Walsingham Support

Walsingham Support - 31 Budge Lane

Inspection report

31 Budge Lane
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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 9 October 2018.

At our last inspection of Walsingham Support - 31 Budge in February 2016, the service was rated 'Good'. At this inspection we found the service continued to be 'Good'.

Walsingham Support - 31 Budge Lane is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Walsingham Support - 31 Budge Lane accommodates up to six people with a learning disability in one single-story purpose built building which is wheelchair accessible throughout. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. There were six people living in the service at the time of our inspection.

The service had a registered manager in post. 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's care and support continued to be planned and delivered safely. Staff understood the provider's safeguarding procedures and their role in keeping people safe. The risks associated with people's care were assessed and managed to reduce the possibility of them experiencing foreseeable harm. There were enough suitable staff to meet people's needs and people's medicines were administered as prescribed. Staff followed appropriate health, hygiene and fire safety practices within the care home.

People had detailed assessments of their needs in place. These had input from health and social care professionals and were regularly reviewed. People's needs were met by trained and supervised staff whose performances were appraised by the registered manager. People ate well and were supported to do so in line with their assessments. The support people received was compatible with the Mental Capacity Act 2005 and they had timely access to healthcare services. The layout of the service and the equipment therein met the needs presented by people's physical disabilities.

People and staff shared warm relationships that had spanned many years. Staff supported people to maintain friendships and contact with relatives. People's privacy was maintained and staff promoted people's independence. Where people chose to, they were supported around their spiritual needs and to participate in the wider activities of church groups.

The service continued to be responsive to people's changing needs. People had person centred care plans and were supported to engage in a wide range of activities that met their individual needs and preferences. Staff supported people in line with their communication needs. A complaints process was available to people in pictorial and easy to read formats and they had access to advocacy services when required.

Walsingham Support -31 Budge Lane continued to be a well-run service. Staff felt supported in their roles and enjoyed their work. Management structures and arrangements were clear and the role modelling of good practice was promoted. The registered manager audited the quality of the service being delivered and worked closely with partner agencies to achieve positive outcomes for people.

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 continued to be Safe.	**Good**
Is the service effective? The service continued to be Effective.	**Good**
Is the service caring? The service continued to be Caring.	**Good**
Is the service responsive? The service remained Responsive.	**Good**
Is the service well-led? The service continued to be Good.	**Good**

Walsingham Support - 31 Budge Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 October 2018 and was unannounced. This meant the provider did not know we were coming. It was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with one person, two staff, the deputy manager and the registered manager. We read four people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We reviewed four people's care records which included needs and risk assessments, care plans, health information and support plans. We checked three people's medicines administration records and the medicines storage in their bedrooms. We reviewed six staff files which included pre-employment checks and training records along with supervision and appraisal notes. We read the minutes of four team meetings and checked the provider's quality assurance records.

Following the inspection, we contacted three health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

At our last inspection we rated the service 'Good' when we looked at whether the service was safe. At this inspection we found the service continued to be safe. People were supported by a staff team which was trained to identify risks of abuse and to act quickly to protect people from abuse.

People were protected from the risk of avoidable harm because staff supported people with risk assessments. Where risks were identified plans were in place to keep people safe. For example, where people were at risk of pressure sores, staff supported them to use pressure relieving air beds and monitored vulnerable areas of skin. Where people presented with choking risks, referrals were made to health and social care professionals who undertook swallow safety assessments. These assessments and supporting guidelines informed the care and support plans used by staff. Care records stated where people required their drinks to be thickened to enable them to swallow liquids safely.

People presenting with risks associated with their health needs had care plans and risk assessments in place. Staff supported people to access healthcare services to monitor and review their specific health needs and staff were trained to manage people's health associated risks. Protocols in place to manage these risks included guidance on the number of minutes that should lapse before the presence of an ambulance on site should be requested by staff.

Staff risk management planning enabled people to safely participate in activities. Where people were supported to use swimming pools and hydropools these activities were risk assessed. Risk assessments included photographs in care records showing how to correctly support people in water and how to use both lifting and buoyancy aids. Additionally, the registered manager increased staffing levels to support this activity to ensure people's safety.

The provider had a missing person's policy and each person had a missing person's form to be shared with the police in an emergency. This information included a photograph and information which included people's names, hair and eye colour, distinguishing features and physical disability. The registered manager reviewed this information to ensure its continued accuracy.

The provider consistently applied robust procedures throughout the process of recruiting staff. Following application and interview the provider confirmed the identities and employment histories of prospective staff and checked their details against criminal records and lists of individuals barred from working with potentially vulnerable adults. This ensured that staff employed by the provider were safe and suitable to deliver care and support.

People received their medicines safely and in line with the prescriber's instructions. People's medicines were stored in locked cabinets in their bedrooms. Staff made appropriate entries into people's medicines administration record (MAR) charts and information was kept with MAR charts stating the purposes of the medicines prescribed. The service operated a practice of counter signing MAR charts. This involved a member of staff observing a colleague as they administered medicines to people and signing to confirm that

the member of staff had administered them correctly. The registered manager and deputy manager checked MAR charts and each person's medicine cabinet each week.

People were protected from the risk and spread of infection by staff following appropriate hygiene practices when preparing food and delivering personal care. Staff wore single use gloves and aprons when supporting people with their personal care. Staff implemented the service's cleaning programme around the care home. This included cleaning communal areas, bedrooms, bins and kitchen appliances. Mops were colour coded to identify which areas of the home they were to be used to clean such as bathrooms, toilets, kitchen and communal areas. This reduced the risk of bacterial cross contamination. Clinical waste was disposed of in line with good practice and guidance was followed in the storage of cleaning chemicals. Food safety measures in place at the service included regular temperature checks of the fridge and freezer, checks of food expiry dates and the labelling of opened and hygienically stored items. Anti-bacteria gel was available around the service and there was pictorial guidance on correct handwashing techniques.

Staff maintained a readiness to protect people in the event of a fire emergency. Staff supported people to rehearse building evacuations and reviewed the effectiveness of each fire drill. Regular checks were undertaken of emergency lighting systems and the fire alarm. Staff undertook visual inspections of smoke detectors and the fire alarm panel and these were also checked by specialists. The service had contingency plans in place in the event that people could not return to the service following an emergency evacuation.

The provider learnt from events that occurred to improve people's safety. Staff maintained records of accidents and incidents which the registered manager reviewed and analysed for patterns and trends. When required the registered manager took action. For example, a referral was made to healthcare professionals for one person after they experienced occasions of unsteadiness when walking.

Good

Is the service effective?

Our findings

In line with our finding at the last inspection, people continued to receive effective care and support. People were supported with detailed assessments of their needs which included specialist assessments undertaken by healthcare professionals. People were supported with reassessments when their needs changed and staff had a clear understanding of the needs each person presented with.

New staff were inducted into their new role delivering care and support to people. A programme was in place to support the induction of new staff which included completing training the provider identified as mandatory. During their induction new staff shadowed established staff to observe how care and support was delivered in line with good practice and people's preferences. One member of staff told us, "Getting to know people was the most important part of my induction. It involved really spending time with people and being in the present with them." New staff completed the Care Certificate. The care certificate is a nationally recognised qualification which sets out the standards that social care staff must adhere to when delivering care and support. This meant new staff had the skills and knowledge to deliver care and support to people.

People were supported by trained and skilled staff. Staff participated in an on-going training programme which covered subjects such as safeguarding, nutrition and fluids, moving and handling, basic life support, infection control, mental capacity and medicines awareness. One member of staff told us, "I get all the training I need and annual refreshers come around so fast." Another member of staff told us, "We have tonnes of training. You name it we have. We want it we get it." The registered manager ensured that staff attended training specific to people's needs. For example, staff received training to support people's autistic spectrum needs.

The registered manager provided staff with an annual evaluation of their performance. These yearly appraisals included a focus on values, technical knowledge and learning from experience. Annual competency checks were also undertaken during which the registered manager and deputy manager monitored staff engaged in specific activities such as supporting people using hoists. This enabled the registered manager to assure themselves that staff supported people in line with the training they received.

Staff attended regular one to one supervision meetings with the registered manager and deputy manager. Supervision sessions were used to discuss people's changing needs, staff development and the delivery of care and support at the service. A record of supervision meetings was kept and referred to at subsequent supervision meetings. This enable the tracking of actions and themes. One member of staff told us, "We are all comfortable enough to bring issues up outside of supervision.

People's nutritional needs were assessed and met. People chose the food they ate. Care records provided staff with guidance on the texture and consistency of food people were assessed as requiring. For example, where people required soft moistened food to swallow safely this was stated in care records. Care records also stated the support people required from staff to eat and drink. For example, one person's care records stated, "Load the spoon for [person's name], encourage hand over hand to assist them to guide the spoon to their mouth." In another person's care records, we read guidance for staff to ensure the person, "Remains

seated in an upright position for 15 minutes after eating."

Walsingham support -31 Budge Lane was a purpose-built service. The service was arranged across a one storey building. Low gradient ramps were in place enabling people to use the garden. Corridors and doorways were widened and handrails were located in toilets. The service had an adapted bath and two bedrooms had tracking hoists to assist people to transfer. This meant the building was wheelchair accessible throughout.

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. The application procedures for this in care homes and hospitals are 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 were being met. Details of people's mental capacity assessments and best interest's meetings were in place. Where people were subject to DoLS the details of the restrictions in place to keep them safe were clearly stated. This included the nature and duration of the restriction and arrangements for monitoring.

Good

Is the service caring?

Our findings

The service continued to be caring. People and staff knew each other well. The service experienced a low staff turnover which meant that most staff had supported people for many years. In some instances, staff and people had known each other for more than five years. One member of staff told us, "I enjoy my job. I have a great bond with the people who live here. We have grown together and developed together."

People's care records contained information about the things that mattered to them and which enabled staff to know them better. In a care record entitled, 'What is important to me', we saw people's interests listed. These included, "Going to the cinema", "Rock and Roll music", "A long soak in the bath", "Listening to live football commentary on the radio", "Going to the pub," and, "Having a milkshake", at a fast food chain. Daily notes and evaluations in care records showed people were regularly supported to do the things they enjoyed.

People's spiritual needs were recognised and met. Staff supported people to attend places of worship if they chose to. For example, two people were supported to go to church and play an active role within the life of the congregation. This included receiving visits to the home from parishioners and attending the weddings and funerals of members of the congregation.

People's rights as citizens were promoted. The service displayed an easy-to-read guide for elections. This guide explained to people how to exercise their democratic rights. This meant people had the information and support they required to vote. The service supported people to access advocacy services to support their understanding and decision making.

Staff supported people to be as independent as possible. Care records noted the skills people had and the assistance they required to engage in activities and to complete tasks. For example, some people, with staff supervision, could meet some of their personal care needs. One person's care records noted they could hold a cup without staff support and another person's records noted how they selected breakfast cereals with staff support. One member of staff told us, "We support people to keep as much of their independence as they can. For example, when you're supporting [person's name] to dress, we help put their feet into their trouser legs and they then pull them up."

Staff respected people's privacy and confidentiality. Staff knocked people's doors before entering their bedrooms. The registered manager ensured that care records were kept in the office and their contents were not visible to visitors. We observed staff speaking to people politely and staff were able to tell us how they maintained people's dignity when supporting personal care needs. Care records noted the support people required to go to sleep at night. For example, one person liked to listen to music and flick through magazines whilst in bed. They then informed staff when they wanted their light switched off.

No restrictions were placed upon visitors. People's relatives and friends were made to feel welcome when they arrived at the care home. Staff supported people to invite those they wanted to be present for events and celebrations at the service.

Good

Is the service responsive?

Our findings

People had person centred care plans in place. People's care records continued to reflect their strengths as well as their preferences for care and support. People's care plans were regularly reviewed with the involvement of people's relatives and health and social care professionals. Reviews were also undertaken when people's needs changed.

Care records were personalised and guided staff as to how people's individual needs should be met. For example, where people were required to follow daily exercise programmes designed by physiotherapists, care records contained illustrated step by step instructions for staff. These illustrations included photographs, drawings and diagrams for each exercise.

People received care and support which was responsive to their changing needs. For example, following a change in one person's transferring needs a referral was made to, and assessment undertaken by, an occupational therapist (OT). The OT recommended the installation of a tracking hoist in the person's bedroom and plans were at an advanced stage for installation at the time of our inspection. Similarly, the service responded to people's comments that they were experiencing drafts in their bedrooms by arranging for the windows and patio doors in bedroom to be replaced with double glazing. In another example, one person was identified as experiencing difficulties when carrying magazines from one room to another. Staff took action by supporting the person to use a wheeled walking frame into which a tray for carrying magazines had been built.

People's communication needs were identified and supported. The knowledge about people which staff had built up through many years of delivering care and support enabled them to understand people's unique communication. For example, one person communicated some of their needs through hand claps which we saw staff interpret without having to refer to care records. We observed one person convey their decision not to go out by refusing to put on their coat or to transfer to their wheelchair. When this happened, staff respected the person's decision and offered alternative activities. One member of staff told us, "When [person's name] doesn't like food they will let you know with their facial expressions and if necessary their behaviour. We know [person's name] so well so it's easy to support them to make choices." Care records noted where people augmented their speech with gestures and facial expressions. Care records also guided staff when supporting people's understanding by using objects. For example, one person was handed a spoon to reinforce their understanding that it would be mealtime shortly.

People were supported to engage in a range of activities at home and in their community. At home people participated in aromatherapy, mobility exercises, music, crafts and sessions in the care home's sensory room. People spent time in the garden at the rear of the service which contained a large water feature and shaded areas for use when particularly hot. Within their community staff supported people to dine out at restaurants, cafes, cinema, bowling and the theatre. People were also supported to go shopping and on excursions. For example, people were supported to journey to events such as the Grand National and locations such as Cornwall, Weymouth, Nottingham, Bath and the Isle of Wight.

Walsingham Support 31 Budge Lane used a keyworking system to promote person centred care. A keyworker is a member of staff with specific responsibilities for the delivery of care and support to people. Keyworking responsibilities included supporting people to buy clothes and toiletries, plan activities, arrange healthcare appointments, liaise with relatives and take on holiday. Keyworkers were also responsible for maintaining people's photo albums. Each person had two keyworkers. Keyworkers met with people monthly and recorded what was discussed. Records showed discussions and planning around activities, health, support and relationships.

The service had a complaints policy and procedure in place. The procedure included a timely response to complainants. The complaints process was on display in the service in a pictorial and easy-to-read format. No complaints had been received by the provider since the last inspection.

Whilst none of the people in the care home had been diagnosed as being on the end of life pathway, staff had extensive experience of supporting people who were nearing the end of their life. Staff received training around end of life care and bereavement. The service had access to specialist palliative care professionals. This meant the staff team had the experience, skills and knowledge to support people with personalised end of life care.

Good

Is the service well-led?

Our findings

Good leadership and governance continued to be in evidence at the service. Staff told us they were confident in and felt supported by the registered manager and deputy manager. One member of staff told us, "I would describe my manager and deputy manager as 100% supportive. I really mean that." Another member of the staff team said, "Both are really supportive and they encourage." A third member of staff told us, "I like my managers style. She doesn't just talk to you but she educates. She wants all to grow."

The management arrangement for the service was clear. There was a registered manager in post who was also registered with the CQC to manage another, similar service for the provider on the same road. The care home had a deputy manager based solely at the service and staff were led by shift leaders whilst on duty each day. Shift leaders are members of staff with responsibilities for leading the implementation of people's care plans, carrying out checks and ensuring accurate record keeping.

The registered manager encouraged staff to role model good practice and push forward improvements. The service developed 'champion' roles for staff. At the team meeting which took place the day before our inspection the team agreed to expand the role of 'champion' at the service. The individual areas to be championed by staff included, activities, health and safety, well-being, nutrition, dignity and medicine. Staff received specific training and accessed relevant learning resources to develop in their champion roles.

The registered manager held monthly team meetings for the staff. Team meetings were used to review activities and events within the Service as well as people's changing needs. We read the records of four team meetings which showed the registered manager leading discussions around a range of issues including people's choices, activities and events. Team meetings were also used to discuss aspects of service delivery such as people's dignity and respect. The registered manager gave information to staff at team meetings such as updates from the provider organisation and feedback following contact with external agencies. The Registered manager maintained records of actions agreed at team meeting and reviewed these prior to and during the following team meeting.

The provider gathered the views of people and their relatives regarding their experiences of care and support at the service. We read the responses to the provider's most recent survey. The survey contained positive feedback including responses to questions such as, "Would you recommend Walsingham Support to other people as a good support provider" and, "I am supported to feel healthy and well." Survey responses were reviewed at the service and provider levels and used to drive improvements.

The quality of care people received was the subject of on-going quality checks. Staff undertook and recorded checks throughout the service on each shift. These included checks of medicines, food labels, cleanliness and health and safety. On a weekly basis the registered manager and deputy manager undertook walking checks of the service during which they inspected lights, décor, flooring, equipment, the homes vehicles and external areas as well as medicines. The registered manager's quality audits also included a review of care records, people's finances, staff training and maintenance issues. Where shortfalls were identified these were recorded and progress to rectify them was monitored by both the registered

manager and the provider organisation.

The registered manager was supported in their role. The provider organisation arranged monthly meetings for registered managers to meet and discuss the delivery of care and support. Every three months the registered manager attended gatherings of a larger group of registered managers from across the region where good practice and ideas were shared. The registered manager received training and their line manager provided one to one supervision and appraisal.

The registered manager engaged with local resources to achieve positive outcomes for people. Liaison was on-going between the service and health and social care professionals from the local authority and health teams. The registered manager attended a forum for provider's where good practice in social care was discussed and attended training workshops and seminars delivered by the local clinical governance group which focused on issues including lessons learnt from the court of protection and safeguarding. Additionally, the provider notified CQC about important events affecting people and their service as required by law.