

Walsingham Support

Walsingham Support - 6 Greenford Walk

Inspection report

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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

About the service

Walsingham Support – 6 Greenford Walk is a residential care home providing personal care for up to six older people with learning disabilities or autistic spectrum disorders. The care home accommodates people in one adapted building. Three people were using the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This 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.

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

People were happy living at the service. Staff provided kind and caring support and treated people with dignity and respect.

Risks to people were monitored and addressed. Medicines were managed safely. People were supported by stable staffing teams who had been safely recruited.

Staff were supported with training, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received personalised support, which they were involved in designing and reviewing. Staff supported people to maintain social relationships and enjoy activities.

Clear and effective management systems were in place. Feedback was sought and acted on. Staff worked in effective partnership with other agencies and external professionals.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people

with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the locality manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Walsingham Support - 6 Greenford Walk

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

One inspector carried out this inspection.

Service and service type

Walsingham Support – 6 Greenford Walk 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six members of staff. These included the registered manager, locality manager and four support workers.

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

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed, with action taken to help keep people safe.
- Positive risk taking was encouraged to help people live as full and safe a life as possible. This included helping people to use public transport independently.
- Regular checks of the premises and equipment were carried out to ensure they were safe for people to use. People were supported to assist with these checks.
- Plans were in place to support people in emergency situations. These included regular checks of fire safety systems, fire drills and a business continuity plan.

Using medicines safely

- Medicines were managed safely. Medicine administration records were completed without errors or unexplained gaps.
- Medicines were safely and securely stored.
- People were supported to manage their own medicines as much as possible. Best practice guidance was followed to reduce the over medication of people.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately report any concerns they had.

Learning lessons when things go wrong

- Accidents and incidents were regularly reviewed by the registered manager and provider to see if lessons could be learnt to help keep people safe.

Preventing and controlling infection

- The premises were clean and tidy, and staff were knowledgeable about the principles of infection control.

Staffing and recruitment

- The registered manager and provider monitored staffing levels to ensure people received safe support.
- Staff spoke positively about staffing levels. One member of staff said, "There are definitely enough staff here."
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. Employment histories and experience were explored and Disclosure and Barring Service checks carried out.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they moved into the service to ensure appropriate support was available.
- Staff were knowledgeable about national guidance and best practice and used this to deliver effective support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively to help people move on to other services. This included carefully introducing them to new services and helping them maintain social networks they had developed at Walsingham Support – 6 Greenford Walk.
- People were supported to access external professionals to monitor and promote their health. Staff followed advice given by these professionals.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills needed to provide effective support. Staff spoke positively about the training they received.
- Regular supervisions and appraisals took place to support people in their roles. One member of staff told us, "I really like them as I feel it's my meeting. It's all about my input."
- The provider had a clear and effective induction process for new staff. This included training and working with more experienced members of staff.

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

- People's eating and drinking preferences and support needs were monitored to ensure they maintained a balanced diet.
- Meals and menus were designed with input from people and reflected their preferences.
- People spoke positively about eating and drinking at the service. Comments included, "The food is good" and, "I can have whatever I want."

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.

- At the time of our inspection nobody was subject to a DoLS authorisation and people were free to come and go from the service as they wished using their own keys.
- People had consented to their support and throughout the inspection we saw them making decisions for themselves.

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

- The building was adapted for the comfort and convenience of people living there.
- Communal areas and bedrooms had been personalised to meet people's individual tastes and support needs.

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 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 told us they were happy at the service. Comments included, "It's nice here. I like it" and, "I'm happy with the staff."
- We saw numerous examples of kind and caring support from staff. These included laughing and joking with people and reassuring them when they became anxious.
- People were encouraged to live as full and free a life as possible. This included supporting people to pursue their hobbies and interests and develop and maintain relationships of importance to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had closed and friendly but professional relationships with the people they supported.
- People were supported to maintain and develop their independent living skills. Staff helped them to set personal goals, which they then supported them to achieve.

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

- Feedback was regularly sought from people and acted on. This included at regular house meetings and through daily informal conversations.
- People were involved in the running of the service as much as possible. For example, people were involved in interviewing applicants for jobs at the home.

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 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 received personalised support based on their assessed needs and preferences.
- Staff involved people in designing and regularly reviewing their support plans to ensure their voices were heard.
- Records showed that where people had requested changes to their support this had been acted on.
- Effective systems were in place to ensure staff were updated on changes to people's support needs, including regular handovers of information.

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.

- Staff were knowledgeable about people's communication support needs and effective at communicating with them. Information was provided to people in the most accessible format for them.

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

- Staff supported people to access a wide range of activities based on their hobbies and interests. These included holidays, trips to concerts and membership of local groups.
- People were supported to learn about the best ways to communicate with the other people they lived with. We saw people learning Makaton together, which helped reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- Effective systems were in place to investigate and respond to complaints. Information on this process was promoted in easy read formats throughout the service.

End of life care and support

- Policies and procedures were in place to provide end of life care where needed. These ensure the care reflected people's preferences and any religious wishes they had.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff said they were proud to work at the service and spoke positively about its culture and values. Comments included, "We're all like a big family here" and, "It's a lovely place to work."
- People said they were happy living at the service and with the support they received.
- Records showed the service was open and transparent when communicating with people, relatives and external professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had effective quality assurance processes to monitor and improve standards.

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

- People were involved in the daily running of the service, including making decisions about menus and being involved in premises audits.
- Feedback was sought and acted on, including at house meetings. People were informed of any changes made as a result of their feedback.
- Regular staff meetings took place and staff said their feedback was valued and acted on.

Continuous learning and improving care; Working in partnership with others

- Staff monitored people's support needs and worked in partnership with others to ensure these were met. This included seeking training to ensure they could meet those needs.
- The service was well integrated into the local community, and people were supported to access a range of amenities and services.