coded chopping boards were provided.
- Staff had access to all protective equipment for example, gloves and aprons.

### Learning lessons when things go wrong

- Staff said they felt comfortable in speaking up when things may have gone wrong, however some staff felt that communication could improve when speaking about lessons being learnt and where changes occur in the home.
- The management team reviewed incidents that happened, and actions were taken from these. Safety concerns identified at the time of the inspection were dealt with in the following days after the inspection took place.



# Is the service effective?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had their individual risks assessed. However, the information about the risk and safety was not always comprehensive or up to date. Where people had to have their food modified there was speech and language guidance, however when reviewing the documentation and when speaking to staff they were not following the guidance given.
- At the time of the inspection guidance used in the service was not the most up to date and some conflicting information was present in the care plan. This meant that staff were offering high risk foods to a person that needed a modified diet which could have resulted in the person choking.

At our inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people which could have resulted in someone choking. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback was given to the registered manager who provided up to date paperwork with the changes clearly documented.
- Menus were on a rolling menu developed by staff with the people's likes and dislikes taken into account. People were able to change their mind on the day and have something else if they wished to.
- The registered manager ensured that where people had to have support with their nutritional needs that people's weights were reviewed.

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

- People's likes, and dislikes were clear throughout the care plans. They identified what the person wanted and how this made them feel. There was limited detail on how to maintain people's independence. For example, staff were making people their meals and drinks throughout the inspection. There was not any involvement from the people living at the home.
- The registered manager spoke about giving people choice and control of their lives as well as how they kept up to date with care standards, however this was not always reflected in how people were being supported. For example, the registered manager did not look at different resources to give people the opportunity to capture their views of the service as the people were unable to communicate their choices.

Staff support: induction, training, skills and experience

- People were supported by staff who said they felt they had the right training to complete their role. However, we requested information from the registered manager to corroborate staff having regular

supervisions, and this was not provided.

- Staff felt supported by their manager and had the opportunity to discuss their professional development and wellbeing. Staff said the manager was present at the service to talk to them if needed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure people built up positive relationships with staff. During the inspection there was limited involvement where staff promoted people to be involved in encouraging them to be independent.

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

- Bedrooms were personalised, and the communal areas were clean. People had access to all communal spaces as well as their own bedrooms.
- Appropriate signage was around the home as well as a notice board with information of activities for the people living there, however this information was not something that people living there were able to read so was aimed at the staff team to support people.
- Staff said they were planning on developing the garden area to make it more inviting to the people living there.

Supporting people to live healthier lives, access healthcare services and support

- People had annual health checks as well as access to other health professionals to meet their health needs.
- One relative said, "They see the doctor when they need to, I think they meet [relative's] health needs."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made appropriately to ensure people's safety. However, a DoLS application was made some time ago and needed to have additional information in the DoLS to detail the change in people's support needs. The DoLS approval is not due to the registered managers delay. The registered manager was proactive in chasing these applications up.
- Staff understood what the MCA meant and how to support the person in making particular decisions in their best interest.

# Is the service caring?

## Our findings

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

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

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

- People we spoke to were positive about the care they received. One person said, "[Registered manager] is a good manager, she is doing her best. She has been nice to me. She is great, because she listens."
- Staff showed that they cared for the people they supported. One staff member told us, "I care about people with a learning disability. I really enjoy working with the people I support. It is really rewarding to know you are making a difference."
- Whilst observing the support staff were speaking to people in a respectful and kind way. People were smiling and seemed comfortable in their own home.

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

- People's views and decisions were taken into account as staff were aware of people's needs as they had supported the people for a long time.
- The registered manager said that if needed they would get advocacy involved. People had family involvement who could also assist in helping make decisions where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people. People were being treated with kindness and respect and staff were quick to support people when needed. One person said, "The staff are nice, because they do a lot when I need it. When I need help I call them, and they come quickly."
- People who needed support by staff were dressed appropriately.
- Staff responded to people when they said they had physical pain and ensured they acted appropriately. Staff were aware of how people's change in mood may reflect that they were in discomfort.
- Relatives and friends were able to visit when the person wanted them to. Relatives felt that the staff actively supported them to maintain their relationships. One relative said, "Yes they do, I can come and visit when I like."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and set out how people liked to be supported to meet their individual needs and preferences.
- Everyone living in the service were encouraged to attend community groups in the local area as well as going to places of interest.
- Staff played an active role in supporting most of the people living there. At the time of the inspection staff were completing tasks for people and were not enabling people to be involved in activities around the home. This meant that some people did not have the opportunity to maintain or increase their independence, however one person said they get involved in some things in the home and likes to help. "I do the bins, when they are full I'll take them out." However, not all of the people living there were encouraged to be involved in activities around the home. This meant that people did not have the opportunity to maintain and increase their independence.

Meeting people's communication needs

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

- The provider has accessible information available, through pictorial format with written content, however some of the people living there were not able to understand the content. We recommend that this is looked into to develop the communication aids to help people understand information given to them.
- Where people were unable to communicate verbally staff were aware of the people's needs through their body language and getting to know the person. When discussing with staff they said they would use objects to help with communication and making decisions.

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

- People attend local services where they meet people and are involved in activities. This includes people going to a centre where there are groups that they attend.
- Relatives visited people and were encouraged by staff to maintain their relationships.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately and actions were clearly documented and highlighted once

improvements had been made.

- Where people were unable to express their views, they had relatives that were able to express any concerns. Where people were able to express their views, they felt listened to.
- A Relative told us they knew how to make a complaint and that they felt they would be listened to. One relative said, "If I have any concerns I say to [registered manager] about it, if I had issues I would be there every day. If I thought that 'relative' wasn't cared for properly, but I do not need to be there."

#### End of life care and support

- The service was not currently supporting anyone with end of life care. However, the registered manager confirmed that arrangements could be made to support someone at the end of their life. The care plans were being developed at the time of the inspection. This identified people's wishes if they were to become ill.

## Is the service well-led?

### Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

#### Continuous learning and improving care

- Both the registered manager and provider completed their own quality assurance, however these were not effective in identifying risks in the home. The provider had monthly audits from their quality team which was on a particular subject each month. For example, safeguard me from harm and abuse, make sure my support is checked regularly. The quality audits had not been effective due to risks not being identified with in their own governance system.
- Following on from the inspection the registered manager said, 'I monitor risk and quality on a day by day basis in the service and when any concerns relating to the people living in the service arise this is actioned immediately.' However, risks were not identified through these methods at the time of the inspection.
- At the time of the inspection the governance records for supervisions and training records were not available. The registered manager was asked on three occasions for information relating to staffing records these were provided after the inspection. Staff said they had attended training and had supervision. The registered manager stated that staff supervision was area for development.

At our inspection, the registered manager had failed to show effective quality assurance that showed the risks identified were properly managed. The registered manager had not provided all of the evidence relating to staff training and supervision records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager sent additional information following the inspection to show that risks have been mitigated.
- The service had external quality audits completed to ensure an independent party assessed the quality of the care being received, action plans were developed, and actions completed.
- The registered manager attended management meetings with the provider, other registered managers as well as attending external conferences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a statement of purpose in place, however this did not have well developed statements, where the objectives outline supporting people to promote independence and support with all aspects of person-centred support, this did not translate into some of the care being provided.
- The registered manager did not have a full understanding of Registering the Right Support principles.

There were elements of people's choice documented in the care plans including their likes and dislikes. The registered manager actively promoted people having a holistic approach with other health professionals, although these are elements of Registering the Right Support the service was not set up with this approach in mind.

- Staff told us, and we also saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "I think [registered manager] is a supportive manager and is here to speak to if we need." However, some staff felt communication could improve from the manager to the staff team at times, "Communication could be better; the message doesn't get through if it's just through handover and not a formal meeting."
- The provider developed objectives for staff which were embraced by people who used the service, this meant that the core values and goals of the staff were what the people supported wanted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The registered manager was open and knowledgeable about the service and the needs of the people living there. People were comfortable to approach the manager.
- Where things went wrong the manager spoke about this openly with the people using the service and their relatives. For example, where a safeguarding concern had been raised there was evidence that the manager spoke to people using the service and their relatives. This demonstrated that the registered manager had an understanding of the duty of candour.

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

- People and their relatives were asked for feedback about the service by an impartial survey which was sent out yearly for people to give their views. Due to people's communication needs the questions being asked may not be accessible, however relatives were able to make comments in the person's best interest.

We recommended that accessible information is reviewed, and different communication methods are developed to engage people in having their voice.

- Most staff told us they took part in team meeting and could feedback about the service as well as receiving information from the provider was shared through this meeting.

Working in partnership with others

- The registered manager had links with various agencies which included the local authority and the local care providers association.
- The registered manager and staff team had links with other health professionals to make sure people had positive health and well-being outcomes. For example, at the time of the inspection risks were identified and the manager was proactive in contacting the health professionals to review people's health needs.
- People's care plans identified there was involvement with different agencies which included health professionals and day centres.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always safe and were at risk of harm. Risk assessments did not reflect all risks identified and did not detail how staff could support the person safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality audits did not identify risk with in the home. Staff practices did not show staff have up to date knowledge of best practice support.